



Larch Street Kids Child Care Centre

130 Elm St. Suite 202, Sudbury, ON P3C 1T6

Pandemic Policies and Procedures

Revised: July 13, 2020



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Background

The City of Greater Sudbury's Child Care Re-opening Plan is to be used to support community-based licenced child care facilities and licensed in-home child care to re-open centre-based and school child care sites. The City is working with licensed community child care providers and Public Health Sudbury and Districts to do this in the safest way possible while opening the maximum spaces within the limitations of the remaining COVID-19 restrictions.

This is a generic plan that Larch Street Kids Child Care Centre has adapted and add to in order to align with practices while adhering to the guidelines described in this plan. Agency Child Care Re-opening Plans and subsequent versions should be submitted to the City of Greater Sudbury for review.

Program Considerations

- Licenses are required to be amended, if necessary, to ensure Director approvals and conditions on the license align with new restrictions.
- Ministry staff may inspect sites in-person and/or virtually.
- Providers are committed to ensuring that best practices are followed and to use extreme preventative measures.
- As much as possible, parents should not go past the screening area.
- Visitors to the centre will not permitted.
- The operation of sites will meet all requirements set out in the Child Care and Early Years Act, 2014 (CCEYA), *and* strictly adhere to all Provincial and Municipal requirements and the advice of Public Health Sudbury and District, understanding that these requirements are constantly being updated.
- The entire re-opening plan and policies must be reviewed by staff.
- Daily attendance for all children and staff per cohort should be recorded; there should also be a record of which cohorts had in-person contact with inspectors, supervisors or SNR consultants.

Access to Child Care Spaces and Prioritizing Families

Larch Street Kids Child Care Centre will be prioritizing the current and future families for the limited child care spaces. This policy will be submitted to Children Services, City of Greater Sudbury as part of their agency re-opening plan.



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First time reopening, the agency will send a child care requirement survey to current families via email. Parent who has no access to the internet or email can request a paper survey. Family not able to submit their survey within the time frame will be considered that they do not require child care and will go on the wait list for future child care spots.

- 1) Larch Street Kids will prioritize child care spots first to parents who are in Health care profession or works as an emergency services responder.
- 2) Second priority will be given to parent(s) who is/are working outside the home.
- 3) Third priority will be parents working from home
- 4) Forth, remaining spaces will be given to all other LSK families.
- 5) If any circumstances, Larch Street Kids has spots to offer, will contact new families from the City of Greater Sudbury's waiting list.

Maximum Cohort Size and Ratio

For the purposes of Phase 2, 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 minimum 7 days.

- Each cohort will be a maximum of 10 people. Child care will be provided for infants, toddlers, pre-schoolers and school-age children [to age 12].
- Maximum cohort size for each room in a child care centre (including each family age group) will consist of no more than 10 individuals ("a cohort"), space permitting. This number includes both staff and children.
- Maximum capacity rules do not apply to Special Needs Resource staff on site (i.e., if they are not counted towards staff to child ratios they are not included in the maximum capacity rules).
- For any play activity room that is currently licensed for a maximum group size of less than 10 children due to square footage requirements (e.g., infant room 1 is licensed for 6 children), the agency can only have the number of children listed on the license and ensure the cohort does not exceed 10 (including staff).
- Each cohort must stay together throughout the day and are not permitted to mix with other cohorts.
- The agency is required to maintain ratios set out under the CCEYA. The agency can increase staff to child ratio as long as the cohort does not exceed the maximum of 10 individuals.



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- Mixed age grouping is permitted as set out under the CCEYA where a director approval has been granted on the license.
- Reduced ratios are permitted as set out under the CCEYA provided that cohorts are not mixed with other cohorts. Reduced ratios are not permitted at any time for infants.

Communication with Families

Communication with families regarding the enhancement of health and safety measures facilitates transparency of expectations. New policies will 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.

