

Blackstock Co-op Nursery School COVID- 19 Policies

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CHILDREN/STAFF WHO BECOME ILL DURING CARE EXCLUSION COVID-19

POLICY

To ensure the health and well-being of children and staff within the early learning and child care setting. Children and staff who become ill while attending the program will immediately be isolated and required to leave the program. Staff must consistently assess their own health and the health of children in care.

PROCEDURES

When To Exclude

Communicable Diseases

If COVID-19 or any other infectious disease is suspected, the parent should be contacted immediately. The child must be isolated from the other children and supervised until the parent arrives. Staff should ensure that the child is as comfortable as possible. Health department contact information related to inquiries about sick children or staff should be emailed to EHL@durham.ca or call the Helpline at (905) 668-2020.

Parents should be provided with guidance as to the next steps and when their child may return to care as per the guidance in COVID-19 Screening Tool for children, staff and visitors in Durham Region Licensed Child Care. Suspected cases of COVID-19 do not require Serious Occurrence reporting. Any child who develops symptoms of ill health, including one or more symptoms of ill health related to COVID-19 must leave the child care program. Symptoms should not be chronic or related to other known causes or conditions.

COVID-19 symptoms include:

- Fever and/or chills (temperature of 37.8°C/100°F or greater)
- Cough or barking cough (continuous, more than usual, making a whistling noise when breathing, not related to asthma, post-infectious reactive airways or other known causes or conditions the already has.)
- Shortness of breath (out of breath, unable to breathe deeply, not related to other known causes or conditions the child already has)
- Decrease or loss of smell or taste (not related to seasonal allergies, neurological disorder, or other known causes or conditions the child already has)

The symptoms less commonly associated with COVID-19 in children include:

- Nausea, vomiting and/or diarrhea (not related to irritable bowel syndrome, anxiety, menstrual cramps, or other known causes or conditions the child already has)
- Sore Throat: Painful or difficulty swallowing (not related to post-nasal drip, acid reflux, or other known causes or conditions you already have)
- Runny or stuffy/congested nose (not related to seasonal allergies, being outside in cold weather, or other known causes or conditions you already have)
- Headache: new, unusual, long-lasting (not relating to getting a COVID-19 vaccine and /or flu shot in the last 48 hours, tension-type headaches, chronic migraines, or other known causes or conditions you already have)

If the child has any symptoms (including fever, cough, difficulty breathing, vomiting, or diarrhea), the child must be isolated immediately from the other children in a separate room, if available. The child must be supervised at all times.

The parent must be notified to arrange for pick-up of the child. Parents should be asked to ensure that the child is picked up within one hour of the time of the call. If the parent is not reached an emergency contact person will be contacted to pick up the child within the hour.

Every effort must be made to keep the child comfortable until someone arrives to take him or her home.

Staff must document the situation in the Daily Communication Log and notify the supervisor or designate immediately to ensure that this information is managed and recorded in the child's file on the Symptoms of Ill Health.

How to exclude

- Supervise the child in a designated room with a hand washing sink or hand sanitizer available. If a separate room is not available, the ill person should be kept at a minimum two metres distance from others.
- Notify parents/caregivers of the sick child for pick up.
- Children older than two years of age should wear a medical mask, if tolerated. The child should be provided with tissues and reminded of hand hygiene, respiratory etiquette (e.g., sneezing in sleeve) and proper disposal of tissues.
- Only one staff should be in the designated room and attempt physical distancing of two metres. Staff should wear a medical mask, goggles or face shield, gown, and gloves. In addition, staff should perform hand hygiene, avoid contact with child's respiratory secretions and attempt to not touch their face with unwashed hands.
- Increase ventilation in the designated exclusion room, if possible (e.g., open windows).
- All items used by the ill child should be cleaned and disinfected. Any items that cannot be cleaned (e.g., books, cardboard puzzles) should be removed and stored in a sealed container for seven days.
- The isolation room/area is to be cleaned and disinfected immediately after the child has been sent home.
- As BCNS is in a shared setting follow Public Health direction for notification of others using the space.

Returning from exclusion due to illness

- Children or staff can return to the program based on guidance provided by Public Health in the COVID-19 Screening Tool for Children, Staff and Visitors in Durham Region Licensed Child Care.

Staff Illness

Any staff person who suspects that they have an infectious disease should follow common sense precautions and should not attend the child care program if they are not well, particularly if their symptoms include any outlined in the COVID-19 screening. Staff must pass the COVID-19 daily screen to work at the centre.

Staff members who begin to experience mild headache, fatigue, muscle aches and/or joint pain (with no other COVID-19 symptoms) and have received their COVID-19 vaccination within the past 48 hours may be experiencing post-vaccine symptoms and would not be required to leave the centre. If a staff member is still experiencing fatigue, or muscle aches after the 48-hour timeframe, they would be required to isolate themselves immediately until they are able to leave.

If a staff member becomes ill while at the centre they should, if possible, isolate themselves immediately until they are able to leave.

A staff person who presents with symptoms of ill health must notify their supervisor, complete the Provincial Online Self-Assessment Tool and follow instructions -- which may include seeking medical advice or getting tested for COVID-19. Staff must follow the direction of their healthcare provider and/or the Durham Region Health Department.

A staff member's illness that is determined to be work-related requires the completion of the appropriate internal documentation required by the centre.

Policy and Procedure Review

This policy and procedure will be reviewed and signed off by all employees prior to commencing employment/unpaid placement at Blackstock Cooperative Nursery School and when any change is made.

DAILY ACTIVE SCREEN/HEALTH CHECK

POLICY

All individuals attending child care must be screened daily. Whenever possible, individuals should self-screen each day before arrival at the centre. This includes staff, children and essential visitors. Parents/guardians are to be informed of this process at registration. Where an individual has not completed a self-screen prior to arrival at the centre, active screening must be completed in person.

All child care centre staff, visitors and students completing post-secondary placement must provide daily confirmation or proof that they have completed and passed the online screener in a form deemed appropriate and accessible prior to or upon entry to the child care.

