

Main Square Day Care Centre COVID-19 Policy

(Updated Dec 2021)

COVID-19 Policy and Procedures

Scope

This procedure applies to all persons entering Main Square Day Care Centre, including children and staff (teachers, administration, cooks, and cleaners).

Policy Statement

The purpose of this Policy is to outline provisions in place at Main Square Day Care Centre to reduce the spread of COVID-19.

In accordance with the [COVID-19 Guidance for Child Care Settings](#) provided by Toronto Public Health, this Policy addresses the following topics:

- [Screening](#)
- [Attendance reporting](#)
- [Cohorting staff and children](#)
- [Physical distancing](#)
- [Hand hygiene and respiratory etiquette](#)
- [Food safety practices](#)
- [Enhanced environmental cleaning and disinfection](#)
- [Requirements for the use of toys, equipment and other materials](#)
- [Use of personal protective equipment](#)
- [Isolation/exclusion of ill children and child care staff](#)
- [Management of cases and outbreaks of COVID-19](#)
- [Communication with families/guardians and other stakeholders](#)
- [Occupational health and safety](#)
- [Field trips, third-party programs, and volunteers](#)
- [Hours of operation](#)

Definitions

COVID-19	Novel coronavirus discovered in 2019
The Centre	Main Square Day Care Centre
Cleaning	Refers to the physical removal of foreign material (i.e., dust, soil) and organic material (i.e., blood, secretions, microorganisms). Cleaning removes, rather than kills microorganisms. Warm water, detergent and mechanical action (i.e., 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 is used to kill most disease-causing microorganisms. In order to be effective, disinfectants must be left on a surface for a period of time (contact time). Contact times are generally prescribed by the product manufacturer. Any items children may come into contact with requires a final rinse after the required contact time is observed.
Drug Identification Number (DIN)	A DIN is an 8-digit number given by Health Canada that confirms it is approved for use in Canada.
High-touch surfaces	Refers to any surfaces that have frequent contact with hands.
HiMama	Specialized daycare software for real-time communications, record-keeping, and tracking child development.
Low-touch surfaces	Refers to any surfaces that have minimal contact with hands.
MSDCC	Main Square Day Care Centre
Physical distancing	Physical distancing means keeping our distance from one another by staying at least 2 metres (or 6 feet) away from others, as much as possible. This means making changes in everyday routines and activities in order to minimize contact with others. Physical distancing is sometimes referred to as social distancing. Physical distancing must not compromise supervision or child safety.
PPE	Personal Protective Equipment
TPH	Toronto Public Health

Procedures

Screening

Active screening will be conducted electronically prior to arrival at the links below. Results from screening will be recorded daily (see [Attendance Reporting](#)).

COVID-19 Screening for Children/Students Form

The COVID-19 screening form can be found on the link below and the centre's website (mainsquaredaycare.com) on the home page highlighted in red.

<https://covid-19.ontario.ca/school-screening/>

COVID-19 Staff/Visitors/Adults Screening Form

The COVID-19 screening form can be found on our centre's website (mainsquaredaycare.com) on the home page highlighted in red.

<https://covid-19.ontario.ca/school-screening/>

The screening form can be found [electronic screening form](#) corresponds with the latest directives from the Ministry of Health. Results from screening will be recorded daily (see [Attendance Reporting](#)).

Designated screening staff will review the date stamped screening confirmation screenshot electronic screening form of all individuals prior to their entry. If the individual has passed screening a temperature below 37.8C (100.04F) and has answered "No" to every question, they will be provided hand sanitizer (70-90% alcohol concentration) and permitted entry into the Centre.

Screening staff will not permit entry to those individuals who have failed screening. Individuals who have failed screening have a temperature greater than 37.8C (100.04F) or have answered "Yes" to one or more of the questions on the electronic screening form.

If a child care staff, child, or any other visitor has received a COVID-19 vaccination in the last 48 hours and are experiencing mild headache, fatigue, muscle ache, and/or joint pain that only began after vaccination, and no other symptoms, they may respond "no" to the screening tool questions and continue to attend the child care program if they are feeling well enough to do so. Such a person is to wear a properly fitted mask for your entire time in the child care setting. They may remove the

mask only to consume food or drink and when they are at least 2 meters away from others. If their symptoms worsen, continue past 48 hours, or if they develop other symptoms, they should leave the child care setting immediately to self-isolate and seek COVID-19 testing.

Refer to Toronto Public Health's [COVID-19 screening questionnaire for staff or visitors in child care](#) as the screening tool for staff/students and essential visitors. In the event that an individual entering the Centre is unable to complete the screening form prior to entry, the staff will provide them with an Ipad to complete the screening. electronically, a hard copy will be provided upon arrival.

Staff will escort children who have passed screening to their designated room. Parents/guardians will wear masks at drop off and pick up. At pick up, parents will call ahead of time and staff will escort children to the door. Parents/guardians will not be permitted to enter the Centre unless there is a specific need to do so and the parent/guardian passes the screening.

There will be one designated screening staff at the screening station. Upon arrival, they will conduct their own screening. If the screening staff fails screening, they will inform the Director immediately and follow the aforementioned screening protocol as per [TPH](#). If the screening staff passes screening, they will proceed with their responsibilities.

The screening staff will don full [PPE](#) (mask, goggles or face shield, gloves, and gown). The screening staff will set up the screening station outside just inside the Centre. as weather permits. Otherwise, the screening staff will conduct screening indoors in a designated screening zone by the door. The screening station will have:

- One iPad with results from the electronic screening form,
- Hard copies of the screening form for both children and staff/essential visitors,
- A screening checklist to record screening,
- Child and staff screening posters and checklists,
- Mandatory PPE signage including screening posters and checklists provided by Toronto Public Health, and
- A pen.

Attendance reporting

Daily attendance records will be maintained for all staff, children, maintenance workers, cleaning/environmental staff, food service workers, and government agency employees (e.g., public health inspectors, program advisors, fire inspectors), and any other essential visitors. These records

will be available on-site at all times. The Centre may employ the services of Special Needs Resources. The Centre may also use their discretion to determine whether it is essential that this service must be delivered in-person. Non-essential visitors will not be permitted to enter the Centre.

Records for visitors who are neither children nor staff include the following information: name, company, contact information, date and time of arrival and departure, reason for visit, rooms/areas visited, and electronic screening form results.

