

GOLF ROAD SCHOOL CHILD CARE CENTRE

GUIDANCE FOR THE CHILD CARE SETTING DURING COVID-19 OUTBREAK

REVISED NOVEMBER 17, 2021

POLICY

Golf Road School Child Care Centre (GRSCCC) is committed to providing a safe and healthy environment for children, families and employees.

This procedure developed by GRSCCC is in response to the COVID-19 Pandemic as a part of the requirements set by Toronto Public Health, Ministry of Health and Ministry of Education. GRSCCC will take every reasonable caution to prevent and manage the hazards of contracting COVID-19.

PURPOSE

- To ensure that our staff and families adhere to the measures of Infection Prevention and Control procedures required by Toronto Public Health, Ministry of Health and the Ministry of Education.
- To ensure that the IPAC measures outlined below are strictly implemented and adhered to daily in order to provide safe and healthy child care services.
- To keep all persons entering the facility safe.

APPLICATION

This procedure applies to all persons entering GRSCCC, including children, staff, parents/guardians and visitors.

PROCEDURES

TRAIN STAFF AND EARLY CHILDHOOD EDUCATION STUDENTS

- Staff and students will be taught the signs and symptoms of COVID-19
- All staff and students will be trained to ensure they are aware of and can implement the revised IPAC policies and procedures including:
 - The proper use of personal protective equipment (PPE).
 - Review training modules developed by Toronto Children's Services, in collaboration with TPH prior to working with the children and as updates occur.
 - Supervisor will keep up to date records of training on site.
 - Staff will be encouraged to download the COVID Alert app so they can be notified directly if they have been in close contact with someone who was contagious with COVID-19.

PREPARE THE PHYSICAL SPACE

- A designated drop-off location will be at the Child Care Centre main door located at the north end of the school.
 - The area will be clearly identifiable as the screening location.
 - TPH signs will be posted explaining the screening process and the rules and conditions for entry.

- The area will allow for a minimum of two metres distance between staff conducting in-person screening and the individual being screened.
- Visual markers will be provided as cues for social distancing on the ground while parents wait to drop off their children.
- Alcohol based hand sanitizer (%70-90% alcohol) will be provided in screening area, out of reach of children.
- Alcohol based hand sanitizer (70%-90%) will be provided in classrooms, out of reach of children.
- Where possible, space between seating and play areas will be increased so staff and children can practice social distancing (i.e. two metres/six feet).
- Extra chairs, tables and furniture will be removed to increase space to allow children to spread out.
- Tape or other visual clue will be placed as visual markers for social distancing on floors, tables, seats and in play areas to define play area.
- Designated area (school library) will be used as an isolation/wellness room for sick individuals. The area of the library will only contain a minimal amount of items and equipment so that cleaning and disinfecting is easy to perform after an ill individual leaves the room.

DAILY SCREENING FOR SYMPTOMS

- All individuals including children attending the child care centre, staff, parents/guardians (entering for specific reason) and visitors will be screened each day prior to entry (preferably electronically).
- Parents/guardians will be reminded of the screening requirement prior to opening of the program and through clearly visible signage at the entrance/drop off area and that they should not attend if ill and that they should report any symptoms associated with COVID-19 to the Supervisor.
- Parents/guardians and staff will be provided with an on-line form for submitting electronic screening results daily .
- When possible, we request that only one Parent drop off and pick up child/children to avoid increased exposure.
- Families will be required to physically distance themselves from other families while waiting.
- Visible signage/markings encouraging physical distancing will be posted/placed at the entrance/drop off area and parents will be given a designated drop off time.
- The screener will conduct daily screening by taking and recording the temperature (37.8 or above = a fever) of each individual entering the child care centre, conducting a visual check and filling out Daily Screening Checklist/Health Assessment (single use disposable thermometer covers must be used for each child and discarded immediately after use where an ear thermometer is used) **where this has not been completed electronically.**
- The screener will verify and review electronic screening.
- Alcohol – based hand sanitizer containing at least 70% alcohol will be placed at the screening station for all individuals who have passed screening (kept out of reach of children).
- Those who do not pass the screening will not be permitted to enter the child care centre. The individual(s) will be directed to arrange further assessment by calling Toronto Public Health at (416 338-7600).
- Screeners will take appropriate precautions when screening and escorting children to the program, including maintaining a distance of at least 2 meters (6 feet) from those being screened, or being separated by a plexiglass barrier and wearing personal protective equipment (medical mask, eye protection).