- Larch Street Kids must share with parents, the policies and procedures regarding health and safety protocols to COVID-19.
- The agency is not required to revise their program statement, full parent handbook, and other policies as part of re-opening.
- The agency may consider providing links to helpful information, as well as detailed instructions regarding screening and protocols if a child or childcare staff/provider becomes ill.
- Priority/waitlist policies may need to be updated to account for limited capacity when re-opening. Any changes to policies should be communicated to families so they are aware of the changes. An equitable approach should be implemented to assess priority for care.
- Where possible, the use of in-person communication should be limited.

Parent Fees

- In an effort to stabilize parent fees upon re-opening, child care operators should maintain the fee schedule that was set prior to closure.
- Until City of Greater Sudbury is able to amend these enhanced measures, when re-opening, operators are prohibited from charging or accepting fees or deposits to add families to a priority list for preferred access to spaces;
- Operators are prohibited from charging fees to parents if they do not have access to a space or decide not to accept a space.



Space Set-Up and Physical Distancing

The Ministry recognizes that physical distancing between children in a child care setting is difficult and encourages child care staff and providers to maintain a welcoming and caring environment for children.

When setting up the play space, physical distancing of at least 2 metres must be maintained between cohorts and should be encouraged, where possible, between children within the same cohort:

- spreading children out into different areas, particularly at meal and dressing time;
- incorporating more individual activities or activities that encourage more space between children;
- using visual cues to promote physical distancing.

When physical distancing cannot be maintained, staff will wear a non-surgical mask.

Where two cohorts are using the same indoor space (e.g. gym), the agency must ensure that a floor to ceiling temporary and secure physical barrier is in place to ensure that physical distancing of at least 2 meters between cohorts is maintained. Where floor to ceiling walls/barriers are not possible, Public Health Sudbury and Districts has determined that a barrier of a minimum height of 8 feet would be acceptable.

In shared outdoor space, cohorts must maintain a distance of at least 2 metres between groups and any other individuals outside of the cohort.

The agency is encouraged to increase the distance between cots/resting mats/playpens or place the children head to toe or toe to toe if the space is limited.

Shared spaces and structures that cannot be cleaned and disinfected between cohorts should not be used.

Recognizing that physical distancing is difficult with small children and infants, additional suggestions include:

- planning activities that do not involve shared objects or toys;
- when possible, moving activities outside to allow for more space; and
- avoid singing activities indoors.



Equipment and Toy Usage, and Restrictions

The agency is encouraged to provide toys and equipment which are made of materials that can be cleaned and disinfected (e.g., avoid plush toys).

Toys and equipment should be cleaned and disinfected at a minimum between cohorts. Mouthed toys should be cleaned and disinfected immediately after the child is finished using it.

The agency is encouraged to have designated toys and equipment (e.g., balls, loose equipment) for each room or cohort. Where toys and equipment are shared, they should be cleaned and disinfected prior to being shared.

If sensory materials (e.g., playdough, water, sand, etc.) are offered, they should be provided for single use (i.e. available to the child for the day) and labelled with child's name, if applicable.

Play structures can only be used by one cohort at a time. Please consult with your local public health unit regarding the use of playground equipment onsite.

Outdoor Play

The agency will schedule outdoor play in small groups/by cohort in order to facilitate physical distancing. Where the outdoor play area is large enough to accommodate multiple groups, the agency may divide the space with physical markers to ensure cohorts remain separated by at least 2 metres.

If play structures are to be used by more than one cohort, the structures can only be used by one cohort at a time and should be cleaned and disinfected before and after each use by each cohort.

The agency is encouraged to have designated toys and equipment (e.g., balls, loose equipment) for each room or cohort. Where toys and equipment are shared, they should be cleaned and disinfected prior to being shared.

The agency should find alternate outdoor arrangements (e.g. community walk), where there are challenges securing outdoor play space.



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The staff should follow physical distancing practices when possible. *When physical distancing cannot be maintained, masks must be worn.*

Children should bring their own sunscreen where possible and it should not be shared. Staff may provide assistance to apply sunscreen to any child requiring it and should exercise proper hand hygiene when doing so (for example washing hands before and after application).

Program Statement/Activities

The agency will continue to implement their Program Statement. The Ministry recognizes that there may be approaches outlined in the Program Statement which may not be possible due to physical distancing.