All screening confirmations responses submitted to the electronic screening form will be archived monthly. Attendance records will be monitored for patterns or trends (e.g., children and child care staff in the same group or cohort absent at the same time or over the course of a few days). Attendance records will be regularly maintained and available on site in the filing cabinet

Records will be updated when a child or staff is absent. The Centre will follow up with all individuals to determine the reason for any unplanned absences, and if the absence is due to illness to note any symptoms (e.g., fever, sore throat, cough). Parents/guardians of ill children and child care staff who do not pass screening are ill are encouraged to seek COVID-19 at assessment centres, or to contact Telehealth at 1-866-797-0000 or their primary care provider to determine if further care and testing are required.

Cohorting staff and children

All child care staff, early childhood education students and children will be assigned to a designated cohort according to age. Cohorts will have designated rooms or areas in [the Centre](#) to enforce physical distance between cohorts. Programming will be planned so as to limit cohorts from mixing throughout the day and over the course of the child care program.

Maximum cohort size for each room in the Centre will consist of no more than the licensed capacity. The Centre will need to take into consideration the available space in the program area in relation to group size and programming activities to ensure that physical distancing can be practiced as best as possible. The number of staff will adhere to required licensed ratios.

Staff will be assigned to one cohort only and they will not mix with other cohorts. Any staff rotation will be limited to required breaks and shift changes, if any. Staff shifts will be organized such that only those staff assigned to the room are working in the room, including in the case of absences. If, due to extenuating circumstances, staff must join another cohort, they must do so in a manner that maintains physical distancing as best as possible. If a staff must enter into another cohort's room, they must wear full PPE, including a mask, eye protection, and a gown. If a staff must cover another staff outdoors (e.g., playground), the replacement staff must wear a mask at all times and face protection if the children are unmasked, as well as maintain physical distance from staff and children in the cohort.

Child care staffing agencies may be employed for the assignment of supply/replacement staff to support the Centre. Such staffing agencies will schedule staff to work at a single designated child care centre, if possible. Supply/replacement staff that are assigned to a child care centre will be considered part of the cohort they are assigned to. Reassigning supply/replacement staff to a different cohort/group within the same child care centre should be avoided as best as possible to prevent mixing of cohorts.

Cohorts will stagger the use of shared washrooms, which will be cleaned and disinfected before and after each use. School age children requiring escorting to or from school are permitted to mix cohorts while outdoors if necessary. Drop-off and pick-up times will be staggered to prevent parents/guardians from gathering or grouping together. Cohorts will have meals in their own designated rooms or outdoors where possible. Cohorts will be physically distant in designated zones as marked in outdoor play spaces.

In the case of an emergency, cohort division will be maintained and administrative staff will be notified immediately. Administrative staff will be permitted to enter the cohort's designated space to support staff during the emergency and [appropriate PPE](#) will be worn by all staff and children at all times.

Physical distancing

[Physical distancing](#) (i.e., maintaining a distance of two metres/six feet) will be practiced wherever possible throughout [the Centre](#) between children and staff that are assigned to different cohorts. Visual markers and physical barriers (e.g., tape, pylons, and signs) will be used indoors and outdoors to separate cohorts and serve as reminders to enforce physical distancing. All pre-planned events and in-person meetings will be cancelled or held virtually.

Staff will maintain physical distancing in the staff room. Occupancy limits will be posted in the staff room. Only necessary chairs will be available for use, and furniture that should not be in use will be removed or marked with tape. Staff will be encouraged to open the staff room window to boost air circulation, and to go outside or home during breaks and lunches. Lunch and break times will be staggered, and an additional eating area will be set up in a designated space to prevent staff from eating in the same room simultaneously.

Every effort will be taken to encourage physical distancing between children, however physical distancing must not compromise the supervision of a child's safety, emotional or psychological well-being. Contact between individual cohorts of children will be eliminated or minimized wherever possible. Within cohorts, staff will interact with the same children regularly in smaller groupings. Each child within a single cohort will have a designated individual space within the classroom. Additionally, the children will participate in group play & sensory activities` after hand hygiene is performed. Staff will stagger the use of the hallway to reduce contact (for example, staggering the

transition into the playground so two groups do not meet in the hallway as one group is going outside and the other is coming in). Staff will avoid getting close to faces of all children, where possible. Children will be encouraged not to hug, kiss or share equipment with others, but to use non-physical gestures such as waves, nods or hello. Children will be reminded to keep their hands to themselves and not to share food, water or personal items.

Play areas will be positioned to increase distancing and to create purposeful movement either toward or away from specific areas. The number and types of personal items that can be brought into the Centre will be limited, and children will be assigned individual cubbies for their belongings. Room arrangements will be fluid and adjust to what is observed with the children's movements in order to consistently promote distancing. Visual guides and aids (e.g., different coloured tape) will encourage the direction of movement.

Children will be organized into smaller groups and spread out to minimize direct physical contact. Different room configurations will encourage their separation, such as:

- Separating the tables
- Removing excess chairs
- Marking tables, such as tape marking play areas or to divide a large table
- Assigning designated chairs for each child

Other suggestions to encourage physically distant play include:

- Set up environments to reduce the number of children in a group, for example, set up 2 or 3 areas for colouring or doing crafts.
- Use plastic coverings or push shelving units together to block access as applicable.
- Incorporate more individual activities or activities that encourage more space between children and staff.
- Select enough items only for the limited children in the room.
- Ensure physical distancing while children are dressing and in cubby area.
- Encouraging outdoor play can support physical distancing.
 - Stagger outdoor play when possible.
- During outdoor play or indoor gross motor play, significantly reduce the number of play items available and ensure that play areas are set up with physical distancing in mind.

During rest time, sleeping cots will be positioned for maximum distancing (at 2 metres). The room layout will be adjusted for wake play time during daytime naps in order to achieve appropriate distancing of cots, particularly in small rooms. Where cots cannot be separated at 2 metres, barriers

will be placed between cots. Children will be placed in a sleeping arrangement where they are distanced and head to toe or toe to, and markings may be used as needed to place identifiers on the cot to indicate where the child's head/pillow should be placed.

At mealtime, children will be physically distant at tables marked with tape. Mealtimes occur in each cohort's respective room or outside where possible. All food items will be handed out by staff to encourage physical distancing between children. All staff and children will practice hand hygiene before and after meal times and snacks.

Hand hygiene and respiratory etiquette

Hands carry and spread germs. Touching your eyes, nose, or mouth, as well as 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 through good hygiene practice is one of the most important steps to avoid getting sick and spreading germs.

All staff and children will be given the following guidelines:

- [Clean your 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.