- The screener will receive children from parents at the entrance where a screening table will be set up, **no parent/guardian is to enter the child care facility unless for a specific reason.**
- Personal belongings (backpack, clothing, etc.) should be minimized. If brought, belongings should be labeled. Child/ren will be taken directly to the child's classroom.
- There will be **no volunteers** allowed in the program at this time.
- There will be no non-essential visitors at the program.
- Drop off/pick up times will be staggered to prevent parents/guardians from gathering/grouping together.

ATTENDANCE REPORTING PRACTICES

- Supervisor or designate will ensure that daily attendance records of all individuals entering the child care centre is maintained. This includes, but is not limited to, maintenance workers, government agency employees, food service workers, individuals providing support for children with special needs, etc..
 - Records including name, contact information, date, time of arrival/departure, screening completion/result will be kept on premises and available to facilitate contact tracing in the event of a confirmed COVID-19 case or outbreak.
- Records will be updated when a child or staff is absent.
- Supervisor or designate will follow up with all individuals to determine the reason for any unplanned absences and determine if the absence is due to illness and to note any symptoms.
- Attendance records will be monitored for patterns or trends.
- Parents/guardians of ill children and unwell child care staff will be encouraged to seek COVID-19 testing at assessment centres or contact Telehealth at 1 -866-797-0000 or primary care provider to determine if further care is required.

Maintaining Documentation

- The following documentation will be made available and kept with the Supervisor if needed for case and contact tracing purposes in accordance with all applicable legislation, including the [Municipal Freedom of Information and Protection of Privacy Act.](#)
- **Children:** Cohort List, attendance record and screening results/confirmation for each cohort. The cohort list will include child's name, date of birth, and contact information.
- **Staff:** Staff List, attendance record, schedule, staff roles/movement, and screening results/confirmation. These lists will include staff name, date of birth, and contact information. Including vaccination information if made available.
- **Visitors:** Record of visitors that include name, company, contact information, date, time in/out, areas visited and screening results/completion.
- All staff, children, and education students will be kept in an excel spreadsheet, all other written documents such as screening results done in person as well as visitor logs will be archived and filed for 30 days.

COHORTING STAFF AND CHILDREN

- The Supervisor will assess the available space in program areas in relation to group sizes and programming activities to ensure that physical distancing can still be practiced as best as possible.
- Staff, students and children will be assigned to designated cohorts .
- Cohorts must be designated to a specific room.

- Each cohort must stay together throughout the day and as much as possible, not to mix with other cohorts.
- Programming will be planned in a manner that prevents cohorts from mixing throughout the day.
- Supervisor or designate will ensure that ratios set out under the CCEYA are maintained at all times.
- Sufficient staff will be assigned to each classroom consistently over the course of the day.
 - Supervisor will arrange staffing assignments to limit the number of staff entering or working in different rooms/areas as best as possible.
- Staff will avoid covering off for colleagues assigned to different cohorts. Where a different staff are required to supervise a cohort e.g., covering lunch or break they will maintain physical distance of 2 metres/ 6 feet as best as possible and wear a medical mask and a face shield or goggles.
- Supply staff will be assigned to specific cohorts.
- Staff will work at one location only.
- Supervisor/Designate will limit their movement between rooms.
- Staff will be discouraged from visiting establishments during lunch breaks.
- Staff meetings will be held on Zoom.
- The provision of special needs services (Resource Consultant visits) will be considered on an individual basis while supports that can be offered virtually will be encouraged.