The agency is not required to make updates to their Program Statement during this time.

Interactions with Infants/Toddlers

- The agency should continue to encourage staff to supervise and hold bottles for infants not yet able to hold their own bottle to reduce the risk of choking.
- When holding infants and toddlers use blankets or cloths over clothing and change the blankets or cloths between children.
- The agency should consider removing cribs or placing infants in every other crib, and mark the cribs that should not be used in order to support physical distancing.
- 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.
 - When possible, move activities outside to allow for more space.
 - Children must not share food, feeding utensils, soothers, bottles, sippy cups, etc.
 - Mouthed toys must be removed immediately for cleaning and disinfecting and must not be shared with other children.
 - Label these items with the child's name to discourage accidental sharing.

Food Provisions

- The agency should change meal practices to ensure there is no self-serve or sharing of food at meal times.



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- Utensils should be used to serve food.
- Meals should be served in individual portions to the children.
- There should be no items shared (i.e., serving spoon or salt shaker).
- 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.
- There should be no sharing of utensils.

Public Health Sudbury & Districts will allow snacks/lunches to be brought into the Centre with the implementation of the following precautions:

- Personal items brought into the Centre including lunch boxes, water bottles etc. should be disinfected upon entry to the Centre.
- Personal items should be labelled and not shared.
- Personal items must be stored in a manner that prevents contamination of the personal items of others.
- Hand hygiene must be performed by staff and camp participants before eating.

Provision of Special Needs Resources (SNR) Services / Special Needs

The City of Greater Sudbury remains committed to supporting the full participation of all children in our early learning and child care programs. The goal would be to ensure that all children, including those with exceptionalities, experience a safe and engaging learning environment.

Child care providers understand that at times, a child may require additional supports over and above Early Childhood practices and curriculum. With consent, Child and Community Resources (CCR) will review the child and family profile.

In some instances, a child may require consultations and support from CCR who would develop an individualized plan for that child to be used in the child care setting. Start dates may be delayed slightly to prepare for a child with exceptionalities.



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In others, it is deemed that the child's participation in the child care center would pose a high risk of harm to himself/herself or others, the family could be offered treatment, consultation and supports via technology platforms as an alternative to child care. High risk of harm would include the following elements of assessment:

- a) number of incidences of self-harm; aggressive behavior towards others and
- b) the duration of such behaviors; and
- c) interventions used to date indicate a low response to treatment at this time and requires further medical intervention/supports.

In Phase 2 of re-opening, families with children who have special needs will be accepted into the programs they were enrolled in prior to closure as per the agency Prioritization Policy and recommendations from Child and Community Resources.

The Ministry recognizes that children with special needs and their families continue to require additional supports 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 your local public health unit. 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.



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Enhanced Health & Safety in Child Care

Health Screening is an obligatory requirement of all employees and families prior to entering or having the child enter the child care centre. Staff will be trained on how to utilize the screening tool. **Everyone must be screened prior to entering the child care centre.** Precautions will include the daily health screening of all children, staff and families and enhanced drop off and pick up procedures found in Re-opening Child Care Centre Operation-Health Screening Procedure Policy.

- Screening will involve a screening questionnaire.
- Temperatures of staff and children will be checked and recorded daily.
- Visitors will not be permitted at this time.
- As much as possible, parents should not go past the screening area.

Enhanced Health and Safety procedures and measures for children, staff and families will be implemented, monitored and recorded daily. Sanitary practices will be enhanced regarding how the child care setting will operate during and throughout the recovery phase following the pandemic including:

- Requirements for Health and Safety Practices will include:
 - how physical distancing will be encouraged;
 - description of how shifts will be scheduled; and
 - rescheduling of group events and/or in-person meetings.
- Sanitization of the space, toys and equipment – found in Environmental Cleaning and Disinfecting Policy and Procedures and Toy Disinfecting
- Hand Hygiene Policy and Procedures
- How to report illness found

Staffing

Important staff restrictions and precautions include:

- Staff should work at only one location.
- Supervisors and/or designates should limit their movement between rooms, doing so when absolutely necessary.
- Supply/replacement staff should be assigned to specific cohorts.