Frequent proper hand hygiene (hand washing/hand sanitizing) will be enhanced and promoted. This includes supervising and/or assisting participants with hand washing as required. Ensure that employees and children are always practicing good hand hygiene when hands are visibly dirty and before and/or after:

- Sneezing, coughing, or blowing your nose,
- Using the washroom,
- Handling garbage,
- Handling raw foods,
- Outdoor play,
- 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,
- Preparing, handling, serving food,
- Toileting/diapering routine,
- Handling animals,
- Touching a cut or open sore,
- Glove use,
- Giving medication,
- Entering MSDCC,
- Entering a room within the centre,
- After touching your eyes, nose or mouth (inadvertently/accidentally), or
- Any time when staff determines that hand hygiene is required.

When hands are visibly soiled, follow these steps for cleaning hands:

1. Wet hands.
2. Apply soap.
3. Lather for at least 15 seconds. Rub between fingers, back of hands, fingertips, and under nails.
4. Rinse well under running water.
5. Dry hands well with paper towel.
6. Turn taps off with paper towel, if available.

When hands are not visibly soiled, follow these steps for cleaning hands:

1. Apply hand sanitizer (70-90% isopropyl alcohol-based).
2. Rub hands together for at least 15 seconds.
3. Work sanitizer between fingers, back of hands, fingertips, and under nails.
4. Rub hands until dry.

To ensure that employees are using proper hand hygiene methods, the Director will review hand hygiene practices and provide feedback to employees as required.

Hand Sanitizing Information

When hands are not visibly dirty, they can be sanitized with 70-90% isopropyl alcohol-based hand sanitizer. Hand sanitizers can only be used on children who are over the age of 18 months and must

always be used under adult supervision. Adults must ensure that the product has completely evaporated from the child's hands before allowing the child to continue their activity. Written parent consent will be obtained before applying hand sanitizer to any child. Hand sanitizer used must be food-grade.

Glove Use

Gloves will be worn when it is anticipated that hands will come into contact with mucous membranes, broken skin, tissue, blood, bodily fluids, secretions, excretions, contaminate equipment or environmental surfaces. Nitrile gloves are single use only. Refer to [Use of personal protective equipment](#) for further direction.

Gloves and Hand Hygiene

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

To reduce hand irritation related to gloves:

- Wear gloves for as short a 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 (for example, nitrile gloves for diaper changes or dishwashing-like gloves for disinfecting toys).

Covering Your Cough Procedure

Germs, such as influenza and cold viruses, are spread by coughing and/or sneezing. When you cough or sneeze on your hands, your hands carry and spread these germs.

Attempt to keep your distance (preferably more than 2 metres/6 feet) from people who are coughing or sneezing. Follow these steps to stop the spread of germs:

- If you have a tissue, cover your mouth and nose when you cough, sneeze or blow your nose
- Put used tissues in the garbage
- If you don't have a tissue, cough or sneeze into your sleeve, not in your hands
- Clean your hands with soap and water or hand sanitizer (70-90% isopropyl alcohol-based) regularly and immediately after using a tissue on yourself or others.

Staff will communicate hand hygiene supply needs to the Director, who will ensure adequate amounts of liquid soap, paper towel, hand sanitizer, gloves, tissues, and waste receptacles lined with plastic bags are available for use.

Food safety practices for meals and snacks

[Cleaning](#) and [disinfecting](#) routines will be increased at mealtimes to mitigate the higher risk of environmental contamination. There will be no self-serving or sharing of meals. All staff and children will practice physical distancing at mealtimes.

Only authorized staff will be permitted to enter the kitchen for food preparation and storage. Only staff who are appropriately clothed (i.e., clean clothes, hairnet, [PPE](#), etc.) will be permitted to enter. Signs will be posted at entrance reminding staff of these rules. Food preparation staff will wear masks, face shields, hairnets, and gloves where mandated.

All cutting of food will be done on a plastic cutting board and used for one single task at a time. Cutting boards will be routinely cleaned in hot water, sanitized and rinsed after each use. Care will be taken not to transfer contamination of one food to another. Knives used to cut or slice food items will not be used for other foods or other items, unless the knife has been adequately cleaned with hot water, sanitized, and rinsed.

Tables, chairs and countertops used for food service/meal routines will be cleaned and disinfected immediately prior to use and again after food service has ended. Children will not self-serve food. All food will be served by staff only, and all serving dishes kept covered and out of children's reach when food is not actively being served. Staff will ensure that children do not share food or eating utensils. Children will not be allowed to prepare nor provide food that will be shared with others. There will 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 are put into place, for example, expressed breast milk).

Staff will arrange mealtime seating to maximize physical distance between children while still ensuring that all children can be appropriately supervised. (e.g., children seated at several different tables within clear sight of staff, rather than seated all together at one table).

Children will not assist with setting up the table to reduce environmental contamination. A child may clear their own dishes, or staff may do so, however children will not be permitted to assist other children clear plates and other dishes. Each child will have their own individual meal or snack. Multi-use utensils will be sanitized. Children will not share soothers, sippy cups, etc. that are brought from home. These items can be labelled with the child's name to discourage accidental sharing.

All items and surfaces, including tables, countertops, and other [high touch surfaces](#) will be cleaned and disinfected before and after each use. Examples of high touch surfaces include:

- Counter tops
- Trolleys and bussing trays
- Food prep equipment

- Sinks
- Door handles
- Dishwasher door and handle
- Gates – indoors and outside

When carrying out any cleaning or disinfecting in the food prep area, appropriate PPE will be worn in accordance with MSDCC information for the particular product in use. Decon30 will be used to comply with our cleaning and sanitizing protocols. Hand hygiene will be completed before and after the use of PPE, and upon completion of cleaning and disinfecting. All hard surface personal items brought into the food prep area by any individual will be cleaned and disinfected upon arrival.

Food prep staff will maintain their own Environmental Cleaning and Disinfecting Log. This log must be accessible in the food prep area (e.g., posted on the wall, or in a binder kept in an accessible location). Cleaning and disinfecting routines will be carried out consistently in accordance with the Environmental Cleaning and Disinfecting Log by the staff designated to the food prep. All [low touch surfaces](#) must be cleaned and disinfected at least once a day and as often as necessary (e.g., when visibly dirty, or contaminated with body fluids).

Food preparation staff will prepare snacks in advance of scheduled snack times. Designated staff from each cohort will retrieve the snacks from the kitchen at staggered times and administer snack time for the children in their own cohort. At the end of the day, designated staff from each cohort will disinfect and sanitize all soiled dishes at staggered intervals in the kitchen. All staff will adhere to the aforementioned food safety protocols and procedures.

Catering will be delivered by M. Halpert Catering Ltd. every morning to the Centre. Catering staff will not enter the Centre. Screening staff will retrieve the designated lunch cart from the kitchen and return the previous day's containers to the caterer. The screening staff will then load the cart with the freshly delivered food and return the cart to the kitchen. Food preparation staff will receive and disinfect these containers, take and record the temperature of the internal contents, and store the food appropriately.