The number of visitors indoors should be limited to the ability to maintain physical distancing of at least two metres.

It is the recommendation of Durham Region Health Department to exclude parents from child care centres at this time.

TERMINOLOGY

Essential visitor: An individual representing special needs resourcing agencies, the Ministry of Education, the Children's Services Division, the Durham Region Health Department, essential maintenance workers, catering personnel, students completing post-secondary educational placements, and public officials (e.g., fire marshal). Hereafter may be referred to as "visitor."

Fully Vaccinated: An individual is fully vaccinated when they have completed their COVID-19 vaccine series (e.g., 2 doses of a two-dose series) and it has been 14 days or more since their final dose.

PROCEDURES

Self-screening Procedure

- Provide parents/guardians/staff/visitors with the electronic daily screen and process for completion and submission (if electronic screening is in place).
- Every child, staff and visitor must complete a self-screen prior to arrival at the centre. All individuals should be encouraged to self-screen prior to arrival.
- Greet everyone in the screening area of the Centre with a friendly, calm manner.
- If more than one parent/caregiver tries to enter the screening area with the child(ren), ask that one parent wait in the car or outside as we are reducing the number of people who are entering the screening area.
- Request that the parent/guardian/visitor and child(ren) use 60 to 90% alcohol-based hand rub (ABHR). ABHR is recommended for use by children aged two and above, and with adult supervision.
- Staff will also do a visual check on anyone entering the facility. Where a child or adult is obviously ill (e.g. vomiting, diarrhea, fever) staff must refuse entry into the centre. Exception applies to anyone who received their COVID-19 vaccination within the past 48 hours and is experiencing mild headache, fatigue, muscle aches and/or joint pain that only began after vaccination.
- Confirm with each parent/guardian/visitor/staff that the electronic screening has been completed and passed for each person entering the centre.
- Children and visitors who do not pass the screening should follow guidance provided in the COVID-19 Screening Tool for Children, Staff, and Visitors in Durham Region Licensed Child Care according situation to determine next steps and when they may return to care. Parents should also follow this guidance to determine when their child may return to care.

- All children and staff with any new or worsening symptom of COVID-19 must stay home until:
 - They have been cleared from their isolation as per Durham Regional Health guidelines AND
 - It has been at least 24 hours since symptoms have improved
 - It has been 48 hours since gastrointestinal symptoms have been resolved and they are symptom free.
 - Household members (regardless of vaccination status), including siblings, must stay at home until the child showing symptoms is cleared from their isolation. If a household member develops symptoms, they must also stay home for the recommended isolation period as per Public Health guidelines.

If the electronic screening has not been completed, follow the procedure for in-person active screening.

Prior to active health screening at your location, staff must complete training on how to properly wear personal protective equipment (PPE) and complete the screening process.

- Ensure the Active Screening Poster is visible on the exterior door, as well as the sign indicating only one parent/caregiver and the child(ren) being dropped off may enter the active screening area at a time.
- Signage and marking on the ground to direct families can be utilized to ensure physical distancing is achieved (i.e., two metres or six feet apart).
- Parents should not go past the screening area, if possible.
- Identify/set up the location and staffing of the screening table (if screening and temperature checks takes place in person):
 - Place the screening table at foyer entrance, visually blocking entrance into the centre.
 - Ensure hand rub of at least 60 to 90% alcohol content is visible to clients/staff in front of or at the screening table along with signage demonstrating appropriate use. Dispensers should not be in locations that can be accessed by young children.
 - Maintain a minimum of two metres distance between staff conducting screening and the person being screened.
 - If a barrier for screening is not available, staff are to use appropriate PPE (medical or N95 mask, face shield or goggles).
 - Refer to the Public Health Ontario website for how to properly wear and take off PPE.

In-person active screening procedure

In-person active screening is required if self-screening has not been conducted prior to arriving at the Centre. Staff must ask the required screening questions for each person entering the Centre.

- Advise parent/guardian/visitor that screening for potential risks of COVID-19 must be conducted prior to anyone entering the centre to support the safety and well-being of staff, children, and families.
- In-person active screening can be done either electronically or by using a copy of the COVID-19 Screening Tool for Children, Staff and Visitors in Durham Region Licensed Child Care; a tool developed to align with the Durham Region Health Department requirements for COVID-19 and child care.
- Staff must refuse to allow entry to anyone who answers yes or refuses to answer any of the COVID-19 screening questions.

- Anyone who is being screened must be asked to take their own temperature or that of their child.
 - A bin will be on the table with the thermometer in it
 - Parent/caregiver will be directed to take the thermometer from the bin, perform temperature reading on their child(ren) and place it back in the bin after use.
 - Staff will disinfect the thermometer and bin by using disinfectant spray or wipe.
 - Staff must follow directions for contact time of disinfectant.
 - Staff will wipe down thermometer after contact time for use by next family.
 - Thermometer will be placed back in the bin.
- Child(ren) and visitors pass by answering no to all the questions, having no temperature and being visibly in good health. Exception applies to anyone who received their COVID-19 vaccination within the past 48 hours and is experiencing mild headache, fatigue, muscle aches and/or joint pain that only began after vaccination.
- Staff should complete self-screening prior to arriving at the centre. If electronic screening is not used for staff, in-person screening must be completed prior to entering the Centre. The first staff member will complete the active screening procedure and the actively screen the second staff entering the building.
- Staff will take their own temperatures and show active screener the result.
- The thermometer is to be disinfected between each staff use using same method above.
- The supervisor or designate will assign the active screening schedule for each day.
- Staff who are experiencing any of the symptoms or who answer yes to any of the screening questions are expected to stay at home and report their absence to their supervisor. Exception applies to anyone who received their COVID-19 vaccination within the past 48 hours and is experiencing mild headache, fatigue, muscle aches and/or joint pain that only began after vaccination.
- Staff should follow the guidance provided by the Durham Region Health Department in COVID-19 Screening Tool for Children, Staff, and Visitors in Durham Region Licensed Child Care according to the situation to determine next steps.
- Staff with any new or worsening symptom (not related to COVID-19 vaccination within the past 48 hours as listed above) of COVID-19 must stay home until:
 - They have been cleared from their isolation as per Public Health guidelines AND
 - It has been at least 24 hours since symptoms have improved
 - It has been 48 hours since gastrointestinal symptoms have been resolved and they are symptom free.
- Staff should also consult with their supervisor prior to returning to work to determine if medical clearance is required.

