

# **Akwesasne Child Care Program**

## **COVID 19 Pandemic Phase 2 Child Care Services Policy**

2021 Version 14



## Introduction and Purpose

The information found within these policies are meant to support the Akwesasne Child Care Program in operating in phases of the COVID 19 Pandemic.

The policies are established to support the re-opening of child care centers, in the event of the a conflict between the Child Care Licensing Manual, Akwesasne Child Care Standard Operating Procedures, this document and the Ministry of Education Operational Guidance During COVID 19 Outbreak Child Care Reopening document, the Ministry of Education's Re-Opening document will prevail dated June 2021.

**The Akwesasne Child Care Program is following the direction of the Environmental Health Officer(EHO), MCA Community Health, and the Medical Officer of Health of Eastern Ontario Health Unit.**

## Guidance and Over All Information for Child Care Settings

COVID-19 is a disease caused by a novel coronavirus that can result in acute respiratory illness. In general, these viruses are spread when a sick person coughs or sneezes. It may also be possible for a person to get COVID-19 by touching contaminated surfaces and then touching their own mouth, nose or eyes. The majority of people with COVID-19 develop a mild illness, which may include fever, cough, or shortness of breath. Children may have milder or asymptomatic infections of COVID-19, and the virus may still be transmitted to other people. For more general information about COVID-19, visit <https://www.canada.ca/en/public-health/services/diseases/coronavirus-disease-covid-19.html> or <https://covid-19.ontario.ca/index.html>.

The following are recommendations to help reduce the risk of acute respiratory illness, including COVID-19, in these settings.

## Licensing Requirements

### Licensing Processes, Renewals & Inspections

- Licenses are required to be amended, if necessary, to ensure director approvals and conditions on the license align with new restrictions.
- To support the operational needs of licensees, the ministry will prioritize and expedite the review of requests to revise and amend licenses.
- Licensees are required to meet all the requirements set out in the CCEYA and its regulations and to obtain all necessary approvals to support license revision requests.
- Licensees must follow all current ministry policies and guidelines.
- Ministry staff will conduct in-person monitoring and licensing inspections of child care

centres, home child care agencies, home child care premises and in-home services where necessary.

- Ministry staff will:

- o Conduct a pre-screen prior to entering the premises, as well as follow any screening protocols set out by the licensee (see screening section below);
- o Wear personal protective equipment (PPE); and,
- o Follow any other protocols requested by the licensee or home child care or in home service provider.

- Ministry staff will use technology (e.g., telephone, video conferencing) to complete virtual monitoring and licensing inspections where appropriate.

Kawehnoke Childcare will be an onsite inspection. Kanatakon and Tsi Snaihne will be by phone until the US/Canada Border opens up.

## **Maximum Cohort Size and Ratio**

For the purposes of this document, a cohort is defined as a group of children and the staff members assigned to them, who stay together throughout the duration of the program for a minimum of 7 days.

- o Maximum cohort size for each room has returned to regular ratios as of August 16th, 2021.
- o Beginning September 7th, 2021 the centers will be open full hours 7:30-4:30pm.

## **Staffing**

- o Movement of supervisors and/or designates, staff and students on educational placement between child care locations and between licensed age groups is permitted.
- o Staff are encouraged to wear “Scrub Tops “ and have extra clothes to change into before going home. To avoid cross contamination from work and home.
- o The staff should use a non-medical face mask or face covering all day AND face shields, when feasible older children should wear masks within the facility, NOT on children under two.

## **Qualified Staff**

- o Licensees are required to ensure each group has the required number of qualified staff as set out in the CCEYA. Licensees may submit requests for staff director approval (DAs) to the ministry.
- o Licensees can also request a staff DA for multiple age groups.
- o CPRc & First Aid is required for all staff but if it expires after March 1, 2020 it is extended with a three month window upon hire to get certified and/or must be in a room with a staff within the same room with valid first aid and CPRC.
- o Vulnerable sector checks - A licensee is not required to obtain a new VSC from staff or persons interacting with children where the fifth anniversary of the staff or person's

most recent VSC falls within the emergency period, until 60 days after the emergency period ends.

### **Health and Safety Protocols & Requirements**

Akwesasne Child Care Program (ACCP) ensures that there are written policies and procedures outlining the licensee's health and safety protocols. ACCP confirms to the Ministry that new policies and procedures have been developed and reviewed and signed off by employees and providers.

While the ministry is providing guidance on how to operate child care during the COVID-19 pandemic, First Nations and home child care providers must follow the advice of Health Canada and/or public health officials when establishing health and safety protocols, including how to implement the provincial directives.

It is important to follow the advice of public health officials to keep children and families safe in their respective communities, the document was prepared in consultation with Akwesasne's Environmental Health Officer Naeem Rashad in collaboration released from the Eastern Ontario Health Unit.

### **Health Collaboration Policy Statement:**

**Akwesasne Child Care Program is committed to providing a safe and healthy environment for children, families and staff during this time of COVID 19 Pandemic. We will take every reasonable precaution to prevent the risk of communicable diseases, and follow the direction set out by Health Canada, and recommendations locally by Mohawk Council of Akwesasne's Department of Health, and Environmental Health Officer.**

Akwesasne Child Care will operate during the COVID 19 pandemic and throughout the recovery phase following by:

- a. Sanitization of the space, toys and equipment;
- b. How to report illness;
- c. How physical distancing will be encouraged;
- d. How shifts will be scheduled, where applicable;
- e. Rescheduling of group events and/or in-person meetings; and,
- f. Child drop off and pick up procedures.

### **A: Sanitization of the Space, Toys and Equipment Policy and Procedures**

Cleaning Protocols and Procedures – 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.