PHYSICAL DISTANCING

- Physical distancing will be practiced and encouraged as best as possible, however, recognizing that physical distancing is difficult with small children and infants, we will endeavor to:
 - Plan activities that do not involve shared objects or toys;
 - When possible, move activities outdoors to allow for more space; and
- Physical distancing will not compromise supervision or a child's safety, emotional or psychological well-being.
- Physical distancing will be maintained between cohorts as best as possible in common areas.
- Visual cues will be used to promote physical distancing (e.g. markings on the floor, posters) in common areas such as entrances and corridors.
- Children will be encouraged to greet each other using non-physical gestures (e.g. wave, nod or verbal "hello") and to avoid close greetings (e.g. hugs, handshakes).
- Older children will be reminded regularly to keep "hands to yourself".
- Staff will plan activities and games that increase spacing between children while promoting social interaction.
- Staff will plan activities that encourage individual play and increase space between children.
- Staff will encourage no sharing of food, water bottles or other personal items.
 - **Personal items will be labelled with the child's name**
- Staff will ensure that adequate/increased distance between cots/cribs is maintained, placing children head-to-toe.
- The number of personal items that can be brought into the child care setting will be limited. Child's belongings should be labelled and placed in their individual bins located in their cubby.
- Each cohort will have their own assigned indoor space, "classroom".
- Staggered outdoor play schedule will be provided for cohorts.
- Drop off and pick up times will be staggered as best as possible to prevent parents/guardians from gathering or grouping together.
- Staff will stagger entry into the Centre and limit time in hallway and common areas.

BEFORE AND AFTER SCHOOL PROGRAMS – SA/FDK

- Children who attend GRSCCC – Before and After School program are only required to be screened once daily (i.e. screened in the morning). Children are not required to be screened again when returning into the program after school.
- Children who attend only after school program may submit screening results to GRSCCC in the morning prior to the child attending care in the afternoon.
- In the event that an individual is not screened prior to arriving at the program, active (in-person) screening will be available when necessary.
- Mask requirements for children apply to all before and after school programs.
- Golf Road School Child Care Centre will collaborate with the School to ensure that cleaning and disinfecting of high touch surfaces is completed as required prior to the after school program entering the space.
- Arrangements will be made to ensure cleaning and disinfecting practices are maintained in shared spaces for e.g., frequency of cleaning.
- A posted cleaning and disinfecting log will be used to demonstrate cleaning schedules.
- The gym will be used for low impact activities only while observing social distancing.
- The items, materials and other resources will be stored separately to avoid accidental sharing.
- GRSCCC will engage in ongoing communication with TDSB as needed.

HAND HYGIENE AND RESPIRATORY ETIQUETTE

- Staff will implement strict, heightened hand washing practices for themselves and the children.
 - Clean hands thoroughly with soap and water or use hand sanitizer (70-90% alcohol concentration) provided hands are not visibly soiled.
 - Avoid touching your face, nose and mouth with unwashed hands.
 - Cover your cough or sneeze with your elbow or a tissue, immediately throw the tissue in the garbage and wash your hands.
 - Provide additional hand sanitizer (70-90% alcohol concentration) stations throughout the room (out of reach of children).
 - Practice hand hygiene often and when necessary (e.g. before and after eating, after using the bathroom, after covering a cough or sneeze). This includes supervising and/or assisting children with hand hygiene.
 - Staff must wash their hands or use alcohol- based sanitizer (70%-90% alcohol) before or after touching any child's personal belonging, or any shared items.
- Supervisor/Designate will monitor hand hygiene supplies to ensure adequate amounts of liquid soap, paper towel, hand sanitizer and tissues are available.

FOOD SAFETY PRACTICES

- Staff will modify meal practices to ensure that there is no self-serving or sharing of food at meal times.
- Meals will be served in individual portions to the children.
- Utensils will be used by staff only to serve food.
- There will be no items shared (i.e. serving spoon).
- Children will not be allowed to prepare nor provide food that will be shared with others.
- Food provided by the family/outside of the regular meal provision of the program will not be permitted (except when required and special precautions for handling and serving the food will be put in place).