Documentation

- The screening poster will be updated as advised by the Medical Officer of Health.
- Visitor logs with sign in and out times must be completed – recording name, company contact information, time of arrival and time of departure.
- Staff attendance must be documented with approximate arrival and departure time to help facilitate contact tracing.
- Centres are responsible for ensuring information is managed and recorded where necessary

Policy and Procedure Review

This policy and procedure will be reviewed and signed off by all employees before commencing employment/unpaid placement at Blackstock Co-operative Nursery School and at any time where a change is made.

GENERAL SANITARY PRECAUTIONS – COVID

POLICY

In addition to routine practices for dealing with blood/body fluids and blood/body fluids by-products, all staff must strictly adhere to sanitary precautions in all aspects of the program.

PROCEDURES

Refer to Public Health Ontario, Health Department Wee Care Manual, Public Health Ontario's Environmental Cleaning and Disinfection fact sheet, the Public Services Health and Safety Association's Child Care Centre Employer Guideline, and the Re-Opening Tool Kit for information and best practices for cleaning and disinfecting.

Centres will be cleaned thoroughly prior to re-opening and daily on an ongoing basis. In addition, frequently touched surfaces should be cleaned and disinfected at least twice daily as suggested at a minimum. However, more frequent cleaning and disinfection may be necessary, depending on the frequency of use and extent of soilage. Cleaning and disinfecting should be logged to track and demonstrate cleaning schedules.

Cleaning

- Use detergent and warm water to clean visibly soiled surfaces
- Rinse the surface with clean water (warm to tepid temperature preferred) to ensure detergent is removed
- Let the surface dry

Disinfecting

- The use of an approved disinfecting products from the List of Hard-Surface Disinfectants and hand sanitizer COVID-19 is required

Clean and disinfect upon ENTRY to child care (for staff):

- Any hard surfaces such as water bottles, travel mugs, cell phones, lunch containers

Clean and disinfect upon children's ENTRY to child care:

- Any hard surfaces such as water bottles, containers

Disposable Gloves

Gloves must be worn in the following circumstances and disposed after use:

- Administering first aid
- Cleaning up blood and body fluid e.g., vomitus spills and disinfecting surfaces
- Rinsing wet clothing or linen
- Contact with diarrhea e.g., cleaning/disinfecting contaminated surfaces, diaper changing
- During active screening and in the case of an isolation of an ill child

Medical or N95 Masks and Eye Protection

- All staff and students completing post-secondary placements are required to consistently wear either medical or N95 masks while inside the centre, including in hallways and staff rooms (unless eating - but time with masks off should be limited and physical distancing should be maintained.

- A medical or N95 mask must be worn at all times by anyone who has received their COVID19 vaccination in the past 48 hours and are experiencing what may be post-vaccine symptoms (i.e., mild headache, fatigue, muscle aches, and/or joint pain) that only began after vaccination.
 - Medical masks are required to be worn outdoors by all staff and students completing a post-secondary placement if two metres of distance from others cannot be maintained. To protect the longevity of N95 masks, these masks should be restricted to indoor use only.
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- Eye protection (ie face shields or goggles) is required for all staff and students completing post-secondary placements if they come within 2 metres of an unmasked individual both indoors and outdoors.
 - All children in grades one and above are required to wear a non-medical mask or face covering while inside the centre, including in hallways. It is recommended that children wear 3-ply masks when possible. Masks or face coverings may be removed for the purposes of eating, drinking, and sleeping.
 - Children are not required to wear masks outdoors.
 - Parents/guardians are responsible for providing their children with a mask and should be reminded that their child will require a way to store their mask when not in use.
 - All younger children (aged two to SK) are encouraged but not required to wear a non-medical mask or face covering while inside the centre, including in hallways.
 - Masks are recommended for children in kindergarten
 - Masks are not recommended for children under the age of two.
 - Masks should be replaced when they become damp or visibly soiled.
 - N95 masks should be replaced when:
 - It is no longer tolerated or accepted
 - The filtering part of a fitted N95 mask is wet
 - The mask has lost some of its integrity (relaxed elastic, damaged filter)
 - There were potentially infectious droplets splashing onto the mask.
 - Children must be supported to wear masks to the greatest extent possible. Resources are available that can be shared with parents/guardians on supporting children in wearing masks. Children and families with masking issues can also be supported by discussing, in consultation with the child's healthcare provider, whether other types of face coverings might work for their child.
 - Reasonable exceptions to the requirement to wear masks are expected although should be rare in circumstance (e.g., medical conditions). Requirements and exemptions related to masks must be documented. A letter from the parent or health 3 provider may be requested. A tip sheet on health and safety practices for children who cannot wear masks may be shared with families.
 - Staff members with exceptions to wearing a mask should not be admitted into the centre if they have received their COVID-19 vaccination in the past 48 hours and are experiencing what may be post-vaccine symptoms, as a medical mask must be worn at all times in that circumstance.

Gowns

Gowns must be worn in the following circumstances:

- Cleaning and disinfecting bodily fluids
- While caring for child in isolation

Hand Washing

- Appropriate hand hygiene is one of the most important protective strategies. It is suggested that home care providers and visitors should be trained and able to assist children on appropriate hand hygiene, including the use of alcohol-based hand rub (ABHR), and reinforcing its use.
- It is suggested that ABHR with a minimum 60% alcohol concentration be available (60-90% recommended, ideally at the entry point to each child care room) and/or plain liquid soap in dispensers, sinks and paper towels in dispensers. ABHR is most effective when hands are not visibly

soiled. It is recommended that ABHR only be used for children ages two and up, and with adult supervision.