To ensure that all staff are aware of, and adhere to, the policy and procedures discussed, prepared and posted regarding cleaning and disinfecting.

*Cleaning* refers to the physical removal of foreign material (e.g. dust, soil) and organic material (e.g. blood, secretions, microorganisms). Cleaning removes, rather than kills microorganisms. Warm

water, detergent and mechanical action (e.g. wiping) is required to clean surfaces. Rinsing with clean water is required to complete the cleaning process to ensure the detergent film is removed.

*Disinfecting* describes a process completed after cleaning in which a chemical solution (e.g. bleach solution) is used to kill most disease-causing microorganisms. In order to be effective disinfectants must be left on a surface for the appropriate contact time outlined by Eastern Ontario Health Unit or the manufacturer.

**Products recommended for cleaning and disinfection:**

MCA DTS is using the following products for effective cleaning and disinfection of MCA facilities. I have provided the details and recommendations in regard to CoronaVirus as follows:

- Clario Antimicrobial Hand Sanitizer 62 % Ethyl Alcohol- CDC recommends using ABHR with greater than 60% ethanol or 70% isopropanol in healthcare settings. 62 % Ethyl Alcohol claims to kill 99.9% of all common germs within 15 seconds.
- Purell- Hand Sanitizer used in health care settings has 70% Ethyl Alcohol and is excellent against Corona Viruses.
- Oxivir Plus (wipes and spray) is the main disinfectant used in MCA settings and has 7% Hydrogen Peroxide which is known to kill Human CoronaVirus.
- There are 2 bathroom cleaners and surface cleansers used in MCA facilities. These are Crew and Galance NA. I have recommended the housekeeping staff to apply the Oxivir disinfectants after using the above mentioned multipurpose surface cleaners.

**Following should always be considered when choosing a disinfectant:**

Disinfectants must have a Drug Identification Number (DIN). A DIN is an 8-digit number given by Health Canada that confirms it is approved for use in Canada. Check the expiry dates of products and always follow the manufacturer's instructions.

1. Chlorine bleach solutions may also be used for disinfection if appropriate for the surfaces.
2. Prepare chlorine bleach solutions according to the instructions on the label or in a ratio of:
  - 1 teaspoon (5 mL) bleach per cup (250 mL) of water, or
  - 4 teaspoons (20 mL) bleach per litre (1000 mL) of water.
  - Ensure a minimum of two minutes contact time and allow to air dry.
  - Prepare fresh bleach solutions daily.
3. Educate staff on how to use cleaning agents and disinfectants:
  - Required disinfectant contact times (i.e. amount of time that the product will need to remain wet on a surface to achieve disinfection).
  - Safety precautions and required personal protective equipment (PPE).
  - Directions for where and how to securely store cleaning and disinfectant supplies.

Follow these general guidelines for the Environmental cleaning and the use of disinfectants:

- Never mix different disinfectants and cleaners together.
- Always follow the label instructions exactly for correct dilutions and proper use of the product.
- Use disinfectants on high touch surfaces such as desks, door knobs, handrails, etc.

- Pay attention to the product's shelf life once they are opened. Some products such as those that contain accelerated hydrogen peroxide should be used up in 30 days once opened to maintain their effectiveness.
- Clean surfaces with a commercial product that depending on the dilution is both a detergent (cleans) and sanitizer/disinfectant (kills germs).
- Disinfectants will not work on surfaces that are visibly dirty or soiled. For visibly dirty surfaces wash the surface first with a general neutral cleaner and then follow with a disinfectant.
- Air drying of disinfected surfaces is preferable, should surfaces still be wet after the appropriate contact time, the surface should be left to dry or wiped with clean cloth.
- Hospital grade disinfectant wipes or ready to use disinfectant solutions can be used to disinfect electronic items that are shared or touched often such as computer equipment and telephones.
- Shared items such as toys that cannot be cleaned between users should follow a regular schedule for cleaning and disinfection as per EHO's recommendations to the staff. Daily cleaning and sanitizing of toys and other shared items is good practice, especially during the outbreaks.

All products containing cleaning agents must be kept out of reach of children at all times. They must be labelled and a cleaning and disinfecting log must be used daily 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 preferred) to ensure detergent is removed
- Let the surface dry

#### **Disinfecting**

- For general environmental disinfection of high touch surfaces like large toys and equipment that cannot be immersed in disinfectant solution use the bleach solution or product listed above which comes in the spray bottle for a contact time of 1 minute or run through dishwasher cycle if no risk of melting or warping
- For other toy cleaning and disinfecting wash with soap and water, rinse and then disinfect with bleach or one of the solutions listed above.

#### **Cleaning and disinfection frequency requirements**

Clean and disinfect upon entry to child care **twice daily:**

- Hard surfaces such as staff water bottles, travel mugs, cell phones, food containers
- Any hard surfaces such as water bottles, containers, toothbrush handles, toothpaste
- Tables and countertops used for food service must be cleaned and disinfected before and after use
- Highchairs must be cleaned and disinfected before and after serving food
- Spills must be cleaned and disinfected immediately
- Hand wash sinks must be cleaned and disinfected at least two times per day and as often as necessary e.g. when visibly dirty or contaminated with bodily fluids
- Floors must be cleaned as needed e.g. when spills occur, when room is available

- Remove all carpets from centers during this time
- Outdoor play equipment must be disinfected before each group uses the items and as often as necessary e.g. when visibly dirty. Outdoor play equipment must be easy to clean and disinfect. Limit the amount of outdoor play equipment in use
- Any surfaces that have frequent contact with hands e.g. light switches, handrails, door knobs, window cranks, sinks taps, toilet flusher, etc. must be cleaned at least two times per day and as often as necessary e.g. when visibly dirty or contaminated with bodily fluids
- Other shared items e.g. photocopier, computer workstations, Ipad, phones, radio must be disinfected between users
- Low touch surfaces (any surfaces at your location that has minimal contact with hands), must be cleaned and disinfected daily e.g. doors, sides of furnishings, window ledges