- Supervisor/Staff will ensure proper hand hygiene is practiced when staff are preparing food, and for all individuals before and after eating.
- Where possible children will practice physical distancing while eating. Children may eat together:
- Outdoors in their cohort, with distancing
- Indoors with a minimum distance of two metres/6 feet as best as possible within their cohorts.
- If ac unit isn't turned on windows and doors will be open to allow for circulation, when possible lunch will be had outdoors.
- Lunches/snacks for SA and FDK groups will be staggered to facilitate for physical distancing.
- Children will have their own drinking bottle that is labelled kept with them during the day
- FDK and SA children are to only unmask while eating and then will immediately mask once lunch has been eaten. Staff will evaluate if the children will need to don a new mask if visibly soiled.

ENHANCED ENVIRONMENTAL CLEANING AND DISINFECTION

- Cleaning is the essential first step in minimizing the risk of spreading germs during a pandemic.
- Frequently touched surfaces (e.g. doorknobs, tabletops, light switches, toilet and faucet handles, trolleys) will be cleaned and disinfected at least twice a day by a designated staff.
- Staff will be trained on how to use cleaning agents and disinfectants effectively.
- GRSCCC Staff will use Oxivir Tb Disinfectant Cleaner to disinfect hard surfaces
- Oxivir Tb Disinfectant Cleaner (pre-mixed) or Certainty Disinfecting Wipes will be used for disinfecting toys or use the dishwasher for washing and disinfecting toys when the dishwasher is not being used for dishes.
 - While disinfecting with Oxivir Tb Disinfectant Cleaner or Certainty Disinfecting Wipes, staff will ensure a minimum of one minute contact time and allow toys to air dry (surface must remain wet to achieve disinfection).
- Designate will be assigned to conduct environmental cleaning and disinfecting throughout the day within each classroom.
- Designate will be assigned to conduct environmental cleaning in common areas.
- Each classroom will maintain cleaning and disinfecting logs to track and demonstrate cleaning schedules.
- Individual items that may be handled by more than one individual such as electronic devices, toys, sports equipment will be cleaned and disinfected between users.
- Cots/cribs will be disinfected weekly or as needed.
- Blankets/sheets must be assigned to an individual child, stored separately to prevent accidental sharing and in a manner that prevents contamination. Launder blankets/sheets weekly and as often as necessary (i.e. when soiled).
- All supplies required for cleaning and disinfecting will be stored in locked cabinet out of reach of children.
- Arrangements will be made with stakeholders (TDSB) to ensure enhanced cleaning and disinfecting (e.g. frequency of cleaning and appropriate disinfecting agents).

REQUIREMENTS FOR THE USE OF TOYS, EQUIPMENT AND OTHER MATERIALS

- Only toys and equipment that are made of materials that can be cleaned and disinfected will be available.
- Items that require laundering such as dress up clothes will be removed.
- Plush toys will be removed.
- Toys and play equipment will be assigned to specific cohorts.