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- **Qualified Staff:** 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.
- Staff DAs can be transferred from one child care centre to another child care centre that is operated by the same licensee.
- Licensees can also request a staff DA for multiple age groups.
- Certification in Standard First Aid Training, including Infant and Child CPR. Staff that are included in ratios and all home child care providers are required to have valid certification in first aid training including infant and child CPR, unless exempted under the CCEYA or the certification has been extended by the Workplace Safety and Insurance Board (WSIB). WSIB has indicated that all certifications that expire after March 1, 2020 are automatically temporarily extended until September 30, 2020. Licensees are encouraged to monitor the WSIB website for any updates on First Aid/CPR certificate extensions for any staff, home child care providers or in-home service providers whose certification would have expired after March 1, 2020.
- Vulnerable Sector Checks (VSCs)
 - Licensees are required to obtain VSCs from staff and other persons who are interacting with children at a premises. 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.

Staff Training

- In collaboration with local public health, CMSMs/DSSABs must ensure that training is provided to all child care staff/providers on the health, safety and other operational measures outlined in this document plus any additional local requirements in place prior to re-opening.
- You may wish to consult the Public Services Health and Safety Association's Child Care Centre Employer Guideline for information on other measures to consider for child care staff/providers. Note that there is also a resource document for Child Care Providers.
- This may include instruction on how to properly clean the space and equipment, how to safely conduct daily screening procedures, keep daily attendance records, and what to do in the case that someone becomes sick.
- It may be useful to draw on the approaches adopted by those who operated emergency child care sites as well as any lessons learned they can offer.



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Additional Staff Training: Staff will receive additional training prior to commencing work. Staff will sign off that they have read and understood all associated policies and procedures.

Daily Communication with Parents

Staff will communicate with parents daily with updates on their child's health, well-being and daily activities. Any child showing COVID-19 symptoms will be moved to a designated exclusion room and monitored by staff until parent/guardian pick-up.



Operation-Health Screening Procedure Policy

Purpose

In order to help reduced the risk of respiratory infections (including COVID-19), a health screening is an essential step. These procedures apply to all staff, children and families. Everyone must be screened prior to entering the child care centre. This policies and procedures will assist Larch Street Kids Child Care Centre staff in preparing and administering health and safety for staff and children.

Policy

Larch Street Kids Child Care Centre is committed to providing a safe and healthy environment for staff, children and families. The centre will take every reasonable precaution to prevent the risk of communicable diseases within our centre.

These Policies applies to all staff, families and children and will be reviewed and signed off by all staff prior to commencing employment and annually thereafter and at any time where a change is made.

All centres are required to follow all existing health and safety requirements as directed by the local medical officer of health and as outlined in the Child Care and Early Years Act, 2014 and other policies and guidelines issued by the Ministry of Education. Plans must also be in place to respond should any staff, children, or parents/guardians be exposed to COVID-19.

The health screening procedure will take place in the front foyer located at the front entrance. Prior to the health screening, the following steps and set up will be completed:

- Everyone will access the building through a single entrance.
- Everyone will complete the health screening training.
- Identify/set up the location and staffing of the screening area:
 - Ensure that each person is screened
 - Maintain a minimum of 2 metres/6 feet distance between staff conducting screening and the person being screened
 - Staff who are conducting the health screening will be provided with face cover and masks, gloves and/or hand sanitizer
- Place entrance signage identifying the screening process.



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- Ensure Public Health Sudbury and Districts resources are available for anyone who does not pass the screening.

Many infectious diseases and illnesses can be prevented through appropriate hygiene, sanitation, and infection prevention/control practices which helps protect the health, safety and well-being of staff, children and families.

Drop-Off and Pick-up / Screening Procedure

Every staff, visitors, parent and child must be screened prior to being admitted into the child care centre. Staff must follow the screening procedure for each person and record the outcome (pass or fail).