### **Clean and disinfect as required**

Blood and bodily fluid spills must be cleaned first then disinfected

- Isolate the area around the spill so that no other objects/humans can be contaminated
- Gather all supplies
- Perform hand hygiene
- Put on gloves
- Scoop up the fluid with disposable paper towels and check the surrounding area for splashes or splatters
- Dispose paper towels in garbage immediately
- Using disposable paper towels, clean the spill area with soap and water
- Dispose paper towels in garbage immediately
- Using disposable paper towels, rinse with water to remove detergent residue
- Spray bleach solution on and around the area and allow for 1 minute contact time
- Thoroughly clean and dry area using disposable paper towels
- Remove gloves following posted procedure and discard immediately
- Perform hand hygiene following posted procedure

### **Crib and cot cleaning and disinfection**

- Cribs and cots must be labelled and are for use by one child only
- Cribs and cots must be cleaned and disinfected.
- Crib mattresses must be cleaned and disinfected when soiled or wet and before being used for a child
- High touch surfaces on cribs and cots must be disinfected at least twice per day and as often as necessary and not when a child is in it.
- Cots must be stored to ensure that there is no contact with the sleeping surface of another cot
- Bedding must be laundered daily at least the first two weeks.

### **Additional infection prevention and control practices**

- Pacifiers must be individually labelled, stored separately (not touching each other) and they must never be shared among children. The pacifier must be washed in soap and water upon arrival
- Label individual hygiene items and store them separately
- For creams and lotions during diapering, use a tissue or single use glove to apply. The creams and lotions must be washed with soap and water upon arrival

### **Toy 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.

No plush toys will be permitted. All porous toys or materials that cannot be effectively cleaned and disinfected must be removed and not used for play.

### **Cleaning and Disinfection for Kitchen Areas**

#### **Cleaning**

- Use detergent and warm water to clean visibly soiled surfaces
- Let the surface dry

#### **Sanitizing multi-use utensils**

- Dishes, cutlery and cutting boards should be sanitized in the dishwasher

#### **Disinfecting**

- For general environmental disinfection of high touch surfaces like countertops, cupboards and equipment use the bleach solution which comes in the spray bottle for a contact time of 1 minute
- Any surface that food or children may come in contact with requires a rinse with water using a disposable paper towel

**Ensure all supplies are available – disposable gloves, rubber gloves, cleaning bucket, bleach solution, paper towel, dish cloths, dish towels, soap, aprons**

### **Cleaning and Disinfection Frequency Requirements**

- Tables and countertops used for food service must be cleaned and disinfected before and after use
- Spills must be cleaned and disinfected immediately
- Sinks must be cleaned and disinfected at least two times per day and as often as necessary e.g. when visibly dirty
- Any surfaces that have frequent contact with hands or food e.g. light switches, door knobs, window cranks, sinks taps, fridge/freezer handles, trolleys, etc. must be cleaned at least two times per day and as often as necessary e.g. when visibly dirty or contaminated with bodily fluids

### **Cutting surfaces and utensils**

All cutting of food must be done on a cutting board and used for single tasks at a time. Cutting boards must be cleaned and sanitized after use. Care must be taken not to transfer contamination of



one food to another. Knives used to cut or slice food items should not be used for other foods or other items without cleaning and sanitizing.

### **Toy Washing Procedures – Manual Cleaning and Disinfection**

Please follow the following steps:

- Wash with soap and warm water to clean visible dirt
- Disinfect with bleach solution
- Air dry by placing them on towels in their playroom
- Protect toys from contamination

### **Cleaning and Disinfecting Large Stationary Toys/Equipment**

Large toys, wooden toys, cots, cribs, shelves, etc. that cannot be immersed should use this method

- Clean with soap and water using a cloth, mindful of carrying buckets and safety.
- Disinfect by spraying bleach solution or products listed in this manual
- Allow to air dry

### **Cleaning and Disinfection Frequency Requirements**

- Toy cleaning must occur every day at day end and as needed e.g. if toys are put in mouth, if toys covered in marker, etc.
- Toys, including large toys, cribs, cots, stationary equipment must be cleaned and disinfected at least two times per day and as often as necessary e.g. when visibly dirty, contaminated with bodily fluids.
- Toys and items such as electronic devices should be cleaned and disinfected between different users prior to redistributing

### **Handling Used Toys**

Toys that have become visibly dirty or that have come into contact with bodily fluids e.g. toys that have been put in a child's mouth) must be taken out to be cleaned and sanitized immediately. Toys that cannot be cleaned and disinfected must be placed in the designated dirty toy bin for cleaning and disinfection later. This bin must always be available, clearly labelled and be inaccessible to children at all times.

### **Common Areas, Staff Room, Washroom Cleaning**

1. Ensure that you have reviewed the chemicals being used as outlined in this document.
2. Disinfect high touch areas after use, flush, tap, sink, keyboards, counters and doorknob after use.
3. Limiting the amount of staff in staff rooms refers to social distancing.
4. Only one cohort should access the washroom at a time; and it is recommended that the facilities be cleaned in between each use, particularly if different cohorts will be using the same washroom.