- Toys will be cleaned and disinfected daily and as often as necessary (e.g. when soiled, contaminated or if the toy has been used by a symptomatic individual).
 - Toys that have been mouthed or become contaminated must be taken out of circulation (e.g. stored in a “soiled toy” bin) after the child has finished using it and cleaned and disinfected prior to being used by a different child.
- If toys or equipment are shared between cohorts, they must be cleaned and disinfected before and after use.
- Hand hygiene will be reinforced before and after use of toys and equipment.
- Toys will be cleaned and disinfected in a three bin process (washed and rinsed prior to disinfection).
- Alternatively, toys will be cleaned and disinfected in a mechanical dishwasher provided that the rinse cycle reaches a minimum of 82 degrees Celsius. Only use the dishwasher when it is not being used for any other purpose (i.e. washing dishes, food preparation).
- Staff will ensure required disinfectant contact times are achieved or alternatively allow toys to air dry.
- Toys will be dried in a designated area that is separate from bathrooms, change tables and protected from sources of contamination.
- Indoor/outdoor play equipment must be cleaned and disinfected daily, between cohorts and as often as necessary (e.g. when visibly dirty, contaminated or is used by a symptomatic individual).
 - Alternatively, batch outdoor play equipment and rotate weekly.
- Indoor/outdoor play structures will only be used by one cohort at a time.
- Shared outdoor spaces may be used provided that physical distancing can be maintained between groups and other individuals outside the group at all times.
- Staff will ensure children perform hand hygiene before and after using outdoor play structures
 - Outdoor play structures are not required to be cleaned and disinfected unless the equipment is visibly soiled or dirty.
- Items that cannot be readily cleaned and disinfected (e.g. books) should be batched. Batched items can be rotated on a weekly basis.
 - Items should be taken out of rotation after use, placed in a sealed container and set aside for seven days before reusing.
- Group sensory play will be suspended (water, sand, pasta, play dough).
 - Sensory materials will be offered for single child use and labelled with the child’s name where applicable.
 - Singing will be permitted indoors and done so safely while maintaining physical distancing.
- Individualized bins/baggies for art materials and supplies for each child will be provided.
- Tables will be spaced apart to allow for smaller groups and social distancing.
- All field trips, outings and Centre events will be cancelled until further notice.

USE OF MASKS AND PERSONAL PROTECTIVE EQUIPMENT

- GRSCCC will provide personal protective equipment for use by all staff/students:
 - Surgical/medical mask as provided by the Ministry of Education
 - Face shield as provided by the Ministry of Education or goggles
 - Lab coat (staff preference)
 - Gloves
 - Hand Sanitizer / Hand Soap

- Supervisor will secure and sustain an amount of PPE and cleaning supplies that can support current and ongoing operations.
- Staff will don a medical mask and face shield/goggles:
 - During the screening process and when escorting children to the program at the beginning of the day and escorting children to parents at the end of the day.
- Staff will don a medical mask, face shield/goggles and gloves:
 - When cleaning and disinfecting blood or bodily fluid spills, if there is a risk of splashing or droplets.
 - When caring for a sick child or a child showing symptoms of illness.
 - Consoling an upset child
 - Providing direct care (e.g. feeding, assisting a student with hand hygiene.)
- Staff must wear a medical mask, including in the hallways. Exclusions include:
 - A staff member alone in a room (office, toy washing/laundry room, staffroom, etc.).
 - While eating during break times (while still maintaining a 2 metre distance from others).
 - Reasonable exemptions for medical conditions.
 - Outdoors while maintaining a 2 metre distance from others.

Eye Protection (e.g. face shield or goggles)

- Is required for individuals working in close contact with children who are not wearing face protection. Eye protection will be donned when physical distancing cannot be maintained.
- Staff should wash hands before donning and removing the face mask and face shield/goggles and gloves.
- Disposable masks must be discarded immediately after use.
- Disposable masks must be replaced when they become damp or visibly soiled.
- Face shields and goggles must be disinfected each day.
- Gloves are disposable and single use, and must be disposed when the task is completed.
- Gloves must be worn when it is anticipated that hands will come into contact with mucous membranes, broken skin, tissue, blood, bodily fluids, secretions, excretions, contaminated equipment or environmental surfaces.
- Staff will be trained on proper hand hygiene, PPE use and glove use.
- Masks are not recommended for children under the age of two.
- Children over the age of two are recommended to wear a non-medical mask or face covering while inside the child care centre, including in hallways, if tolerated.
- Children in grades one and above are required to wear a non-medical mask or face covering while indoors at the child care setting or in hallways.
- Children in kindergarten (i.e. junior and senior kindergarten) are required to wear a non-medical mask or face covering while indoors at the child care setting, including hallways.
 - When not in use a child's non-medical mask or face covering may be stored in a clean paper bag.
 - Masking is required outdoors where physical distancing cannot be maintained.
 - Mask breaks will be planned throughout the day, for e.g. maintaining physical distancing outdoors the children will be encouraged as much as possible to take their masks off.
- Masks should be replaced when they become damp or visibly soiled.
- Parents/guardians and all other adults will be required to wear a non-medical mask during drop off/pick up and if entering the building or inside the child care space.