- Proper hand hygiene should be conducted by anyone entering the child care setting and incorporated into the daily schedule at regular intervals during the day, above and beyond what is usually recommended (e.g., before eating food, after using the washroom, etc.)
- Soap and water are preferred as the most effective and safest method for hand hygiene.

Centres will perform and promote frequent and proper hand washing.

Staff must wash their hands with soap and warm water in the following situations:

- Before handling food
- Before and after eating
- Before and after diaper check and change
- Before and after toileting
- Before and after contact with bodily fluids
- After handling toxic materials
- Before and after using gloves
- Before and after touching theirs or someone else's face
- When hands are visibly soiled

Children must wash their hands with warm soapy water:

- Before handling food
- Before and after eating
- Before and after toileting
- Before and after wiping their own nose
- When hands are visibly soiled

Food Provision

- Family style meals are permitted to operate provided that food handlers use adequate food handling and safety practices.
- Children must practice proper hand hygiene before self-service of food during family style meals and snacks. Staff must observe children to ensure that they don't pick up items and set them back.
- Where possible, children should practice physical distancing while eating.
- No outdoor food provided by family outside of the regular meal provision except where required and special precautions for handling and service food are in place
- Children should neither prepare nor provide food that will be shared with others

Whole Centre, Toys and Equipment

Staff must ensure that all toys and equipment are in good repair, clean and sanitary. The Supervisor or designate must be advised of any concerns regarding toys and equipment.

- All toys used at the centre must be made of materials that can be cleaned and disinfected easily. Avoid absorbent materials like plush toys.
- Activities should be planned to avoid the sharing of objects or toys
- If sensory materials (e.g., playdough, water, sand, etc.) are offered, emphasis should be placed on hand hygiene before and after the use of materials.
- Standard Cleaning protocols will be followed when children in care are asymptomatic.

Cleaning and disinfection when a child or staff become ill during care

- When a child or staff becomes ill during care, steps must be taken to clean and disinfect all areas and items that the ill person may have been in contact with as soon as possible.
- The isolation room or area is to be cleaned and disinfected immediately after the child has been sent home.
- All toys and equipment must be immediately removed from the room to be cleaned and disinfected. Any items that cannot be cleaned (e.g., books, cardboard puzzles) should be removed and stored in a sealed container for seven days before they can be put back into rotation.
- If possible, remove children from potentially contaminated area until cleaning and disinfection is complete.

Clean and disinfect frequencies for other surfaces and items:

Cleaning and disinfecting routines **must** be increased as the risk of environmental contamination is higher:

- **Tables and countertops:** used for food preparation and food service must be cleaned and sanitized before and after each use
- Children must not share food, feeding utensils, soothers, bottles, sippy cups. Other tables and chairs being used are to be cleaned and disinfected twice daily and more often as needed.
- **Spills** must be cleaned and disinfected immediately
- **Washrooms and Handwash sinks:** One cohort should access the washroom at a time. Public Health recommendation is that washroom areas must be cleaned in between each use, particularly if different cohorts will be using the same washroom. Washrooms should also be cleaned as often as necessary (e.g., when visibly dirty or contaminated with body fluids).
- **Floors:** cleaning and disinfecting must be performed as required, i.e., when spills occur, and throughout the day when rooms are available, i.e., during outdoor play
- **High-touch surfaces:** any surfaces at your location that has frequent contact with hands (e.g., light switches, shelving, containers, hand rails, door knobs, sinks, toilets, toilet handles etc.). These surfaces should be cleaned and disinfected at least twice per day and as often as necessary (e.g., when visibly dirty or contaminated with body fluids)
- **Other shared items:** (e.g., phones, IPADs, IPODs, attendance binders etc.) these must be disinfected between users).
- All toys must be cleaned and disinfected:
 - Weekly when in use by the same cohort
 - Between each cohort's use
 - Daily when in outbreak
- Mouthed toys must be cleaned and disinfected after every use.
- Large equipment and shelving must be cleaned and disinfected every week
- If sensory materials (e.g., playdough, water, sand, etc.) are offered, emphasis should be placed on hand hygiene before and after the use of materials.
- Dramatic play clothes must be laundered after each use.
- Floors must be kept clean and dry throughout the day. They must be swept and mopped as necessary by staff.
- Children's cubbies are to be kept neat and checked weekly by staff.
- If outdoor toys and equipment is accessed (e.g., balls, ride-on toys), it is encouraged that items are cleaned and disinfected on a regular basis and when visibly soiled.
- Outdoor play structures (e.g., slides, climbers) do not require cleaning in between cohort use; instead, the focus should be on exceptional hand hygiene before and after outdoor play.
- The Cleaning Schedule for Toys and Equipment must be posted in playrooms.

Daily Cleaning

The Ministry of Health's process for cleaning surfaces will be followed by all staff. Centre cleaners will thoroughly clean and disinfect bathrooms, sweep and mop floors, spot clean glass, vacuum carpets, dust furniture and shelves, empty garbage and disinfect containers daily.

Policy and Procedure Review

This policy and procedure will be reviewed and signed off by all employees before commencing employment/unpaid placement at Blackstock Co-operative Nursery School, and at any time where a change is made.

SUPERVISION OF CHILDREN COVID-19

POLICY

To ensure all staff are aware of the expectations regarding the supervision of children.

The Child Care and Early Years Act (2014) identifies the following references for supervision of children:

Supervision by an Adult

Every licensee shall ensure that every child who receives child care at a child care centre it operates, or at a premise where it oversees the provision of home child care, is supervised by an adult at all times, whether the child is on or off the premises.

Intent:

This provision protects the safety and well-being of children, by requiring that they be supervised by an adult at all times while receiving child care.

Group Sizes

Effective September 1st, 2020, BCNS may return to maximum group sizes as set out in the CCEYA. Staff and students are not included in group sizes but should be assigned to a specific group where possible. Children are permitted to attend on a part-time basis and as with children attending full time, should be included in one group and should not mix with other groups.