### **B.How to Report Illness Procedures**

- If a child is suspected to have COVID 19 parents and Supervisor will be notified immediately.
- If a child is confirmed to have COVID 19 parents will notify Supervisor immediately.
  - Program Manager are notified by Supervisor

- Director of AMBE is notified by Program Manager
- HR & Community Health is notified by Supervisor
- Serious Occurrence is completed
  - Child care centre licensees have a duty to report a confirmed case of COVID-19 under the Health Protection and Promotion Act. The licensee should contact their local public health unit to report a child who has COVID-19. The local public health unit will provide specific advice on what control measures should be implemented to prevent the potential spread and how to monitor for other possible infected staff members and children.
  - Licensees are required to post the serious occurrence notification form as required under the CCEYA, unless local public health advises otherwise.

**Protocols When a Child or Staff/Home Child Care Provider Demonstrates Symptoms of Illness or Becomes Sick**

- Staff/home child care providers, parents and guardians, and children must not attend the program if they are sick, even if symptoms resemble a mild cold.
- If staff or child or family feels they have come into contact with someone suspected to have COVID19 they should remain home and consult MCA's community health 613-575-2341.
- Isolate children that become ill with signs and symptoms of COVID-19 while attending the centre and send home.
- Staff who become ill must be sent home immediately after completing the screening form, and notify their supervisor.
- Confirmed COVID cases please notify the Program Manager, follow up will occur quickly with the staff member after consultation takes place with Health.
- Staff, home child care providers, parents/guardians, and children who are symptomatic or have been advised to self-isolate by the local public health unit, must not attend the program.
- Asymptomatic individuals awaiting results may not need to be excluded and should follow the advice of public health.
- The Ministry of Health updated guidance to public health units regarding COVID-19 variants of concern, requiring all household contacts of symptomatic individuals to quarantine.
  - All asymptomatic household contacts of symptomatic individuals are required to quarantine until the symptomatic household member:
    - receives a negative COVID-19 test result, or
    - receives an alternative diagnosis by a health care professional
  - If the symptomatic individual tests positive, or is not tested and does not receive an alternative diagnosis from a health care professional, the symptomatic individual must isolate (including from household members) for 10 days from symptom onset, and all household contacts must isolate until 14 days from their last contact with the symptomatic individual.

**Exclusion of Ill Children**

Children who become ill while in care must be immediately separated from others. Parents/Guardians must immediately be contacted to come and pick up their child.

While waiting to pick up ill children will be separated by taking them to the designated exclusion room – or cot in the corner of the classroom. They must be supervised and monitored by staff until they are picked up by a parent/guardian. Symptoms of illness will be recorded in the child's daily record. If it appears that the child requires immediate medical attention, call an ambulance, notify the Program Manager.

A Serious Occurrence report is required when a positive case of covid -19 is reported at the center (staff, child or parent), Program Manager, Director, public health are notified.

### **When to Exclude**

Staff must exclude a child when the child has any signs and/or symptoms that are greater than normal for that child. Staff must exclude a child when the child is unable to participate in regular programming because of illness. Exclude for the following:

- Fever 100.4 or higher
- Coughing
- Complaints of muscle aches
- Complaints of unusual tiredness or listlessness
- Visual shortness of breath
- More than one incident of diarrhea
- Vomiting
- Unusual irritability, out of character behaviour or is not participating in activities
  
- New or worsening sneezing
  
- New or worsening runny nose

Symptoms defined as greater than normal would be if a child has diarrhea inconsistent with teething, and an additional symptom presents itself, such as fever.

### **How to Exclude**

- *Notify the parent/guardian/caregiver or emergency contact (in the event that you can not contact the parent/guardian/caregiver) to come and pick up the children as soon as possible*
- *Only one staff member should be in the designated exclusion room or corner of the classroom.*
- *The designated room must have alcohol based hand sanitizer readily available*
- *Staff must perform hand hygiene frequently*
- *Open windows to increase airflow; open entry doors to the designated room to support air flow*
- *Children should wear a mask if they are able to use the mask properly e.g. donning and doffing carefully, avoiding touching while on). If the child can wear a mask, and physical*

*distancing can be maintained, then staff do not require personal protective equipment other than a mask*

- *If physical distance cannot be maintained (e.g. providing care to an infant or toddler), staff must wear a mask, gloves, apron and lab coat. Hair must be secured. Shield must also be worn*
- *After the child has been picked up clean thoroughly with soap and water then disinfect the entire area using the bleach solution*
- *Contact Health, HR and Paramedics to notify them of the potential case and seek input regarding the information that should be shared with other parents/guardians/caregivers*
- *Staff and children who were exposed to a confirmed case of COVID-19 or a child with symptoms should be excluded from the child care setting for 10 days or until a negative test result is achieved. In the event that testing is not completed these staff and/or children should be in self-monitoring mode for 10 days. These staff and children must be told to avoid contact with vulnerable persons or settings where there are vulnerable persons*
- *How to clean isolation room:*
  - *☂ Close off areas used by the person who is sick.*
  - *☂ Open outside doors and windows to increase air circulation in the areas.*
  - *☂ Wait up to 24 hours or as long as possible before you clean or disinfect to allow respiratory droplets to settle before cleaning and disinfecting.*
  - *☂ Clean and disinfect all areas used by the person who is sick, such as offices, bathrooms, and common areas.*
  - *☂ If more than 7 days have passed since the person who is sick visited or used the facility, additional cleaning and disinfection is not necessary.*

**In order for children and staff to return to work after receiving a negative test, they must be symptom free for 48 hours. In order for children and staff to return to work after receiving a positive test, they must be excluded for 10 days and cleared by Public Health.**

**Children can return after 10 days without a COVID test and must be symptom free for 24 hours.**

**A doctor's note can be obtained to return sooner if diagnosed with another illness.**

**Children will not be charged for days they have been excluded from child care.**

**If staff call in sick they must be symptom free for 48hrs before returning to work. If mental wellness leave using sick credits please indicate specifically with the supervisor.**

### **C.Physical Distancing Procedures**

- Each cohort is within a classroom.