EVALUATING CHILDREN WHO PRESENT SYMPTOMS DURING SCREENING OR WHILE IN CARE

- Symptoms (e.g. runny nose, congestion) may be evaluated by child care staff (in consultation with the supervisor) to determine if isolation and exclusion is required. The following information may be considered when evaluating a child's symptoms:
 - Daily screening results.
 - Information provided by the parents/guardian about the child's baseline health and other known underlying conditions (e.g. allergies, anxiety, asthma).
 - Daily observations made by staff that care for the child (e.g. identifying a new or worsening cough or differentiating between a runny nose that is persistent as opposed to one that subsides and is likely caused from returning inside from the cold).
 - Alternative assessments by a physician or a health care practitioner regarding symptoms (if available)
- Refer to the [COVID-19 Decision Tool for Child Care \(child attendees\)](#) for further information.

ISOLATION OF CHILDREN AND STAFF/STUDENTS WHO BECOME ILL AT THE CENTRE

- It is recommended that child staff and children with symptoms of COVID-19 go to an assessment centre for testing as soon as possible, and to self isolate at home until their test result is available.
- If a child/staff or early childhood education student becomes ill with symptoms of COVID-19 while in care, immediately separate them from the rest of their group in a designated area and supervise the child until he/she is picked-up.
- For ill children:
 - Siblings who live in the same household will be sent home as well
 - Provide supervision until they are picked up.
 - Notify parents/guardians or emergency contacts to pick up the ill child as soon as possible.
 - Children older than two years should wear a medical mask (if tolerated) and they are able to use it properly (e.g. donning and doffing carefully, avoiding touching while on).
 - Child care staff supervising the ill child should maintain physical distancing as best as possible, and wear PPE, including a medical mask and eye protection.
 - Clean and disinfect the area immediately after the child with symptoms has been picked up.
 - Establish a protocol to determine contaminated areas and carry out cleaning and disinfection when an individual is suspected of having COVID-19 in the child care setting.
 - Identify areas that may require cleaning plus disinfection (items used by the individual and all surfaces within 2 metres of the ill person).
 - Use disposable cleaning equipment, such as disposable wipes, where possible.
 - Items that cannot be cleaned and disinfected (e.g. paper, books, cardboard puzzles) should be removed from the program and stored in a sealed container for a minimum of seven days.
- The designate room/space must have a handwashing sink or hand sanitizer (70-90% alcohol concentration) available.
- Provide tissues to the ill child to help support respiratory etiquette.
- Open outside doors and windows to increase air circulation in the area if it can be done so safely.
- Child care staff and children who have been exposed to an individual who became ill with symptoms must continue to be grouped together (i.e. cohorted), and monitored for signs and symptoms of illness:
 - Child care staff/students must not be assigned to other groups/cohorts or work in other child care settings. They must also be advised to avoid being in contact with vulnerable persons or settings where there are vulnerable people.
 - Child care staff must ensure that mixing of children is prevented.

- Supervisors must inform parents/guardians of children who were exposed to the ill individual, and advise that they should monitor their child for symptom.
- Refer to the [COVID-19 Interim Decision Guide for Child Care Operators to Direct Cohorts to Self-Isolate](#).

RETURN TO CARE FOR CHILDREN WITH SYMPTOMS

- If an ill child who has **not** been exposed to someone with COVID-19 has a **negative test result**:
 - They may return to the setting if their symptoms have been improving for 24 hours.
- If an ill child who has **not** been exposed to someone with COVID-19 is **not tested**:
 - The parent/guardian should ensure that the symptomatic child self-isolates for 10 days from the date their symptoms(s) started, and contact a health care provider for further advice or assessment, including if the child needs a COVID-19 test or other treatment.
 - They may return to the setting after 10 days if they do not have a fever (without taking medication) and their symptoms have been improving for 24 hours.
 - Child care operators may allow symptomatic children that have not been tested to return to care based on an alternative assessment made by a physician or health care practitioner. The child may return to the setting if their symptoms have been improving for 24 hours.
 - Medical notes are not recommended or required by Toronto Public Health.
 - Parents will complete a [Return to Child Care Confirmation Form](#) to provide to the child care centre to confirm the child is well and may return to school.