Screeners should take appropriate precautions when screening, including maintaining a distance of at least 2 metres (6 feet) from those being screened, or being separated by a physical barrier (such as a plexiglass barrier) and wearing personal protective equipment (PPE) (i.e. surgical/procedure mask; gown; gloves; eye protection such as goggles or face shield).

Every centres within the meaning of the Child Care and Early Years Act, 2014 have a duty to report suspected or confirmed cases of COVID-19 under the Health Protection and Promotion Act. The centre should contact Public Health Sudbury and District to report a child suspected to have COVID-19. Public Health Sudbury and District will provide specify 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 as well as who needs to be informed and when.

Licensees should develop procedures that support physical distancing and separate groups as best as possible (i.e., children of one room enter door A and children of another room enter door B, or staggered entrance times).

As much as possible, parents should not go past the screening area.

All entrances must have hand sanitizer. Parents/guardians and staff/providers **MUST** wear a face mask. At a minimum staff must wear a mask and eye protection (goggles or face shield) when screening when distance cannot be maintained and a barrier is not provided.

Consider using signage/markings on the ground to direct families through the entry steps.



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Personal belongings (e.g., backpack, clothing, etc.) should be minimized. If brought, belongings should be labeled and kept in the child's cubby/ designated area.

All screening will be recorded and records kept.

Greet everyone to the child care centre with a friendly, calm manner. *Request that only ONE parent/guardian enters the screening area with the child* and request they both use hand sanitizer.

Screening Questions for Staff/Families

1. Did you/the child have close contact with anyone with acute respiratory illness without the use of PPE?
2. Have you/the child travelled outside of Canada in the past 14 days?
3. Do you/the child have a confirmed case of COVID-19 or had close contact with a confirmed case of COVID-19 without the use of PPE?
4. Do you/the child, or any member of your household have any of the following symptoms:
 - Fever (temperature of 37.8 degrees Celsius or higher)
 - New or worsening cough
 - Shortness of breath
 - Sore throat
 - Difficulty swallowing
 - Decrease or loss of sense of taste or smell
 - Runny nose/nasal congestion without other known cause
 - For young children sluggishness or lack of appetite (if no other diagnosis).
5. Do you or your child have any of the following atypical symptoms?
 - Unexplained fatigue, malaise, muscle aches
 - Delirium (acutely altered mental status or inattention)
 - Unexplained or increase numbers of falls
 - Chills
 - Headaches
 - Pink eye (conjunctivitis).



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6. Have you administered any fever-reducing medication to your child(ren) in the last 5 hours? If yes, why was it required? If it was for fever, they are not allowed entry.

Staff conducting health screenings are required to take the temperature of each child upon entry.

The thermometer must be disinfected prior to use, and gloves must be worn.

- a. Staff must complete hand hygiene (hand washing or hand sanitizing), then put on face covering, gloves (ex: ear thermometer) and a mask. Take temperature, partner will record the information, remove gloves, and complete hand hygiene (hand washing or hand sanitizer). Disinfect thermometer and wait appropriate contact time.

FURTHER NOTES:

Children, parent or staff who have been exposed without PPE to a confirmed case of COVID-19 or symptomatic person(s) should be excluded as per Public Health Sudbury and Districts recommendation.

Should one household member be isolating (regardless of whether due to symptoms, travel, close contact etc.) all household members are required to self-isolate and therefore the child should not be allowed entry.

How to Respond

- If the individual answers **NO** to all the screening questions have passed the screening and can drop off the child/children:
- If the individual answers **YES** to any of the screening questions or refuses to answer, then they have failed the screening and cannot enter the building
 - Refer parents to review the [self-assessment tool](#) on the **Ministry of Health website** or the **Public Health Sudbury and Districts** <https://www.phsd.ca/> to determine if further action is required.
 - If response is for a Children Services staff member, advise that the Supervisor will be notified and will follow up later in the day.
 - Provide families/clients with a hand out of resources.
 - Staff member will advise their manager immediately

If you have any questions pertaining to travel and exclusion, please contact a public health nurse at 705.522.9200 ext. 301.



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