- Practice physical distancing as best as possible to maintain a two metre (6.5 feet) distance between staff and children
- Suspend sensory play unless individual or single use
- Reinforce “NO SHARING” procedures. This includes the current practice of not sharing food, water bottles or personal items. Personal items should be clearly labelled with each child’s name
- Ensure space between children by implementing individual activities
- Stagger use of playgrounds.
- Supervise and ensure that children practice hand hygiene frequently while using playgrounds and outdoor toys/equipment
- Maintain a two metre (6.5 feet) distance between cots and cribs

**D How Shifts will be scheduled Procedures**

- All centers will operate between the hours of 7:30am and 4:30pm starting September 7th, 2021.
- Coordinate with other child care centers when non active cases and reach out to substitutes to determine their anticipated availability if regular staff members need to stay home if they or their family members are sick.

**E. Group Events and In Person Meetings Procedures**

- All group events will be prohibited until emergency is over
- All parent meetings should occur over the phone or by electronic meeting, this includes parent orientation and or meetings as needed.
- Documentation can be sent electronically via email or HIMAMA.
- Staff meetings may occur when physical distancing permits and masks.

**F. Entering Child Care Center Procedures**

Conduct screening to limit the introduction of infection to the facility.

- Parents may enter the buildings as of August 23rd, 2021, must screen and social distance.
- Staff should be aware of signs and symptoms of COVID-19, see “When to Exclude” for symptoms:
- Conduct active screening:
  - Each entrance will have a station to conduct screening. The area should allow a minimum of two metres or 6.5 feet between the staff conducting the screen and the person being screened.
  - Post signage in a visible area that clearly explains the screening process and the rules and conditions for entry.
  - Where possible, daily screening should be done electronically (e.g., via online form, survey, or e-mail) prior to arrival at the child care setting. Where operationally feasible, include temperature checks as part of screening.

- Child care centre staff, visitors and placement students are to, at minimum, provide daily confirmation that they have completed and passed the online screener in a form deemed appropriate (and accessible) by the licensee prior to or upon entry to the child care centre or home.
- Any child care centre staff, visitor or student that has not completed the self-screen will be required to do so prior to entry.
- Any child care centre staff, visitor or student that does not pass the onsite screening procedures will be asked to return home and self-isolate until they meet the criteria for return.

Following procedures should be adopted for designated individuals entering the child care buildings:

- Screen all children, child care staff, maintenance staff prior to entry by asking the COVID 19 specific screening questionnaire sent by the Ministry, answers of yes will be turned away & should be referred to the community health program for assessment and testing.
- As indicated in the COVID-19 School and Child Care Screening Tool, even those with only one symptom, must stay home until:
  - They receive a negative COVID-19 test result,
  - They receive an alternative diagnosis by a health care professional, or
  - It has been 10 days since their symptom onset and they are feeling better.
- If any household members are experiencing any new COVID-19 symptoms and/or are waiting for COVID-19 test results after experiencing symptoms, the child, child care centre staff, provider or placement student must not attend child care.
- **Visibly sick children will be turned away at the door – No exceptions.**
- A designated screener will screen and accept the children at the door, this person must wear a mask, shield, sanitize hands and/or wear gloves. Supervisor will schedule the screener.
- Parents must social distance at drop off & pick up.
- Separate door usage is enforced to maintain overcrowding.
- Parents/Staff & visitors will hand sanitize then perform a temperature check on themselves and child to enter the building using a non-contact (temporal) thermometer is used, temperature must be under 100 degrees Fahrenheit.
- Parents need to wear a mask and social distance exit out separate door.
- Record screening results daily and keep all screening records available onsite.
- Hand sanitizers (70-90% alcohol) should be available to all who have answered “No” to all questions.
- A log book should be kept at the door for contact tracing purposes with date and time.

## **CENTER SPECIFIC INSTRUCTIONS:**

### **Kawechnoke Drop off and Pick Up Procedures:**

- Only one parent/guardian may enter the child care per child, they must wear a mask and use hand sanitizer at the door. They must screen themselves at the door for temperature and answer questions and log their attendance.
- Parents must social distance in the hallway using both room doors if needed. They will then bring the child directly to the classroom door and let staff know the child is there.
- Staff will assess the child for visible symptoms, and confirm screening form has been completed. The child will enter the playroom if they are well. Children that are visibly ill or had any symptoms under 24hrs, will be refused care for the day.
- Parents must exit the building using the recreation door.
- Please sanitize hands on the way out.
- Parent/child will social distance in the hallway at all times.
- The dining room will be used by cohort and sanitized in between use.

### **Kanatakon Drop off and Pick Up Procedures:**

Parents at arrival. It is recommended that 1 parent/guardian adult bring a child into the center. Wear Mask and use hand sanitizer at the door. Bring the child directly to the Playroom door and let staff know the child is there. Child will have a temperature check and confirm the screening form has been completed. The child will enter the playroom if they are well. Children that are visibly ill or had any symptoms under 24hrs, will be refused care for the day. Parents will need to contact Community Health and follow the recommendations. Parents will be asked to exit the building using the rec hall door. Please sanitize hands on the way out.

At Pick up parents can come in the main child care door (sanitize hands) and proceed to playroom door. Staff will bring the child to the parent. Child will be signed out by staff and parent and child will exit the building through the rec hall main door.

1 parent/child in the hallway at a time.

### **TsiSnaihne Drop off and Pick Up Procedures**

Toddler Parents will walk through the toddler playground and bring children to the toddler exterior playground door and knock, and staff will meet them at the door. The Screener will take the child's temperature and if okay will accept the child from the parent. Screeners will then disinfect the thermometer and move on to the next parent.