At lunchtime, food preparation staff will maintain physical distancing from other cohorts. Food preparation staff will individually separate lunches by cohort and deliver lunches on a cart at the door or at designated locations outside of the cohorted area. Staff from each cohort will bring the food into the room. After lunch is finished, the cohort's staff will stagger reloading the cart with the used dishware and utensils and return it to the kitchen at scheduled staggered intervals. Food preparation staff will clean, disinfect, and sanitize soiled wares as per the outlined food safety protocols and procedures.

Enhanced environmental cleaning and disinfection

This section should be used in addition to Public Health Ontario's [Cleaning and Disinfection for Public Settings](#) document. Updated training will be offered on a rolling basis such that all child care staff and providers are up-to-date on current health and safety measures in place according to the Operational Guidance as well as those in place by the Public Health Unit.

Disinfectants commonly used in child care settings are effective against [COVID-19](#). As per Public Health Ontario's recommendations, [high touch surfaces](#) will be cleaned and disinfected at least twice per day or more often as required. Efforts will be made to ensure sharing of items is limited and items are cleaned and disinfected after each use. Designated staff will conduct environmental [cleaning](#) and [disinfecting](#) throughout the day. All high touch surfaces and objects will be cleaned and disinfected at least twice a day and when visibly dirty. Staff conducting environmental cleaning and disinfecting will maintain a log to track cleaning and disinfecting activities for each room/area, individual/play items and sleeping equipment such as cots and cribs.

Items used by children will be of a material that allows them to be easily cleaned and disinfected, such as items with hard surfaces. In an effort to maintain a physical distance of 2 metres between individuals and limit the spread of pathogens, children will sanitize their hands prior to using play materials.

Items that are not able to be cleaned and disinfected easily or at least twice daily will be removed from use at this time. Examples of items and activities that will be discontinued include but are not limited to the following:

The use of personal items such as tablets and books is not recommended. Use of these items by staff must be closely monitored to ensure items are maintained in a clean and sanitary condition and are not shared between individuals. It is recommended that enhanced cleaning and disinfection principles be applied to all aspects of the facility and may include the following: cleaning and disinfection of toilets, changing tables, cleaning and disinfection of sleeping mats, cots after each use; designation and weekly laundering of bedding for each child, or laundering more often if required.

All products including cleaning agents and disinfectants will be stored securely, kept out of reach of children, labelled, and must have Safety Data Sheets (SDS) up to date (within three years), which are posted in the laundry room. In particular, cleaning agents are stored in the laundry room above the sink, in the upper cupboards of each cohort's room, and in the storage room for the caretaker's exclusive use. Staff will ensure that expiry dates are checked and that all manufacturer instructions are followed.

Cleaning

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

Disinfecting

When disinfecting, only approved products can be used. Approved products are those disinfectants with a [Drug Identification Number \(DIN\)](#). The products approved for use in MSDCC to be used in concentrate, spray or wipe form:

- Avmor EP50
 - Cleaning staff will prepare a ready-to-use solution in a spray bottle, which will be available and labelled on the shelf above the laundry room sink.
 - This substance requires a 5-minute contact time.
- CitrusWirk2 wipes
 - Surfaces must remain wet for 10 minutes, and air dry.
- Decon30
 - This substance is already ready to use, and requires a 1-minute contact time.

All are considered high-level disinfectants which is defined as the complete elimination of all microorganisms in or on a surface. Ensure that all manufacturer labels and Safety Data Sheets (SDS) are read and understood. All appropriate contact times and Personal Protect Equipment (PPE) use must be adhered to for each individual item. Information sheets for [Avmor EP50](#) and [Decon30](#) can be found in the laundry room above the sink. Refer to WHIMIS and ask your Director if you have any questions.

For general environmental disinfection of high touch surfaces, large toys, food preparation areas, and equipment that cannot be immersed in a disinfectant solution, use Decon30. For all other toy cleaning and disinfecting, use any of the aforementioned products. Bleach is not used at the Centre. Refer to [Requirements for the use of toys, equipment and other materials](#) for further guidance.

Disinfecting using Sprays and Wipes:

1. Put on rubber/chemical or nitrile/vinyl gloves. If cleaning blood/bodily fluids a surgical mask must be used.
2. Spray or wipe on the disinfectant and leave wet on the surface for the appropriate disinfecting contact time. Ensure the spray setting is on stream and not mist.
3. Once the disinfecting contact time has elapsed, the surface has now been disinfected.

4. Any surface children may come in contact with requires a final rinse with a single-use paper towel (for example, lunch tables, chair tray, floor, toy shelves). If the surface continues to be wet, you may wipe it dry with a single-use paper towel

Cleaning and Disinfection Frequency Requirements

Upon entry, staff will clean and disinfect any hard surfaces such as water bottles, travel mugs, cell phones, or lunch containers. Upon entry, staff will clean and disinfect for children any hard surfaces such as water bottles, containers, etc. For other surfaces and items, cleaning and disinfecting routines will also be increased as follows:

- **Tables and countertops** used for food preparation and food service will be cleaned and disinfected before and after each use.
- **Spills** will be cleaned and disinfected immediately.
- **Handwash sinks** will be cleaned and disinfected at least two times per day and as often as necessary (e.g., when visibly dirty or contaminated with body fluids). If washroom areas are used by different cohorts, high touch surfaces need to be cleaned and disinfected between cohorts.
- **Floor** cleaning and disinfecting must be performed as required including when spills occur, and throughout the day when rooms are available, i.e., during outdoor play.
- **Floor mat** cleaning and disinfecting will be performed throughout the day, and at a minimum of twice daily.

The children will sanitize their hands prior to using the outdoor play equipment.

High-touch surfaces will be cleaned at least twice per day and as often as necessary (e.g., when visibly dirty or contaminated with body fluids).

- **Low-touch surfaces** will be cleaned and disinfected daily (e.g., window ledges, doors, sides of furnishings etc.).
- **Other shared items** (e.g., phones, iPads, iPods, attendance binders/clipboards etc.) will be disinfected between users.

Note: Most areas are best cleaned with wipes and do not require a final rinse if children do not come into contact with them.

