

Akwesasne Child Care Program

COVID 19 Pandemic Phase 2 Child Care Services Policy

June 30th, 2020



Introduction and Purpose

The information found within these policies are meant to support the Akwesasne Child Care Program in operating in phase 2 of the COVID 19 Pandemic.

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

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

Guidance and Over All Information for Child Care Settings

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

The Government of Ontario ordered all licensed child care centres to be closed due to the COVID 19 Pandemic. On June 9, 2020, the Province announced that child care centres would be permitted to re-open on June 12, 2020 to enable both essential workers and others to access safe, local child care. The following are recommendations to help reduce the risk of acute respiratory illness, including COVID-19, in these settings.

Licensing Requirements

Licensing Processes, Renewals & Inspections – Will be conducted and amended as per Ministry extensions, 6 months at a time or when necessary.

Maximum Cohort Size and Ratio

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

- 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 includes both staff and children.
- We will be fined if we go over the maximum cohort.

- 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), licensees can only have the number of children listed on the licence 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.
- ACCP is required to maintain ratios set out under the CCEYA, and may increase staff to child ratio as long as the cohort does not exceed the maximum of 10 individuals.
- Mixed age grouping is permitted as set out under the CCEYA where a director approval has been granted on the licence.
- 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.

ACCP MAXIMUM COHORT STAFFING & EXTRA CLEANING STAFF

*Subject to change based on enrollment, never to go over cohort maximums.

Kawehnoke: 11 Full time (FT) staff on site plus 2 admin and maintenance (DTS) =14 FT staff on site

Infant Room: 6 children 3 staff *1 staff was part time is now full time to help extra cleaning *
Independently do breaks and pick up and drop off w 3
Transition Room: 5 children 1 staff - (cook to help here part time (pt))
Toddler Room: 8 children 2 staff - (float to help here pt)
Preschool Room: 8 children 2 staff *1 ft staff is extra to help* independently do breaks and pick up and
drop off w 2 staff
*Cook who is part time will be full time to help
*1 extra float full time person

Kanatakon: 8 FT staff on site plus DTS

Infant Room: 6 children 3 staff *Forth staff will help in toddler room - room has enough staff to
Independently cover breaks and pick up and drop off
Toddler Room: 8 Children 2 staff - Supervisor cook and forth staff to help with breaks and pick up and drop off
*Cook who is part time will be full time to help

TsiSnaihne: 6 FT staff on site plus DTS

Toddler Room: 8 Children 2 staff - Supervisor and cook to help cover break and lunches and pick up and drop off
Preschool Room: 8 Children 2 staff * 1 staff is extra to help
*Cook who is part time will be full time to help

Staffing

- 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, EHO recommends that supply staff may cross our cohorts/classrooms to cover breaks but must be done in a manner that maintains physical distancing as best as possible. The staff should use a non-medical face mask or face covering during such movements.

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.
- CPR & First Aid is required for all staff but if it expired after March 1, 2020 its extended until September 30, 2020.
- Vulnerable sector checks - A licensee is not required to obtain a new VSC from staff or persons interacting with children where the fifth anniversary of the staff or person's most recent VSC falls within the emergency period, until 60 days after the emergency period ends.

Health and Safety Requirements

While the ministry is providing guidance on how to operate child care during the COVID-19 pandemic, First Nations and home child care providers must follow the advice of Health Canada and/or public health officials when establishing health and safety protocols, including how to implement the provincial direction that the maximum cohort size for each room in a child care centre consist of no more than 10 individuals.

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

Health and Safety Protocols

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

Health Collaboration Policy Statement:

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

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

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

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

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

Cleaning refers to the physical removal of foreign material (e.g. dust, soil) and organic material (e.g. blood, secretions, microorganisms). Cleaning removes, rather than kills microorganisms. Warm water, detergent and mechanical action (e.g. wiping) is required to clean surfaces. Rinsing with clean water is required to complete the cleaning process to ensure the detergent film is removed.

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

Products recommended for cleaning and disinfection:

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

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

Following should always be considered when choosing a disinfectant:

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

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

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

- Never mix different disinfectants and cleaners together.
- Always follow the label instructions exactly for correct dilutions and proper use of the product.
- Use disinfectants on high touch surfaces such as desks door knobs, handrails, etc.
- Pay attention to the product's shelf life once they are opened. Some products such as those that contain accelerated hydrogen peroxide should be used up in 30 days once opened to maintain their effectiveness.
- Clean surfaces with a commercial product that depending on the dilution is both a detergent (cleans) and sanitizer/disinfectant (kills germs).
- Disinfectants will not work on surfaces that are visibly dirty or soiled. For visibly dirty surfaces wash the surface first with a general neutral cleaner and then follow with a disinfectant.
- Air drying of disinfected surfaces is preferable, should surfaces still be wet after the appropriate contact time, the surface should be left to dry or wipe with clean cloth.
- Hospital grade disinfectant wipes or ready to use disinfectant solutions can be used to disinfect electronic items that are shared or touched often such as computer equipment and telephones.
- Shared items such as toys that cannot be cleaned between users should follow a regular schedule for cleaning and disinfection as per EHO's recommendations to the staff. Daily cleaning and sanitizing of toys and other shared items is good practice, especially during the outbreaks.