To better accommodate staffing needs, children may be assigned to different groups throughout the day. Clear documentation is required to demonstrate the groups or cohorts as they exist throughout the day (eg accurate attendance records, including the time each child spent in the group).

Movement of supervisors or designates, staff and students on educational placement between child care locations and between licensed age groups is permitted unless otherwise instructed by the Min of Ed or Public Health. Reducing the movement of staff and placement students where possible is encouraged to minimize potential for transmission.

Ratios set out under the CCEYA must be maintained. Reduced ratios are permitted as set out under the CCEYA provided that groups are not mixed. Reduced ratios are not permitted at any time for infants.

Maximum capacity rules do not apply to Special Needs Resource staff on site (i.e., if they are not counted towards staff to child ratios, they are not included in the maximum capacity rules).

Mixed age grouping is permitted as set out under the CCEYA where a director approval has been granted on the license.

While on duty, staff are responsible for the safety of the children at all times and constant supervision is required. Staff are assigned responsibility for a specific group of children. Staff must determine each child's developmental ability (using developmental checklist materials) in order to plan and implement a program that effectively meets the child's individual needs. Planning the program with consideration given to the children's abilities as well as general safety practices is an essential component of effective supervision of children.

Space Set-Up and Physical Distancing

- Each group of children must have their own assigned indoor space separated from other groups by a physical barrier. Physical barrier needs to be at minimum of 8 feet and as wide as the room will allow.
 - When in common spaces a physical distancing of at least 2 meters must be maintained between different groups.
 - Low contact activities are permitted indoors. For children in grade 1 and up, masking is encouraged but not required if a minimum of two metres distance can be maintained between groups and as much as possible within a group.
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- High contact physical activities should take place in outdoor settings only. Masking is not required outdoors for high contact physical activities.
 - Singing is permitted indoors. As much distance as possible should be encouraged as well as the use of large, well-ventilated spaces while singing indoors. Masking is encouraged but not required for singing indoors if a minimum of two metres distance can be maintained between cohorts.
 - In shared outdoor space, groups must maintain a distance of at least 2 meters between groups and any other individuals outside of the group.

The risk associated with transmission with shared objects is low. Instead of regular cleaning of shared objects, the focus should be on regular hand hygiene and respiratory etiquette to reduce the risk of infection related to shared equipment.

PROCEDURES

- Constant visual supervision of children is essential. All staff are responsible for ensuring that all exit points are monitored, indoors and outdoors.
- Communication is an essential component of working as a team. Staff must ensure that they have informed each other if they are leaving the room with children or arriving with additional children.
- When one member of the team leaves the area, the team partner(s) is/are responsible for all children within the area.
- Children's attendance must be recorded immediately upon arrival or departure from the program. Attendance must also be checked during routine changes of the day. This ensures a matching of the attendance record with the children in care.
- Staff must ensure that children are safely released to their parent or guardian. As children tend to have regular hours of care, it is important for staff to be aware of when to expect a child's arrival or departure.
- In order to supervise an area effectively, staff must position themselves to achieve visual supervision of the children, indoors and out. If a child needs to leave the group for any reason, staff must ensure that an adult adequately supervises him or her.
- When setting up a playroom, staff must ensure that consideration is given to the types of activities planned and the physical set-up of the room. Staff must be able to effectively monitor the activities to maintain a safe environment for the children.
- In shared outdoor space, mixing between groups and any other individuals outside of the group is permitted, though physical distancing should be encouraged between groups as much as possible.

- Staff are required to count the number of children in their care before and after the movement of children from within the centre, when outside in the playground and when moving children to and from the playground, and at any time that the centre takes the children off the premises.
- Staff must ensure that children are aware of the rules of the playroom and playground. This will help children understand the expectations for safe play.
- Staff must recognize the need for extra precautions regarding the supervision of children when there is a change to regular day-to-day programming. For example, when supply staff are filling in, it is necessary to take additional precautions.
- Staff must be constantly aware of what is happening around them. By listening carefully and monitoring the room a potential conflict or safety hazard may be prevented.
- It is the expectation that staff regularly review and keep up to date in their knowledge of appropriate policies and procedures.

Policy and Procedure Review

This policy and procedure will be reviewed and signed off by all employees before commencing employment/unpaid placement at Blackstock Co-operative Nursery School, and at any time where a change is made.

TOY WASHING & DISINFECTION PROCEDURES

The disinfection of toys is vital to ensuring the health and safety of children as it reduces and mitigates the potential spread of germs and viruses among children and those who may come into contact with them.

All toys that are plush must be removed and not used in play, these include, stuffed animals, hand puppets, cloth toys etc. In addition, all sensory play is for a one time, individual use only, this includes playdough and slime and should be labelled with the child's name. All porous toys or materials that cannot be effectively cleaned and disinfected must be removed and not used in play.

Toy Washing Procedures - Manual Cleaning and Disinfection

Step 1. Inspect all toys to ensure there are no broken parts or jagged edges

Step 2. Rinse with clean water.

Step 3. Air dry or dry with paper towels

Step 4. Disinfect by either immersing in a mix of bleach and water (see Cleaning, Sanitizing and Disinfecting Policy and Procedure for Bleach/Water mixture)

Step 5. Spray the bleach and water solution on the toy and let sit for 10 minutes, then air dry

Frequencies and Toy Cleaning Schedules

- Toy cleaning schedules will be posted in each area and updated daily by the staff person responsible for the area.
- Toys, including large toys, equipment and high touch items will be cleaned and disinfected at least once daily and as often as necessary i.e., when toys/items are visibly soiled or when toys/items have been contaminated with body fluids.
- Toys should be cleaned and disinfected between users prior to redistributing.
- Refer to the Emergency Child Care Centres- Environmental Cleaning and Disinfecting Policy and Procedures for more guidance.

Handling Used Toys

- Toys that have become visibly dirty or that have come into contact with body fluids (e.g., toys that have been mouthed) should be taken out of circulation immediately and cleaned and disinfected immediately.
- Toys that cannot be cleaned and disinfected immediately should be placed in a designated dirty toy bin. The bin should be clearly labelled and inaccessible to children.