Cleaning and disinfecting blood or bodily fluid spills

Using the steps below, the surface must be cleaned first then disinfected:

1. Isolate the area around the spill so that no other objects and other individuals can be contaminated.

2. Gather all supplies, perform hand hygiene, then put on a surgical mask and single-use medical grade nitrile/vinyl gloves.
3. Scoop up the fluid with disposable paper towels (check the surrounding area for splash/splatter) and dispose of it in separate garbage bag.
4. Clean the spill area with detergent, warm water and single-use towels.
5. Rinse to remove detergent residue with clean water and single-use towel.
6. Discard used paper towels and gloves immediately in a tied plastic bag. Do not use the existing waste receptacle provided in the area.
7. Perform hand hygiene and put on a new pair of gloves.
8. Spray the disinfectant in and around the spill area and allow the appropriate 1-minute disinfecting contact time.
9. A final rinse is required if children come into contact with the area.
10. Remove gloves as directed and discard them immediately.
11. Perform hand hygiene.

If the spill includes broken glass, use a brush and dustpan to handle and dispose the glass. Disinfect the brush and dustpan after use. **Never use your hands to clean up glass.** If the spill occurs on a carpet, follow the above steps along with professional steam/wet-cleaning the carpet. Notify the Director to arrange for cleaning. [Please refer to the TPH 'Blood and Bodily Fluid Spills' poster for further guidance.](#)

Cot cleaning and disinfecting

Cots will be labelled and assigned to a single child for the duration of their care. Cots will be cleaned and disinfected before being assigned to a child. Cots will be cleaned and disinfected after each use. High touch surfaces on cots will be disinfected at least twice per day and as often as necessary. Cots will be stored in a manner in which there is no contact with the sleeping surface of another cot. Bedding will be stored in individual bags after use each day and laundered once a week or when visibly soiled.

Additional Infection Prevention and Control Practices for Hygiene Items

Pacifiers will be individually labelled and stored separately (not touching each other) and must not be shared among children. The pacifier will be washed in soap and water upon arrival to the centre. Individual hygiene items will be labeled and stored separately.

For creams and lotions during diapering, never put hands directly into lotion or cream bottles. Instead use a tissue or single-use gloves. Upon arrival to the centre, wipe the cream/lotion container with a disinfecting wipe

Staff can identify personal child care clothing, which they can leave and launder at MSDCC. Linens must be washed on the "hot" setting. For Toy Cleaning and Disinfecting, please refer to the next section, "[Requirements for the use of toys, equipment and other materials.](#)"

Requirements for the use of toys, equipment and other materials

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. When disinfecting only approved products can be used. Please see the list of approved products to be used in concentrate, spray or wipe form:

- Avmor EP50
- CitrusWirk2
- Decon30

Children must sanitize their hands prior to group sensory activities. All toys that are plush will be removed and not used in play. These include stuffed animals, hand puppets, cloth toys, etc. All porous toys or materials that cannot be effectively cleaned and disinfected will be removed and not used in play.

Indoor play equipment will be cleaned and disinfected daily, between use by cohorts and as often as necessary (e.g., when visibly dirty, contaminated or if used by a symptomatic individual). Children must sanitize their hands prior to using Indoor/outdoor play structures. Staff are to travel with hand sanitizer when performing activities outdoors for use by the children as required to maintain hand hygiene.

Toy cleaning schedules will be posted in each area and updated daily by the staff person responsible for the area. Toys and items such as electronic devices will be cleaned and disinfected between users prior to redistributing. Toys that cannot be cleaned and disinfected immediately will be placed in a designated dirty toy bin. The bin should be clearly labelled and inaccessible to children. Cots will be cleaned and disinfected after each use.

Toys that have become visibly dirty or that have come into contact with bodily fluids (for example, toys that have been mouthed) will be taken out of circulation immediately and cleaned and disinfected right away. Toys that cannot be cleaned and disinfected immediately will be placed in the designated dirty toy bin. The dirty toy bin will be clearly labelled and inaccessible to children.

Cleaning and Disinfection of Toys using a Mechanical Dishwasher

It is recommended that the dishwasher be used for toy washing whenever possible. The rinse cycle must meet a minimum of 82 degrees Celsius. Only use the dishwasher in the kitchen when it is not being used for any other purposes such as washing dishes, food preparation, or serving.

Toys are placed evenly on the dishwashing racks and are an appropriate size to ensure they will not fall into the basin. Toys are removed carefully once the wash cycle is complete as they may be hot or contain hot water. Toys are air dried in a designated area that is separate from bathrooms or change tables and protected from sources of contamination. The kitchen is clean and tidy when you have completed toy washing.

If the dishwasher cannot be used for any reason, clean and disinfect toys in a three-compartment sink. Toys must be washed and rinsed prior to disinfection. Using two sinks is acceptable if washing and rinsing are done in the first sink. Ensure required disinfectant contact times are achieved or alternatively allow toys to air dry. Dry toys in a designated area that is separate from bathrooms, change tables and protected from sources of contamination.

Cleaning and Disinfecting Large Toys/Equipment In-Place

Large toys, wooden toys, cots, etc. that cannot be immersed in a disinfectant solution will use this method for washing. Follow these steps:

1. Clean with soap and water using a cloth.
2. Wipe with a clean wet cloth to rinse.
3. Disinfect with an approved disinfectant, which must remain wet on the surface for the appropriate contact time. Do not spray product to toys and surfaces when children or other staff are nearby.
4. A final rinse is required using a single-use wet paper towel.
5. Allow toys to air dry.

Tips & Reminders

- Fill the bucket only to a level that is comfortable for transporting to the area you use for toy washing – a trolley can also be used to assist with transporting.
- Refer to the manufacturers label for all approved disinfectants for further information or review.

Use of personal protective equipment

[PPE](#) is equipment worn to protect the worker from infected droplets and contaminated surfaces. PPE used in a child care setting can include:

- Face Shields: protects the face from splashes, sprays and droplets,
- Gloves: gloves and good hand hygiene protect you and others,
- Gowns: long-sleeved gowns protect clothing from becoming contaminated,

- Masks: protects the inside of the nose and mouth, and
- Safety goggles: protects the eyes from splashes, sprays, and droplets.

All individuals over the age of 2 entering [the Centre](#) will be required to wear a face covering indoors and outdoors, including children and staff. Safety goggles are worn when children and other staff are unmasked. Screening staff will wear a medical mask, goggles or a face shield, gloves, and a gown. All PPE for staff is provided by the Centre; children may bring their own mask or one will be provided upon arrival. All other individuals entering the Centre will wear their own face covering, or the Centre will provide a mask.

Exceptions to wearing a mask and eye protection indoors may include: circumstances where a distance of 2 metres (6 feet) can be maintained between individuals; *if a child cannot wear a mask for any reason; medical conditions that make it difficult to wear a mask or eye protection (e.g. difficulty breathing, low vision); a cognitive condition or disability that prevents wearing a mask or eye protection; hearing impairments or when communicating with a person who is hearing impaired, where the ability to see the mouth is essential for communication; and when performing duties in which a staff member is separated from their cohort and other staff (e.g. working alone in an office or during meal preparation in the kitchen).