All products containing cleaning agents must be kept out of reach of children at all times. They must be labelled and a cleaning and disinfecting log must be used daily to track and demonstrate cleaning schedules.

Cleaning

- Use detergent and warm water to clean visibly soiled surfaces

- Rinse the surface with clean water (warm to tepid preferred) to ensure detergent is removed
- Let the surface dry

Disinfecting

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

Cleaning and disinfection frequency requirements

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

- Hard surfaces such as staff water bottles, travel mugs, cell phones, food containers
- Any hard surfaces such as water bottles, containers, toothbrush handles, toothpaste
- Tables and countertops used for food service must be cleaned and disinfected before and after use
- Highchairs must be cleaned and disinfected before and after serving food
- Spills must be cleaned and disinfected immediately
- Hand wash sinks must be cleaned and disinfected at least two times per day and as often as necessary e.g. when visibly dirty or contaminated with bodily fluids
- Floors must be cleaned as needed e.g. when spills occur, when room is available
- Remove all carpets from centers during this time
- Outdoor play equipment must be disinfected before each group uses the items and as often as necessary e.g. when visibly dirty. Outdoor play equipment must be easy to clean and disinfect. Limit the amount of outdoor play equipment is use
- Any surfaces that have frequent contact with hands e.g. light switches, hand rails, door knobs, window cranks, sinks taps, toilet flusher, etc. must be cleaned at least two times per day and as often as necessary e.g. when visibly dirty or contaminated with bodily fluids
- Other shared items e.g. photocopier, computer work stations, iPad, phones, radio must be disinfected between users
- Low touch surfaces (any surfaces at your location that has minimal contact with hands), must be cleaned and disinfected daily e.g. doors, sides of furnishings, window ledges

Clean and disinfect as required

Blood and bodily fluid spills must be cleaned first then disinfected

- Isolate the area around the spill so that no other objects/humans can be contaminated
- Gather all supplies
- Perform hand hygiene
- Put on gloves
- Scoop up the fluid with disposable paper towels and check the surrounding area for splashes or splatters
- Dispose paper towels in garbage immediately

- Using disposable paper towels, clean the spill area with soap and water
- Dispose paper towels in garbage immediately
- Using disposable paper towels, rinse with water to remove detergent residue
- Spray bleach solution on and around the area and allow for 1 minute contact time
- Thoroughly clean and dry area using disposable paper towels
- Remove gloves following posted procedure and discard immediately
- Perform hand hygiene following posted procedure

Crib and cot cleaning and disinfection

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

Additional infection prevention and control practices

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

Toy Disinfection Procedures

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

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

Cleaning and Disinfection for Kitchen Areas

Cleaning

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

Sanitizing multi-use utensils

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

Disinfecting

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

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

Cleaning and Disinfection Frequency Requirements

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

All cutting of food must be done on a cutting board and used for single tasks at a time. Cutting boards must be cleaned and sanitized after use. Care must be taken not to transfer contamination of one food to another. Knives used to cut or slice food items should not be used for other foods or other items without cleaning and sanitizing.

Toy Washing Procedures – Manual Cleaning and Disinfection

Please follow the following steps:

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

Cleaning and Disinfecting Large Stationary Toys/Equipment

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

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

Cleaning and Disinfection Frequency Requirements

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

- Toys and items such as electronic devices should be cleaned and disinfected between different users prior to redistributing

Handling Used Toys

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

Common Areas, Staff Room, Washroom Cleaning

1. Ensure that you have reviewed the chemicals being used as outlined in this document.
2. Disinfect high touch areas after use, flush, tap, sink, keyboards, counters and doorknob after use.
3. Limit the amount of staff in staff room refer to social distancing.

B.How to Report Illness Procedures

- If a child is suspected to have COVID 19 parents and Supervisor will be notified immediately.
- Program Manager are notified by Supervisor
- Director of AMBE is notified by Program Manager
- HR & Community Health is notified by Supervisor
- Serious Occurrence is completed
 - Child care centre licensees have a duty to report suspected or confirmed cases of COVID-19 under the Health Protection and Promotion Act. The licensee should contact their local public health unit to report a child suspected to have COVID-19. The local public health unit will provide specific advice on what control measures should be implemented to prevent the potential spread and how to monitor for other possible infected staff members and children.
 - Where a child, parent, staff or home child care provider is suspected (i.e. has symptoms and has been tested) of having or has a confirmed case of COVID-19, licensees must report this to the ministry as a serious occurrence.
 - Where a room, centre or premises closes due to COVID-19, licensees must report this to the ministry as a serious occurrence.
 - Licensees are required to post the serious occurrence notification form as required under the CCEYA, unless local public health advises otherwise.