Policy and Procedure Review

This policy and procedure will be reviewed and signed off by all employees before commencing employment/unpaid placement at Blackstock Co-operative Nursery School and at any time where a change is made.

SNACK POLICY-COVID-19

Blackstock Co-op Nursery School promotes the healthy development of all children, recognizing the importance of a balanced diet. Keeping with this requirement when bagged snacks are implemented, the responsibilities are as follows:

The bagged snack must adhere to Canada's Food Guide. A few examples of recommended food items are:

FRUIT	GRANOLA	EGGS	BUTTER
VEGETABLES	PASTA	MILK	CHEESE
100% FRUIT JUICE	WHOLE WHEAT BREAD	YOGURT	COLD MEAT

The snack must be provided in a snack bag, **clearly labelled with the child's name**. All containers within the snack bag must also be labelled with the child's name. Snack should be nutritious and well balanced. Please refrain from sending candy, pop and chocolate with your child.

We promote a nut free environment and we ask parents not to pack anything containing nuts in your child's snack. Foods that say "may contain nuts" **are not allowed** in your child's snack bag.

In the event that your child forgets to bring a snack, and we are unable to contact you, an alternative snack will be provided.

Food Allergy and Restriction

BCNS posts a list of children with known food allergies, as well as their respective allergies, in all areas of food preparation and consumption to minimize risk of reaction. BCNS keeps the posted lists of children's food allergies and restrictions up-to-date and the lists reflect the most current information available. The information posted in areas of food preparation and consumption match the information contained in the individual plan for children with an anaphylactic allergy.

Special Dietary Arrangements

BCNS will follow written instructions from families with regards to special dietary arrangements. These instructions will be kept in the child's records and parents will provide, in writing, any changes, when necessary.

Procedure

- On arrival all snack containers will be placed in a box and removed to the kitchen area.
- All table surfaces will be cleaned with a cleaning solution prior and after children have their snack.
- Snack containers will be wiped down prior to being returned to the children.
- Staff will wash their hands before assisting children with their snacks and between opening each child's container.
- Staff will ensure children wash their hands prior to eating snack.
- Children will practice physical distancing while eating.
- Staff will encourage children not to share snacks.
- Staff will monitor snacks to ensure food arriving at BCNS does not contain nuts, nor has the warning sign "may contain nuts".
- If a child forgets their snack, an alternative snack will be provided. A call to the parent or guardian will be made and the food served will be recorded in the log book.
- Staff will monitor each child's snack and should a child's snack consistently not adhere to Canada's Food Guide, then they will work with the parent to provide sample menus.

Policy and Procedure Review

This policy and procedure will be reviewed and signed off by all employees before commencing employment/unpaid placement at Blackstock Co-operative Nursery School and at any time where a change is made.

SERIOUS OCCURRENCES POLICY

POLICY

Serious Occurrences must be reported to the Ministry of Education and to the Region of Durham and include:

1. Death of a child who receives child care services, whether the death occurs on or off the premises.
2. Abuse, neglect or an allegation of abuse or neglect of a child which occurs while participating in a centre program.
3. Life threatening injury to or a life-threatening illness of a child who receives care at the centre.
4. Any situation where a child is missing or temporarily unsupervised while receiving care at the centre.
5. Unplanned disruption to the normal operations of the child care centre that poses a risk to health, safety or well-being of children receiving care.
6. Room, centre or premises closure by public health due to suspected or confirmed cases of COVID-19.

For further clarification and examples, please see Appendix C – Reportable Serious Occurrences in the Child Care Early Years Act, 2014.

PROCEDURES

Responding to a Serious Occurrence

Staff will respond immediately to any situation of a serious nature. This response may include but is not limited to:

- Providing medical attention
- Addressing any risks to health or safety
- Contacting appropriate services – e.g., Ambulance, Police, CAS
- Informing parent/guardian

Missing Children

- If it is suspected that a child is missing, time is of the essence.
- Staff must review group attendance. Check with the team partner and other children in the group.
- Note the time.
- If the team partner is not in attendance, another staff may be called for assistance. Staff must ensure that the children in the group are supervised.
- The Supervisor or designate must be notified of the situation. The Supervisor or designate is responsible for beginning a search of the building and of the grounds. One person should be assigned to check indoors and another person to check the playground and surrounding area. All staff are required to check their own rooms. It is essential to ensure the safety of the children while a search is being conducted.
- Once it is determined that a child is missing, the Police must be notified. Emergency numbers are posted by the telephone in each child care centre. A description of the child including age, weight, height, hair and eye colour, clothing etc. will be required.
- Additional information that should be reviewed includes:
 - Is the child familiar with the local area?
 - Is the child new to the centre?
 - Is the child able to open exit doors or gates?
 - Where might the child go?
 - What are the child's developmental abilities, could he or she be playing a game?
 - What is the family situation, are there custody issues?
- This information may assist the Police in their search.

- It is not necessary to wait until the internal search has been completed prior to calling the police. The police should be called as soon as possible.
- The search should be continued until the police arrive. If staffing allows, the search may continue along with the police.
- The Supervisor or designate is responsible for notifying the child's parent(s) as soon as possible. Once the situation has been resolved, the procedure for reporting a Serious Occurrence must be initiated

Reporting a Serious Occurrence

A description of the serious occurrence must be submitted to the Ministry of Education within 24 hours of the supervisor/designate becoming aware of the incident. Some serious occurrences require an update. These include incidents requiring investigations by a third party (e.g., CAS). The Ministry may also request additional information at any time until the status of the serious occurrence is deemed "closed."

For confirmed COVID-19 cases, updates to the serious occurrence form or a new serious occurrence form (if the first one has since been closed) is required when additional COVID-19 cases are confirmed.

Serious Occurrence Reports are completed in the Child Care Licensing System (CCLS) by the supervisor/designate. If the supervisor/designate is absent, the report can be completed by the Program Manager/Manager.