Eye Protection

Eye protection is used to protect the eyes. At [MSDCC](#), this includes safety goggles or face shields. Child care staff will have a choice to receive either a pair of goggles or a face shield to keep for their own use. These are reusable and must be cleaned throughout the day. Prescription eyeglasses alone are not acceptable eye protection. Staff must wear eye protection including:

- When in the exclusion room,
- While performing the health screening if the child/adult is unmasked,
- When working within the screening area when the child/adult is unmasked, and there is anticipation of coming into contact with bodily fluids, and
 - All other times when there is anticipation of coming into contact with bodily fluids, e.g., diapering or comforting an unmasked upset child.

Gloves

There are three types of gloves available for use:

- **General nitrile gloves** are used for tasks other than handling blood and bodily fluids and/or mixing disinfecting chemicals.
- **Medical nitrile or vinyl gloves** are used for tasks that include anticipated handling of blood and bodily fluids (for example, screening and temperature checks).

- **Nitrile dishwashing style** gloves are used for general cleaning, mixing disinfectant or immersing hands in sanitizer / disinfectant.

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;
- Cleaning and disinfecting (refer to [Enhanced environmental cleaning and disinfection](#)); or

Hand hygiene will be practised before applying and immediately after removing gloves. Nitrile gloves are single use only and must be task specific (i.e., gloves must be changed and hand hygiene practiced whenever changing tasks). Gloves will be removed and discarded after each use. Using gloves does not replace the need for hand hygiene. Hands will be clean and dry **before** putting on gloves. Staff will ensure gloves are intact, clean and dry inside, and will consider removing jewellery that could tear or puncture the gloves.

Gowns

Wearing a gown can help with protecting clothes from becoming contaminated. Gowns will have long sleeves and generally two ties at the back. If gowns are disposable, they will need to be discarded after each screening shift or use when cleaning blood and bodily fluids. If gowns are cloth or vinyl and reusable, they must be laundered after each screening shift or when used for cleaning blood and bodily fluids. Staff must wear gowns when:

- Working in a room that is not the room of the staff's own cohort, or
- When cleaning blood or a bodily fluid spill.

Masks

Wearing a mask can help to prevent the spread of some respiratory illnesses, but it can also become a source of infection if not worn or discarded properly. Staff wearing masks will clean their hands frequently with soap and water or 70%-90% food grade alcohol-based hand sanitizer. Masks can also be worn to prevent spread from an infected person to others by containing infected droplets (source control). Masks/face coverings must be worn at all times, including when:

- Working within screening area,
- Escorting children from the screening area into a program room,
- In the exclusion room with ill children,
- Cleaning blood and bodily fluid spills if there is a risk of splashing, and
- Physical distancing of 2 metres or 6 feet cannot be maintained, for example when diapering, comforting an upset child, or assisting with dressing or changing clothing.

When in use, masks will be worn properly at all times without exception. This includes wearing the mask on the face properly covering the mouth and nose, not lifting or dropping the mask to the chin or around the neck, and fastening all straps securely. Once the mask is secure, it will not be touched or moved. Disposable masks are single use and masks will be changed if they become moist or dirty.

Children's masks will be stored by in individually marked paper bags when not in use, such as during outdoor play. Soiled masks are stored separately in a designated bin and laundered weekly.

Donning and Doffing PPE

PPE provides the most protection against infection when used correctly. Staff will follow careful procedures to ensure that PPE is donned and doffed appropriately.

In order to don more than one item of PPE, staff will:

1. Perform hand hygiene.
2. Don gown.
3. Don mask.
4. Don eye protection.
5. Don gloves.

In order to doff more than one item of PPE, staff will:

1. Doff gloves.
2. Doff gown.
3. Doff hand hygiene.
4. Doff eye protection.
5. Doff mask.
6. Perform hand hygiene

Refer to Public Health Ontario's poster on the [recommended steps for donning and doffing PPE](#) for guidance.

Donning gloves

1. Clean your hands.
2. Put on gloves. Be careful not to tear or puncture the glove.

Doffing gloves

1. Remove gloves using a glove-to-glove or skin-to-skin technique.
2. Grasp outside edge near the wrist and peel away, rolling the glove inside-out.
3. Reach under the second glove and peel away.
4. Discard gloves immediately into the garbage.
5. Perform hand hygiene.

Refer to TPH's poster on [glove use](#) for guidance.

Donning a mask

1. Wash or sanitize your hands.
2. Check the mask for tears or faulty straps.
3. The stiff bendable edge is the top.
4. Holding the mask by the upper strings, tie in a bow near the crown of your head, or if the mask has bands, loop over your ears.
5. Holding the mask by the bottom strings, pull the bottom of the mask over your mouth and chin, and if applicable, tie in a bow near the nape of your neck.
6. Ensure the mask covers your mouth, nose and chin.
7. Press and mold the upper bendable edge to the shape of your nose and cheeks.
8. Wash or sanitize your hands.

Doffing a mask

1. Wash or sanitize your hands.
2. Only touch the straps; avoid touching the front of the mask as it is contaminated.
3. Untie the bottom strings and then the upper strings.
4. Dispose of the mask directly into the garbage.
5. Wash or sanitize your hands.

Review [this helpful video](#) from Public Health Ontario regarding the donning and doffing of masks and eye protection.

Before and after school programs

Children received into care will only be required to screen once daily (i.e., in the morning) and will not be required to screen again when returning to the after-school programs. This applies to children

that only attend after-school programming (e.g., parents/guardians may submit screening results to the child care centre in the morning prior to the child attending care in the afternoon). The arrival and exit times of children attending before and after school care will be recorded for both the morning and afternoon portions of the programming.

[The Centre](#) may adjust cohorting requirements where operationally required (e.g., combining groups/cohorts when walking children to school to ensure adequate supervision). School age children who attend different schools or from different classrooms will be accepted into care. Staff will prioritize grouping based on children's core-school programs if possible. The Centre will aim to implement scheduling everywhere possible to prevent mixing between before and after school cohorts and full day cohorts whose child attendees do not attend a core-school program.

If the Centre is required by the Ministry to suspend child care programs serving school-aged children, the Centre will not charge fees or otherwise penalize parents for the duration of the suspended service. There may be families served through Emergency Child Care for school-aged children that were not accessing childcare services prior to the given closure and will lose their space upon the conclusion of Emergency Child Care. The Centre will work together with the City and the Province to make every effort to support these families transitioning from Emergency Child Care to regular child care. This may include modified payment arrangements with respect to our current payment terms (1st of the month for the month).