Preschool parents-will park or line up near the main entry and ring the bell front door. Parents will sanitize hands then screen themselves wearing mask, log temperatures and go through the screening list and take child to preschool room door. Staff will visually screen child and if okay will accept the child from the parent. Parents will exit through the kitchen door and sanitize on the way out.

- The dining room will be used by cohort and sanitized in between use.

#### Private Home Daycare Drop off and Pick up process

Not applicable as the home decided to close due to covid.

#### **Guidance On the Use of Masks and Personal Protective Equipment (PPE)**

Masks are not recommended for children, particularly those under the age of two (see information about the use of face coverings on the provincial COVID-19 website).

PPE should be available for use by staff when necessary, and Supervisors should maintain 1-2 week supply.

Updated guidance on Use of Masks and PPE – masking is not required outdoors when two metres of distance is maintained from others; eye protection (e.g. face shield or goggles) is required both indoors and outdoors, as per occupational health and safety requirements, for individuals working in close contact with children who are not wearing face protection.

The use of Nursing style scrubs is highly recommended.

#### **Face shields & mask should be worn:**

A face mask and shield or eye protection (for example, goggles or face shield) MUST be used by child care staff all day every day unless otherwise instructed by EHO/CHNs/Public Health:

When wearing a mask, you should wash your hands before donning the mask and before and after removing the mask.

Face shields without foam should be cleaned with soap and water and disinfected daily. Cloth masks, blankets, scrubs have to be laundered daily or when visibly soiled. Face shields with foam are disposable and should be changed as needed.

Gloves single use only.

Gloves should be worn if there is a risk that hands will come into contact with mucous membrane, broken skin, tissue, blood, body fluids, secretions, excretions, contaminated equipment, or environmental services.

#### **Hand Hygiene Policy and Procedures**

Hands carry and spread germs. Touching your eyes, nose, mouth or sneezing or coughing into your hands may provide an opportunity for germs to get into your body or spread to others. Keeping your hands clean by following good hygiene practices is one of the most important steps to avoid getting sick and spreading germs.

Ensure that staff and children are always practicing good hand hygiene when hands are visibly dirty and after:



- Sneezing, coughing, or blowing your nose
- Using the washroom
- Handling garbage
- Handling raw foods
- Outdoor play
- Toileting/diapering routines
- Handling soiled laundry or dishes
- Handling soiled toys or other items
- Coming into contact with bodily fluids
- Coming into contact with any soiled/mouthed items
- Gardening

Hands should be cleaned using soap and water or hand sanitizer before and after:

- Preparing, handling, serving and eating food
- Handling animals
- Touching a cut or open sore
- Changing diapers
- Glove use
- Dispensing/handling expressed breast milk
- Giving medication
- Communal sensory play activities

When hands are visibly soiled, follow the steps for handwashing for staff. When hands are not visibly soiled, an alcohol based hand sanitizer can be used in place of washing hands with soap and water. Follow these steps:

- Apply hand sanitizer
- Rub hands together for at least 15 seconds working the sanitizer between fingers, back of hands, fingertips, wrists and under nails.
- Rub hands until dry

### **Hand Hygiene Monitoring**

To ensure that employees are using proper hand hygiene methods, supervisors will review hand hygiene practices on a regular basis and provide feedback to employees as required.

### **Gloves and Hand Hygiene**

Hand hygiene shall be practiced before applying and after removing gloves. Gloves shall be removed and discarded after use.

To reduce hand irritation related to gloves:

- Wear gloves for as limited time as possible
- Ensure that hands are clean and dry before wearing gloves
- Ensure gloves are intact, clean and dry inside

- Gloves are single use only, and must be task specific e.g. diaper change routine, garbage collection and removal

### **Covering Your Cough**

Germs, such as influenza, cold viruses or COVID-19, are spread by coughing and/or sneezing. When you cough or sneeze on your hands, your hands carry and spread these germs. These germs are easily spread to you when touching your face, eyes, nose and mouth.

- Keep your distance (preferably more than 2 metres or 6.5 feet) from others when coughing or sneezing as well as stepping away from people by 2 metres or 6.5 feet when they are coughing or sneezing.
- Follow these steps to stop the spread of germs:
  - o If you have a tissue, cover your mouth and nose when you cough, sneeze or blow your nose
  - o Put used tissues in the garbage immediately
  - o Clean your hands with soap and water or use an alcohol based hand sanitizer immediately

### **Attendance Records**

All child care licensees are responsible for maintaining daily records of anyone entering the facility/home and the approximate length of their stay (such as cleaners, people doing maintenance work, people providing support for children with special needs, those delivering food).

- Records are to be kept on the premises (centre or home).
- For home child care providers, this includes people who live in the home.

Records (e.g. name, contact information, time of arrival/departure, screening completion/result, etc.) must be kept up-to-date and available to facilitate contact tracing in the event of a confirmed COVID-19 case or outbreak.

### **Testing Requirements**

- Global testing is not required for Child Care workers at this time, however this may change as per Health Canada instruction.
- Symptomatic children or staff/home child care providers should be referred for testing. Those who test negative for COVID-19 must be excluded from the program until 24 hours after symptom resolution. o Those who test positive for COVID-19 must be excluded from the program for 14 days after the onset of symptoms and clearance has been received from the local public health unit.
- Testing of asymptomatic persons should only be performed as directed by the local public health unit as part of case/contact and outbreak management.
- Please refer to the provincial testing guidance for updated information regarding the requirement for routine testing in a child care setting.
- A list of symptoms, including atypical signs and symptoms, can be found in the COVID-19 Reference Document for Symptoms on the Ministry of Health's COVID-19 website.
- Please see the protocols when a child or staff/home child care provider becomes sick for information on testing in the event of a suspected case

### **Serious Occurrence Reporting**

Child care centre licensees have a duty to report confirmed cases of COVID-19 under the Health Protection and Promotion Act. The licensee should contact their local public health unit to report a child suspected to have COVID-19. The local public health unit will provide specific advice on what control measures should be implemented to prevent the potential spread and how to monitor for other possible infected staff members and children.