If CCLS cannot be accessed, the Ministry Program Advisor – [Jennifer MacArthur](mailto:jennifer.macarthur@ontarion.ca), Phone Number 365-688-5893 jennifer.macarthur@ontarion.ca must be notified via telephone or email within 24 hrs and a serious occurrence must be completed in CCLS as soon as the system becomes available. Once the report is submitted in the CCLS, an email is generated to notify the Ministry of Education, Child Care Quality Assurance and Licensing Branch and the Region of Durham, Children's Services Division.

Posting Serious Occurrence Notification Forms

The CCLS will generate a Serious Occurrence Notification Form but the description must be completed by the supervisor/designate. The Notification Form is a communication to parents about the serious occurrence that happened.

- No identifying information is included in the Serious Occurrence Notification Form, e.g., child name, staff name; age or birth date of child; age group/room.
- Post the Serious Occurrence Notification Form in a conspicuous place at or near the entrance used by parents and ideally near the child care license and licensing summary chart.

The Serious Occurrence Notification Form is posted as required under the CCEYA and retained. For confirmed COVID-19 cases, the form must be posted unless Public Health advises otherwise.

CRITICAL SERIOUS OCCURRENCE REPORTING

Completion of certain fields on the Serious Occurrence Report in CCLS triggers the status of "critical" and an e-mail is generated notifying the management both at the Ministry of Education, Child Care Licensing Branch and the Region of Durham, Children's Services Division.

Extra reporting procedures will be followed when emergency services (i.e., police, fire and/or ambulance) are used in response to a significant incident and/or the incident is likely to result in significant public or media attention.

Serious occurrences considered significant must be reported immediately to the Ministry of Education using CCLS and to the Designated Authority at the Region within one hour using the telephone.

Policy and Procedure Review

This policy and procedure will be reviewed and signed off by all employees before commencing employment/unpaid placement at Blackstock Co-operative Nursery School and at any time where a change is made.

STAFF TRAINING POLICY

In collaboration with local public health, CMSMs/DSSABs must ensure that training is provided to all childcare staff/providers on the health, safety and other operational measures outlined in this document plus any additional local requirements in place prior to re-opening.

Procedures:

- Staff will consult the Public Services Health and Safety Association's Child Care Centre Employer Guideline for information on other measures to consider for childcare staff/providers. Please see resource document for Child Care Providers. This may include instruction on how to properly clean the space and equipment, how to safely conduct daily screening and keep daily attendance records, and what to do in the case that someone becomes sick.
- Updated training will be offered such that all child care staff/providers receive training on current health and safety measures in place according to the Operational Guidance as well as those in place by Durham Health.
- All staff will be trained in the recommended steps of putting on and taking off of Personal Protective Equipment (PPE) as per current recommendations of Public Health Ontario.
- Staff are required to have a thorough understanding, and if necessary, seek clarification on any areas of this document that they are unsure about.

Policy and Procedure Review

This policy and procedure will be reviewed and signed off by all employees before commencing employment/unpaid placement at Blackstock Co-operative Nursery School and at any time where a change is made.

COMMUNICATION POLICY

To inform the parents with respect to rescheduling or cancellation of pre-planned group events and in-person meetings. Also, how confirmed cases, or an outbreak of the coronavirus (COVID -19) will be communicated to the parents.

- Parents will be contacted via email from the main Blackstock Cooperative Nursery School email, info@blackstocknurseryschool.ca advising them that all in-person meetings will now be held virtually using Zoom.
- The teachers will use the Remind app to communicate with the parents regarding the day to day running of the school, and to share photos etc.
- Confirmed cases, or an outbreak of Covid-19. Parents will be notified by means of a letter and an appropriate information sheet that is posted on the entrance door unless otherwise notified by Public Health. Notification and information may be handed out to parents upon request.

Policy and Procedure Review

This policy and procedure will be reviewed and signed off by all employees before commencing employment/unpaid placement at Blackstock Co-operative Nursery School and at any time where a change is made.

COVID-19 Outbreaks

Policy

A COVID-19 outbreak may be declared by public health when, within a 14-day period, there are two or more confirmed COVID-19 cases in children, staff or visitors with an epidemiological link (e.g., cases in the same room, cases that are part of the same before and after school care cohort), where at least one case could have reasonably been acquired within the centre.

Public health will help to determine whether epidemiological links exist between cases and whether transmission may have occurred in the child care setting.

Procedures

If an outbreak is declared, public health will devise a plan to manage the outbreak. This includes:

- Determining whether to close particular child care rooms, cohorts or full closure of the centre.
- Determining if children and/or staff need to be sent home.
- Determining who to contact and inform of the outbreak.
- If the centre is in a shared space at a school, the supervisor must contact the principal or vice principal to advise of the outbreak.
- As per the Serious Occurrences policy, a report must be filed to the Ministry of Education for any confirmed COVID-19 cases of a child, staff or student.
- Parents must be notified by means of a letter and an appropriate information sheet that is posted on the entrance door unless otherwise notified by Public Health. Notification and information may be handed out to parents upon request.

Infection Control

- Staff must refer to Outbreak Control in the Health Department Wee Care Manual.
- Increase washing/sanitizing and surface cleaning/disinfection throughout, regardless of scheduled cleaning.
- Anyone experiencing symptoms of illness should be excluded from the centre. This includes staff, parents, children, volunteers and students.

Surveillance and Monitoring

Information should be recorded on the Routine Illness Surveillance Form; a copy is in the Wee Care Manual along with other relevant documents.

Policy and Procedure Review

This policy and procedure will be reviewed and signed off by all employees before commencing employment/unpaid placement at Blackstock Co-operative Nursery School and at any time where a change is made.

Covid-19 Immunization Disclosure Policy

Purpose

The purpose of this policy is to outline organizational expectations with regards to COVID-19 immunization disclosure.

Contingent upon vaccine availability, all eligible individuals, are strongly encouraged to receive a COVID-19 vaccine, unless there is a medical reason to not receive a vaccine.