Care during program activity days (PA days) and holiday programs

The Centre will continue to maintain children within their regular cohorts (e.g., before and after school programs) when providing care during program activity days. Mixing of groups or cohorts will be avoided as much as possible. When providing care during the holidays, the Centre will ensure that cohorts/groups (i.e., child attendees, staff and early childhood education students) stay together for the duration of the program.

Isolation/exclusion of ill children and child care staff

As required by the Child Care and Early Years Act, [the Centre](#) will separate children of ill health and contact parents/guardians to take the child home. When children are ill and/or exhibit [COVID-19](#) related symptoms, child care employees will ensure the following:

- Ill children will be separated from all other children in a designated exclusion area. This area will typically be the child's designated space in their assigned room. In the event that this is not possible, and the office is occupied, the child may be excluded in a section of the hallway in front of the office doorway and be monitored by office staff. Ill children will be supervised and monitored by a staff until they are picked up from care by a parent/guardian.

- Symptoms of illness will be recorded in an “Accident / Illness Report” and in both daily log books (one located in the child’s cohorted room and another by the office).
- The parent/guardian of the ill child will be notified of the child's symptoms and of the need to pick the child up immediately. If it appears that the child requires immediate medical attention, the child will be taken to the hospital by ambulance and examined by a legally qualified medical practitioner or a nurse registered under the Health Disciplines Act. R.R.O. 1990, Reg. 262, s. 34 (3).
- Parents/guardians will be advised to follow the direction provided in the [electronic screening form](#) as it relates to testing and medical guidance.

If a child is suspected to have symptoms of a reportable communicable disease (refer to MSDCC guidelines of Common Communicable Diseases), the incident will be reported immediately to [TPH's](#) Communicable Disease Surveillance Unit (416-392-7411).

When to exclude

A sick child must be excluded when they have any signs and/or symptoms that are greater than normal, or if the child is unable to participate in regular programming because of illness.

- Follow the steps below on [How to exclude a child with COVID-19 symptoms](#) if symptoms are considered to be [COVID-19](#) related (refer to most recent health screening checklist).

How to exclude a child with COVID-19 symptoms

One staff will supervise the child in a designated exclusion area, and have a hand washing sink or hand sanitizer available. A designated exclusion area includes the designated space reserved exclusively for each child within their cohorted room. Staff will notify parents/caregivers of the sick child for immediate pick up. Only one staff will assist the child in the designated exclusion area and attempt physical distancing.

Staff will wear a mask, gloves and eye protection. Refer to [Use of personal protective equipment](#) for specific instructions. Staff will perform hand hygiene and attempt to not touch their face with unwashed hands. If possible, the child will also wear a mask.

Staff will increase ventilation in the designated exclusion area if possible (for example, open windows if it is safe to do so). Tissues will be provided to the child for proper respiratory etiquette, followed by the proper disposal of the tissues (refer to [Cleaning and disinfecting blood or bodily fluid spills](#)). Staff will clean and disinfect the area immediately after the child has been sent home, including all items used by the ill child. **Play materials are not being batched anyone.** While cleaning and disinfecting, staff will wear PPE (i.e., mask and gloves).

If the child's symptoms are consistent with [COVID-19](#), staff and children who were exposed to the ill child will be identified as a close contact and sent home to self-isolate for 14 days as well as

receive a COVID-19 test. Children managed by Toronto Public Health will follow TPH instructions to determine when to return to the child care centre. Staff will refer to [Management of cases and outbreaks of COVID-19](#) for detailed steps.

Child care staff and children who have been exposed to an individual who became ill with symptoms will all be considered close contacts and sent home to self-isolate for 14 days, monitor for signs and symptoms of illness, and receive COVID-19 testing.

Refer to [COVID-19 Interim Decision Guide for Child Care Operators to Direct Cohorts to Self-Isolate](#).

How to exclude a child with non-COVID-19 symptoms

For detailed information regarding disease and infection prevention in the case of symptoms unrelated to [COVID-19](#), refer to the MSDCC guidelines for Common Communicable Diseases.

Already said above.

Surveillance

Ensuring that all environmental conditions are constantly monitored is essential in the prevention and reduction of illness. Employees must monitor for an increase in above normal amounts of illnesses among other employees and children by looking at the normal occurrence of illness at [the Centre](#) and during the specific time period.

Surveillance includes the following:

- Observe children for illness upon arrival (screening procedure in place for child care centre).
- Record symptoms of illness for each child including signs or complaints the child may describe (for example, sore throat, stomach-ache, headache etc.) in the illness log.
- Record the date and time that the symptoms occur.
- Record the room the child attends (for example, room number/name).
- Record attendances and absences. Follow-up with all individuals to determine the reason for any unplanned absences and determine if the absence is due to illness and note any symptoms.

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 their 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).

Returning from exclusion due to illness

Staff and children will refer to [Management of cases and outbreaks of COVID-19](#) regarding appropriate procedures in order to return care. Staff and children managed by TPH (for example, confirmed cases of [COVID-19](#), household contacts of cases) will follow instructions from TPH to determine when to return to the facility.

Management of cases and outbreaks of COVID-19

Suspected COVID-19 Cases

When there is a suspected or positive case of [COVID-19](#) at [the Centre](#), the following procedures must be followed:

- If a child or staff has been excluded due to symptoms related to COVID-19 (suspected COVID-19 case), the Director and proceed with the steps outlined under [Isolation/exclusion of ill children and staff](#) as well as this section ([Management of cases and outbreaks of COVID-19](#)).
- Symptomatic staff and children will be excluded from the child care centre and referred for testing. While awaiting test results, symptomatic staff and children will be directed to stay at home and self-isolate.
- Children or staff who have been in contact with a suspected COVID-19 case will be identified as a close contact, monitored for symptoms and cohorted. During this period, they should avoid contact with vulnerable persons or settings where there are vulnerable persons (for example, long-term care homes).

Those who test negative for COVID-19 must be excluded for 24 hours after symptom resolution. If there is a positive COVID-19 case, refer to the next section.