INDIVIDUALS WITH A LABORATORY CONFIRMED POSITIVE COVID-19 TEST

- Supervisor will immediately report laboratory-confirmed case in child attendees, child care staff, early childhood education students to TPH by completing [Toronto Public Health COVID-19 Notification Form for Child Care Settings](#).
- Child care staff/students and children must stay home and self-isolate for **10 days** from the day their symptoms first appeared (or from the date of their positive laboratory test, if they did not have any symptoms).
- They may return to the child care setting after 10 days if they do not have fever (without use of medication) and their symptoms have been improving for 24 hours or longer.
- Child care staff and child **who are being managed by TPH** must follow TPH instructions to determine when to return to the child care centre.
 - Staff must also report to their occupational health and safety department prior to return to work when applicable.
 - Clearance tests are not required for staff or children to return to the child care centre.

CLOSE CONTACTS OF SOMEONE WITH COVID-19

- Child care staff/students and children (i.e. contacts) exposed to a **confirmed case of COVID-19** must be excluded from the child care setting for 14 days from the day of their last exposure:
 - These individuals must self-isolate at home and monitor for symptoms for the next 14 days.
 - Individuals who have been exposed to a confirmed case of COVID-19 should get tested.
 - Staff and children who were exposed to a confirmed case of COVID-19 will need to continue to self-isolate for 14 days even if their test is negative.
 - Children in the same household (e.g. siblings) must stay home from child care until the child who is a close contact completes their period of self-isolation).

- Child care operators should dismiss a cases' cohort(s) (i.e. close contacts) for self-isolation while awaiting the results of the TPH investigation,

REPORT CASES AND OUTBREAKS TO TORONTO PUBLIC HEALTH AND CCLS

GRSCCC has a duty to report confirmed cases of COVID-19 to the medical officer of health under the Health Protection and Promotion Act and to the Ministry of Education, Early Years Division. There are separate reporting requirements for the City of Toronto Public Health and the Ministry of Education.

REPORT LABORATORY-CONFIRMED CASES OF COVID-19 TO TORONTO PUBLIC HEALTH

- The Supervisor or designate will immediately report laboratory-confirmed cases in child attendees, child care staff, early childhood education students that attend the child care setting to TPH by completing the [Toronto Public Health COVID-19 Notification Form for Child Care Settings](#).
- Additional support can be accessed by calling TPH at **416-338-7600** during work hours (8:30am to 4:30pm, Monday to Friday) or **3-1-1** after hours or by emailing publichealth@toronto.ca.

Child Care Licensing System (CCLS)

A Serious Occurrence is required to be submitted under the category "**confirmed case of COVID-19**" when one of the following individuals has a **confirmed** case of COVID-19 :

- (i) a **child who receives child care** at a home child care premises or child care centre,
 - (ii) a home child care **provider**,
 - (iii) a person who is **ordinarily a resident of a home child care premises** (e.g. The home provider's child, the home provider's spouse, etc.)
 - (iv) a person who is **regularly at a home child care premises** (e.g. The home provider's friend who visits the premises once a week, etc.)
 - (v) a **home child care visitor**,
 - (vi) a **staff** member at a child care centre
 - (vii) a **student** at a home child care premises or child care centre
- Public health officials will determine any additional steps required, including but not limited to how to monitor for other possible infected staff/providers and children and the declaration of an outbreak and closure of rooms and/or entire child care setting.
 - If a closure is ordered by the local public health unit and the licensee has already submitted a serious occurrence for a confirmed case, the existing serious occurrence must be updated to reflect the closure.
 - Should additional individuals at the child care program develop a confirmed case, licensees must either:
 - Revise the open serious occurrence report to include the additional cases; or
 - Submit a new serious occurrence report if the first has been closed already.