Background

Blackstock Cooperative Nursery School recognizes the importance of immunization of individuals regularly interacting and providing services to children due to the nature of their work and potential for exposure in the community. This COVID-19 immunization policy aims to protect the child care program's population including children, staff, volunteers, students on educational placements and any person providing child care or other services to a child in care.

COVID-19 is an acute respiratory illness caused by the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). It may be characterized by fever, cough, shortness of breath, and several other symptoms. Asymptomatic infection is also possible. The risk of severe disease increases with age but is not limited to the elderly and is elevated in those with underlying medical conditions.

Application of the Policy

The Immunization Disclosure Policy will apply to the following groups of individuals, except where the individual works remotely and the individual's work does not involve in-person interactions:

- Employees of the licensee (including home visitors in the case of home child care);
- Home child care providers;
- Volunteers;
- Students on an educational placement;
- Any licensee who regularly interacts with children, staff or providers;
- Adults ordinarily a resident of or regularly present at a home child care premises;
- Any person who provides child care or other services to a child who receives child care (e.g., special needs resourcing consultant)

Policy

The Chief Medical Officer of Health has directed all licensed child care programs to develop, implement and ensure compliance with a COVID-19 immunization disclosure policy. All individuals covered by this policy must provide one of the following:

1. Proof of all required doses of a COVID-19 vaccine approved by the World Health Organization.
2. Written proof of a medical reason, provided by either a physician or nurse practitioner that sets out:
 - a. that the person cannot be vaccinated against COVID-19;
 - b. the effective time period for the medical reason (i.e., permanent or time-limited).
3. Proof that the individual has completed an educational session approved by Blackstock Cooperative Nursery School.

See Appendix 1 for sign-off sheet

Educational session

The Ministry of Education COVID-19 educational session has been approved by Blackstock Cooperative Nursery School and addresses all of the following learning components:

- How COVID-19 vaccines work;
- Vaccine safety related to the development of the COVID-19 vaccines;
- Benefits of vaccination against COVID-19;
- Risks of not being vaccinated against COVID-19;
- Possible side effects of COVID-19 vaccination.

See Appendix 2 for sign-off sheet.

Support for Vaccination

Blackstock Cooperative Nursery School will provide the following supports for people subject to this policy to receive a vaccine: (for example: paid time off, assistance with booking vaccine appointment, peer-to-peer support, etc.).

Testing Requirements

Individuals subject to the policy who are not fully vaccinated must regularly complete an antigen point of care testing for COVID-19 and demonstrate a negative result, at least two times per week, and provide written verification of the negative test result.

If the result is positive, the individual should isolate (not come to work) and submit a laboratory-based PCR test to confirm results as soon as possible (ideally within 48 hours).

See Appendix 3 for further information re: Rapid Antigen Testing.

Confidentiality Statement

As per s. 77 of O. Reg 137/15 made under the Child Care and Early Years Act, 2014, Blackstock Co-op Nursery School is required to report such statistical information to the Ministry of Education as may be required. No identifying information will be provided to the ministry in relation to this policy; all statistical information will be provided in aggregate form.

Appendix 1

Attestation for Vaccine

I affirm that I am fully vaccinated against COVID-19.

In this attestation, “fully vaccinated against COVID-19” means having received the full series of a COVID-19 vaccine or combination of COVID-19 vaccines approved by the World Health Organization (e.g., two doses of a two-dose vaccine series, or one dose of a single-dose vaccine series); and having received the final dose of the COVID-19 vaccine at least 14 days ago.

I affirm that all of the information and answers provided herein and any accompanying supporting documentation are complete, true and correct to the best of my knowledge and belief as required by law.

I understand that any misrepresentation, falsification, or omission of any material facts may render this attestation void.

Signature.....

Date.....

Witness Signature

Date.....

Witness Name

Appendix 2

Attestation for Completion of Education Session

I affirm that I completed the Ministry of Ed Education Session against COVID-19. I understand how COVID-19 vaccines work, and the safety related to the development of the COVID-19 vaccines.

I understand the benefits of vaccination against COVID-19 and know the risks involved for not being vaccinated.

I understand the possible side effects of the COVID-19 vaccinations

I affirm that all of the information and answers provided herein and any accompanying supporting documentation are complete, true and correct to the best of my knowledge and belief as required by law.

I understand that any misrepresentation, falsification, or omission of any material facts may render this attestation void.

Signature.....

Date.....

Witness Signature

Date.....

Witness Name

Appendix 3

Rapid Antigen Testing Info

Also see excel spread sheet for licensed pharmacies and PDF for full details.

Proof of Eligibility for In-Pharmacy Rapid Antigen Testing: Licensed Child Care

To: Participating Pharmacies offering COVID-19 Rapid Antigen Testing for Licensed Child Care Staff/Providers

This letter confirms that (NAME), employed or contracted by (LICENSEE) is eligible for in-pharmacy COVID-19 Rapid Antigen Testing (at participating pharmacies), at no charge to the participant. This temporary eligibility is effective **Tuesday, September 7, 2021** and will stay in effect until **Tuesday, September 21st, 2021**.

This eligibility is in response to the mandatory immunization disclosure policy announced by the Chief Medical Officer of Health (CMOH) on August 17, 2021, stating that schools and licensed child care programs must require that individuals who are not fully vaccinated submit to regular rapid antigen screening. Individuals subject to testing requirements must provide verification on negative test results at least two times per week as an added measure to protect schools and child care settings from the risk of COVID-19.

In addition to this letter, individuals should bring their **Ontario health (OHIP) card**; however, they can still get tested if they do not have one.

After undertaking rapid antigen screening in pharmacies, individuals will be asked to wait on site for their result (typically about 15-20 minutes). Individuals with a positive rapid antigen screening result must arrange a follow-up PCR test as soon as possible (ideally within 48 hours) and isolate until the result of the PCR test is known.

This testing is for **asymptomatic individuals only**. Those experiencing symptoms of COVID-19 or who have had close contact with someone who has tested positive should continue to visit their local assessment centres for testing.

Thank you,

Signed