Where a child, parent, staff or home child care provider has a confirmed case of COVID-19, licensees must report this to the ministry as a serious occurrence.

Where a room, centre or premises are closed due to COVID-19, licensees must report this to the ministry as a serious occurrence.

ACCP is required to post the serious occurrence notification form as required under the CCEYA, unless public health advises otherwise.

## **OPERATIONAL GUIDANCE PRE-PROGRAM CONSIDERATIONS**

### **Communication with Families**

Communication with families will be continual, by email, telephone and social media regarding the enhancement of health and safety measures facilitates transparency of expectations.

- New policies are to be shared with families, for their information and to ensure they are aware of these expectations, including keeping children home when they are sick, which are aimed at helping to keep all children and staff/providers safe and healthy.
- Links to helpful information will also be posted on social media.
- Detailed instructions regarding screening and protocols will be posted and released
- Licensed home child care providers must give parents 30 days to indicate whether they want to keep their space. After the 30 days, payments would be required to secure the space, whether the child attends or not.

### **Parent Fees**

- Fees will not be charged to children who are excluded and required to isolate due to illness during the pandemic as per our COVID policy.

### **Access to Child Care Spaces and Prioritizing Families**

- Survey to be completed on need for care during a pandemic.
- Priority/waitlist policy: Working Families and Previously Enrolled Children. Families must prove that they are employed.
- Children not immunized will be excluded until parents sign a waiver that they understand the risks of returning.

### **Staff Training**

- In collaboration with Health all staff will be trained on new policies and how to enter facilities and screen children.
- Staff will be given a copy of this policy and sign off on training and comprehension of the enhanced measures. This will be found on the last page of this document.

### **Liability and Insurance**

- No waivers or forms are required for a child to attend ACCP during a pandemic, MCA is not liable if a child contracts COVID 19 while attending Akwesasne child care programming.

## **ADDITIONAL IN-PROGRAM CONSIDERATIONS**

### **Transportation:**

- Children will not be transported during the pandemic
- Field trips are prohibited

### **Equipment and Toy Usage and Restrictions:**

- 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.
- Limited to toys and equipment which are made of materials that can be cleaned and disinfected (e.g. avoid plush toys).
- Toys that have been placed in a child's mouth should be cleaned and disinfected immediately after the child is finished using them.
- Rooms are encouraged to have designated toys and equipment (e.g. balls, loose equipment) for each child labelled or cohort. Where toys and equipment are accidentally shared, they should be cleaned and disinfected prior to being shared.

### **Outdoor Play**

- Cohorts remain in individual playgrounds and encourage physical distancing.
- Play structures are to be cleaned and disinfected twice daily.
- Outdoor toys should be disinfected and cleaned.
- Outdoor walks are encouraged with social distancing practices when possible.
- Staff apply sunscreen to children.

### **Gymnasiums & Large Gross Motor Spaces**

Additional guidance regarding space set-up and physical distancing when using gymnasiums to provide opportunities for physical activity for children and youth:

- Children and staff should not be engaged in moderate to vigorous physical activity indoors.
- When moderate to vigorous physical activity takes place outdoors, children and staff should maintain physical distancing. Masks should not be worn for high intensity activity.
- Gymnasiums should only be used for moderate activity where physical distancing measures and current masking protocols for children and program staff can be followed.
- Efforts should be made to limit the use of shared equipment. Shared equipment should be disinfected regularly and children and program staff should practice proper hand hygiene before and after participating in physical activity and equipment use.

### **Interactions with Infants/Toddlers:**

- ACCP will encourage staff and home child care providers to supervise and hold bottles for infants not yet able to hold their own bottle to reduce the risk of choking. EHO recommends shields during this time.

- Staff will consider placing infants in every other crib and mark the cribs that should not be used in order to support physical distancing, or move cribs 2.5 meters apart.
- Recognizing that physical distancing is difficult with small children and infants, suggestions to support physical distancing include: planning activities that do not involve shared objects or toys; and, when possible, moving activities outside to allow for more space.  
Children must not share food, feeding utensils, soothers, bottles, sippy cups, etc. Label personal items with the child's name to discourage accidental sharing.
- Toys that have been placed in a child's mouth must be removed immediately for cleaning and disinfecting and must not be shared with other children.

### **Food Provision**

- Return to dining room for all classrooms except for Kanatakon.
- Sinks used for food preparation should not be used for any other purposes
- Chlorine bleach (unscented) should be used in the kitchen as the only disinfectant. Staff should ensure there is no self-serve or sharing of food at meal times.
  - Utensils should be used to serve food.
  - Meals should be served in individual portions to the children.
  - There should be no items shared (e.g. serving spoon or salt shaker).
- There should be no food provided by the family/outside of the regular meal provision of the program (except where required and special precautions for handling and serving the food have been put in place).
- Children should neither prepare nor provide food that will be shared with others.
- Ensure proper hand hygiene is practiced when staff are preparing food and for all individuals before and after eating.
- Where possible, children should practice physical distancing while eating.

### **Provision of Special Needs Resources (SNR) Services**

- Children with special needs and their families continue to require additional support and services in child care settings.
- The provision of in-person special needs services in child care settings should continue where appropriate. Should questions arise in respect of which service providers are permitted to enter the premises, please consult with Health Canada and/or public health. Please work with special needs service providers to explore alternative modes of service delivery where in-person delivery is not possible.
- Maximum capacity rules do not apply to SNR staff (consultants and enhanced staff) on site (i.e. if they are not counted towards staff to child ratios they are not included in the maximum capacity rules).
- Where SNR services are provided through external staff/service providers, licensees and home child care providers should inform all families of this fact, and record attendance for contact tracing purposes.