While licensees are no longer required to report a serious occurrence for suspected cases; if the local public health unit determines that. A full or partial closure is required (i.e., program room or entire child

care centre must remain closed for a period of time), a serious occurrence report must be submitted under the “Unplanned Disruption of Service” category.

- Licensees are required to post the serious occurrence notification form as required under the CCEYA, unless Toronto Public Health advises otherwise.

OUTBREAK MANAGEMENT

- An outbreak may be declared by the local public health unit when:
 - Within a 14 day period, there are two or more laboratory-confirmed COVID-19 cases in children, staff/providers or other visitors with an epidemiological link (e.g., cases in the same room, cases that are part of the same before/after school care cohort) where at least one case could have reasonably acquired their infection in the child care setting
- The local public health unit will work with the licensee to determine whether epidemiological links exist between cases and whether transmission may have occurred in the child care setting
- If the local public health unit declares an outbreak, they will determine what happens next. This could include closing particular child care rooms or cohorts or an entire child care setting.
 - The public health unit will help determine which groups of children and/or staff/providers need to be sent home or if a partial or full closure of the child care setting is required.
 - If the public health unit determines that partial or full closure of the child care setting is required, the licensee must revise their existing serious occurrence report for a confirmed COVID-19 case to include information about the closure.

COMMUNICATE WITH FAMILIES/GUARDIANS AND OTHER STAKEHOLDERS

- Staff will communicate with parents/guardians via the HiMama App, email, phone calls and/or Zoom calls as needed to support families.
- Signs will be posted at the entrance instructing participants and their families not to enter if they are sick.
- The Supervisor or designate will communicate on an on going basis with the TDSB to provide updates about policies and procedures and to align any gaps or concerns regarding IPAC practices.
- Parents/guardians will be encouraged to speak with their employers about current exclusion/return to child care requirements and possible work arrangements in the event their child becomes ill and is isolated and/or excluded from care.

The Supervisor or designate will take direction from TPH in respect to information that should be shared with other staff, parents/guardians and other stakeholders (e.g. school boards) in the event there is a case of outbreak of COVID-19 in the setting.

OCCUPATIONAL HEALTH AND SAFETY

Golf Road School Child Care Centre has developed written measures and procedures for Staff safety including procedures for Infection Prevention and Control. GRSCCC ensures that training will be provided to all child care staff on the health and other operational measures in place prior to opening. This will include:

- Instruction on how to properly clean and disinfect the environment and equipment;
- How to safely conduct daily screening and keep daily attendance record and proper measures in case someone falls sick;
- Staff will carefully familiarize themselves with the Risk Assessment document and

- Staff will receive training with respect to the policies and procedures implemented during the COVID-19 pandemic.

In addition, Staff will:

- Sign a Travel Declaration;
- Sign a Ill Health Policy;
- Receive training on how to practice and promote good hygiene in the child care setting;
- All Staff will be given adequate time to prepare their classroom for safe operation
- Staff will be provided with PPE (gloves, masks, face shields/goggles, hand sanitizer, lab coats) and
- Staff will be encouraged to communicate with the Supervisor and Occupational Health and Safety Representative to evaluate daily operations, inclusive of discussions on which measures are working effectively, and which measures need to be improved upon.

If a Staff member is diagnosed with COVID-19, the Staff member must remain off work and quarantine for 14 days following symptom onset and until they have received clearance from Toronto Public Health authorities. The Supervisor will consult TPH to determine when the staff member is able to safely come back to work.

If a staff member has a confirmed case of COVID-19, the Supervisor or designate will inform WSIB.

SURVEILLANCE

Ensuring that all the environmental conditions are constantly monitored is essential in prevention and in reducing illness. Employees will monitor for an increase in above normal amount of illness among other employees and children.

Surveillance includes the following:

- Observe children for illness upon arrival;
- Record symptoms of illness for each child including signs or complaints the child may; describe such as sore throat, stomachache, headache, etc.;
- Record the date and time symptoms occurred;
- Record the room the child attends and
- Record attendances and absence.