Confirmed COVID-19 Cases

In the case of a confirmed positive test result for COVID-19, the Director will:

1. Inform the Board of Directors immediately.
2. Inform MSDCC Health and Safety Representative and follow their direction.
3. Make immediately available to MSDCC all screening and contact tracing information.
4. Arrange for a deep cleaning of the Centre.
5. Complete [Toronto Public Health's COVID-19 Notification Form for Child Care Settings](#) to report the outbreak and request guidance.
6. Inform all staff and clients at Main Square Day Care Centre.
7. Send letters as provided by Toronto Public Health to affected individuals.
8. Provide [this link](https://covid-19.ontario.ca/index.html) (https://covid-19.ontario.ca/index.html) to Ontario's index of COVID-19 information to all affected parties as a reference for the most accurate and up-to-date data regarding the COVID-19 pandemic in Ontario.
9. Send out any communication to the following groups:
 - a. Families of children who are direct contacts with a confirmed COVID-19 case.
 - b. Staff who are direct contacts with a confirmed COVID-19 case.
 - c. All other families and staff who are not direct contacts with a confirmed COVID-19 case and are not being excluded from the child care centre.
10. Ensure incident occurrence(s) and WSIB reporting is completed.
 - a. Director will contact the Ministry of Labour, Health and safety representative.
 - b. Notice of injury will be provided to the Health and Safety representative.
11. Ensure Serious Occurrence in Child Care Licensing System is completed and/or updated.

Child care staff/students and children (i.e., close 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 as well as their household members 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.

This will need to be updated. (child care tool for wording) as per gov. guidelines **

In the case of a positive test result for a staff

In the event a child care staff tests positive for COVID-19, the employee will inform the Director immediately and self-isolate right away. The employee will cooperate with management and TPH to identify close contacts. The employee will follow TPH and the Director's directives.

All other staff and families affected will receive communication from the Director as applicable.

All staff and children who are in the same room as the staff member who has tested positive will be excluded from the centre for 14 days, unless indicated otherwise by Toronto Public Health. 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 as soon as any symptoms develop. If asymptomatic, individuals who have been exposed are also encouraged to get tested any time within 14 days of the potential exposure. They will need to continue to self-isolate for 14 days even if the test is negative.

Staff and children who are being managed by Toronto Public Health must follow TPH instructions to determine when to return to the child care centre. If any claims in this document conflict with TPH directives at the time of the incident, individuals are to follow TPH instructions.

In the case of a positive test result for a child

In the event a child tests positive for COVID-19, parents/guardians will inform the centre Director immediately. The child will be managed by Toronto Public Health. Children and their families must follow TPH instructions to determine when to return to the child care centre.

All staff and children who are in the same room as the child who has tested positive will be excluded for 14 days, unless indicated otherwise by Toronto Public Health. 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 as soon as any symptoms develop. If asymptomatic, individuals who have been exposed are also encouraged to get tested any time within 14 days of the potential exposure. They will need to continue to self-isolate for 14 days even if the test is negative.

The Centre will dismiss a case's cohort(s) (i.e., close contacts) for self-isolation while awaiting the results of the TPH investigation. Refer to [COVID-19 Interim Decision Guide for Child Care Operators to Direct Cohorts to Self-Isolate](#).

Return to care for children with symptoms who tested for COVID-19

If an ill child who has not been exposed to someone with COVID-19 has a negative test result, they can return to the setting given: 24 hours pass after the child's symptoms start improving, the child is well enough to participate in program activities and they pass screening.

(see guidelines on this section)

Will need to be reviewed.

Outbreak Management

An outbreak may be declared by TPH 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 Centre to determine whether epidemiological links exist between cases and whether transmission may have occurred in the child care setting.

If TPH 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 Centre will revise their existing serious occurrence report for a confirmed COVID-19 case to include information about the closure.

Report laboratory-confirmed cases of COVID-19 to Toronto Public Health

The child care centre supervisor will immediately report laboratory-confirmed cases in child attendees, child care staff, and early childhood education students that attend the child care setting to Toronto Public Health.

Additional support can be accessed by calling TPH at 416-338-7600 during work hours (8:30 a.m. to 4:30 p.m., Monday to Friday) or 3-1-1 after hours or by emailing publichealth@toronto.ca.

Communication with families/guardians and other stakeholders

All stakeholders will be provided appropriate program information and protocols on [the Centre's](#) health and safety measures (e.g., screening, physical distancing, and staying home when sick) virtually. Any and all updates and changes to policies and procedures will be communicated to stakeholders in a timely manner.

All communications (e.g., accident reports, serious occurrences, etc.) will be conducted via email/[HiMama](#) or telephone, unless in case of exceptional circumstances. A sign will be placed at the entrance instructing participants and their families not to enter if they are sick. Meetings (e.g.,

staff meetings) will be held virtually via Zoom, or by any other agreed upon web- or phone-based platform.

Staff will provide updates on the children's activities and well-being virtually via HiMama to maintain an open line of digital communication with families in their care. Log books are located in every room to record daily activities that are room-specific. A log book is located as well outside the main office to communicate centre-wide information the Director.

[TPH](#) will provide further advice about information that should be shared with other staff, parents/guardians and other stakeholders (e.g., school boards) in the event there is a case or outbreak of COVID-19 in the setting.

Occupational health and safety

[The Centre](#) has both existing health and safety guidelines and procedures as well as [COVID-19](#)-related written measures and procedures for staff and children's safety, including measures and procedures for Infection Prevention and Control.

The provincial government has general information on [COVID-19 and workplace health and safety](#) on employers' responsibilities and how to protect workers at work. Workers can also get information about [health and safety](#) protections at the workplace.

[Detailed guidelines for COVID-19 as provided by the Ministry of Health can be found online at <http://covid-19.ontario.ca>](#). Refer as well to Toronto's '[Infection Prevention and Control in Child Care Centres Requirements and Best Practices](#)'.

Field trips, third-party programs, and volunteers

Please refer to the detailed guidelines for COVID-19 as provided by the Ministry of Education can be found online at the following link below under the heading Field Trips.

<https://www.ontario.ca/page/operational-guidance-during-covid-19-outbreak-child-care>

Hours of operation

Hours of operation will be determined by the Board of Directors during this time and are subject to change over the course of year. The program hours of operations are Parents must be aware that classrooms or the Centre may be closed due to exposure to COVID-19, or if closed by Toronto Public Health or the Ministry of Education. We may also be forced to close classrooms or the Centre if we do not have sufficient staff due to outbreak or illness. Parents may get limited notice of closure.

[This needs to be updated.](#)

Responsible Offices

This Policy was developed by the Administration at Main Square Day Care Centre. All inquiries regarding the stewardship and maintenance of this document can be directed towards:

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Effective Date

This policy is in effect as of December 30, 2020.

Policy History

This document was first in effect as of July 6, 2020. Revisions made following the revised directives of Toronto Public Health and Public Health Ontario were approved on January 12th, 2021. Additional revisions were made thereafter, most recently on October 1, 2021