- All SNR staff must be screened before entering the child care setting, as per the protocol in the screening section above.
- One on one SNR aids are added to rooms when staff is available, however a child is counted at regular ratio and no need for SNR break coverage.

### **Mental Health**

The ministry recognizes the detrimental impact of the COVID-19 pandemic on children’s mental health and well-being. The ministry’s Building on How Does Learning Happen? supports the operation of early years and child care programs in Ontario during the COVID-19 outbreak. It provides information on how early years settings can support the social and emotional health and well-being of children and families, in addition to safe and healthy environments.

Early years and child care program providers are also encouraged to collaborate with child and youth mental health agencies to support strong connections and make the best use of mental health resources and supports across the integrated system of care.

Being a positive role model to children, parents/guardians/caregivers are an effective strategy to help reduce fear and anxiety as well as promoting healthy behaviours. Remember that children are often listening when you talk to others about COVID-19. Ask questions and stay positive during the work day for the children’s sake.

If you're sick, stay home, your risks impact everyone in the cohort so please adhere.

### **Screening Tool:**

\_\_\_\_\_ Please use the screening tool entitled COVID-19 School and Child Care Screening tool at all entrances and exits. Centers will utilize electronic screening tools sent by email.

Link: [COVID-19 School and Child Care Screening Tool](#)

### **Ventilation:**

The new guidelines are the most up to date document which you can followed as such. However, I will recommend few additional measures and upgrades, which can be added to the childcare Covid response plan as follows:

- Consider installing carbon dioxide (CO2) detectors in each childcare room
- Consider portable air cleaner that use high-efficiency HEPA filter to enhance air cleaning wherever possible, especially in higher-risk areas such as a sick/isolation room.

Bring in as much outdoor air as possible.

- If safe to do so, open windows and doors. Even just cracking open a window or door helps increase outdoor airflow, which helps reduce the potential concentration of virus particles in the air. If it gets too cold or hot, adjust the thermostat. Do not open windows or doors if doing so poses a safety or health risk (such as falling, exposure to

extreme temperatures, or triggering asthma symptoms).

- Use child-safe fans to increase the effectiveness of open windows. Safely secure fans in a window to blow potentially contaminated air out and pull new air in through other open windows and doors.
- Consider having activities, classes, or lunches outdoors when circumstances allow.

### **Visitors and Students on Educational Placement**

Visitors are permitted and are subject to the same health and safety protocols outlined in the guidance. The number of visitors indoors should be limited to the ability to maintain physical distancing of at least 2 metres.

### **Enrollment of Non-Essential Children**

As of September 6th, 2021 we will be welcoming back non-essential families for care as well as Akwesasne Child and Family Services children, and Family Wellness Children back into care.

### **Vaccinations**

Staff will strongly be encouraged to get vaccinated and must provide proof of vaccination.

On or after September 27th if staff are not vaccinated they must present a medical note, or they must attend an education session on COVID 19, and must test twice weekly and provide proof of negative test results. Time away for testing and any expense related to COVID 19 testing for those non-vaccinated will be at the expense of the employee.

Non vaccinated staff must wear a mask and shield when working, those who do not will be subject to disciplinary action.

### **Covid Leave Status**

COVID 19 leave for staff will end on September 26th, 2021. All staff must return to work or provide a medical note indicating that their leave has been extended.

### **Staff review and acknowledgement of COVID 19 Pandemic Phase 2 Child Care Services Policy**

Revised guidance on staff/provider training: Updated training should 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 put in place by the local Public Health Unit.

I, \_\_\_\_\_ have read and understand my responsibilities in adhering to the policies and procedures outlined in the document **COVID 19 Pandemic Phase 2 Child Care Services Policy**.

I will make every effort to reduce the risk of spreading COVID 19.

Signed: \_\_\_\_\_

On this date: \_\_\_\_\_

Witness: \_\_\_\_\_

**Akwesasne Child Care Cleaning & Disinfection Daily Log** DATE: \_\_\_\_\_

Item	Cleaned & Disinfected Frequency	Completed Times		Completed Times Initial	
		Initial			
Face shield	Daily				
Front door knobs and handles	After every use				
Classroom door knob					
Stair rails	After every use				
Classroom desks and chairs	Twice daily disinfected				
Classroom sink	After each use				
Classroom toilet	After each use				
Low surfaces shelves	Twice daily disinfection				
Classroom shelves	Twice daily disinfection				
Classroom counters	Twice daily disinfection				
Classroom cabinet knobs	Twice daily disinfection				
Light switches	After each use				
Handles on equipment (e.g., athletic equipment)	After each use				
Shared toys	After each use				
Staff telephones	After each use				
Staff room desktops	After each use				
Back door knobs	After each use				
Handrails	After each use				
Lunchroom tables and chairs	Twice daily disinfected, cleaned after each use				
Kitchen Countertops	After each use & D2xs				
Staff bathroom knobs	After each use & D2xs				
Staff sink & Counter	After each use @ D2xs				
Staff bathroom tap	After each use & D2xs				
Staff soap dispenser	After each use & D2xs				
Staff toilet flush	After each use & D2xs				
Toilet paper dispenser	After each use & D2xs				
Outdoor play fence knob	After each use & D2xs				
Outdoor structure	After each use & D2xs				
Outdoor shed knob	After each use & D2xs				
Photocopy buttons	After each use				
Hallway chairs	After each use & D2xs				