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

Staff/home child care providers, parents and guardians, and children must not attend the program if they are sick, even if symptoms resemble a mild cold.

If staff or child or family feels they have come into contact with someone suspected to have COVID19 they should remain home and consult MCA's community health 613-575-2341.

Isolate children that become ill with signs and symptoms of COVID-19 while attending the centre

Staff who become ill must be sent home immediately after completing the screening form notifies supervisor and the Program Manager. Follow up will occur quickly with the staff member after consultation takes place with Health, HR and Paramedics

Exclusion of Ill Children

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

While waiting for pick up ill children will be separated by taking them to the designated exclusion room – Supervisor’s office. They must be supervised and monitored by staff until they are picked up by a parent/guardian. Symptoms of illness will be recorded in the child’s daily record. If it appears that the child requires medical attention, call 911 after notifying the Program Manager, then completing a serious occurrence.

When to Exclude

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

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

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

How to Exclude

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

- *If physical distancing cannot be maintained (e.g. providing care to an infant or toddler), staff must wear a mask, gloves, apron and lab coat. Hair must be secured. Shield can also be worn*
- *After the child has been picked up clean thoroughly with soap and water then disinfect the entire area using the bleach solution*
- *Contact Health, HR and Paramedics to notify them of the potential case and seek input regarding the information that should be shared with other parents/guardians/caregivers*
- *Staff and children who were exposed to a confirmed case of COVID-19 or a child with symptoms should be excluded from the child care setting for 14 days or until a negative test result is achieved. In the event that testing is not completed these staff and/or children should be in self-monitoring mode for 14 days. These staff and children must be told to avoid contact with vulnerable persons or settings where there are vulnerable persons*
- *Staff and children who are being tested or have been tested for COVID-19 must test negative before they are able to return to the centre*

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

C. Physical Distancing Procedures

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

D How Shifts will be scheduled Procedures

- Staff will be set up on schedules to ensure that physical distancing is adhered to and ratios are maintained, extra staff will be scheduled for cleaning and aid with drop off and pick up.

- All centers will operate between the hours of 8am and 4pm with a 15 minute flexibility at drop off and pick up.

E. Group Events and In Person Meetings Procedures

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

F. Parent Drop off and Pick Up Procedures

Conduct screening to limit the introduction of infection to the facility

- All staff/parents/caregivers should be aware of signs and symptoms of COVID-19, see “When to Exclude” for symptoms:
- Conduct active screening:
 - Designate an area outside of the building or in vestibule to conduct screening. The area should allow a minimum of two metres or 6.5 feet between the staff conducting the screen and the person being screened.
 - Post signage in a visible area that clearly explains the screening process and the rules and conditions for entry.

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

- Screen all children, child care staff, maintenance staff prior to entry by asking the COVID 19 specific questionnaire for the child care centers, answers of yes will be turned away.
- **Visibly sick children will be turned away at the door – No exceptions.**
- A designated screener will screen and accept the children at the door, this person must wear a mask, shield, gloves and a gown. Supervisor will schedule screener.
- The screener will performing a temperature check on everyone allowed to enter the building, screener will use a clean pair of gloves for each child and that a non-contact (temporal) thermometer is used.
- After each screening, remove and discard gloves, and wash hands.
- Staff should escort children into the classroom after screening. Parent should not be allowed to go past the screening area or enter the building.
- Record screening results daily and keep all screening records available onsite.
- Hand sanitizers (70-90% alcohol) should be available to all who have answered “No” to all questions.
- Individuals who answer “yes” to any of the questions must not be permitted to enter the building. They should be referred to the community health program for assessment and testing.
- A log book should be keep at the door for contact tracing purposes with date and time.

CENTER SPECIFIC INSTRUCTIONS:

Kawehnoke Parent Drop off Procedures:

Arrival

Children will be appointed to a designated door for both arrival and departure.

Arrival times are as designated

7:45, 7:55 and 8:10

Two families are assigned a specific arrival time, to avoid congestion at the doors.

Parents will deliver the child to the screener who will be present at the designated door to do daily health screening and temperature check.

Once the child successfully passes the health screening. Staff will then walk the child to the cohort teacher, who will either be in the classroom or outside, weather permitting.

Departure

Children will be brought to their designated door, upon departure time. Parents are advised to call in to the center via telephone or Hi mama app to notify staff that they have arrived for pick up.

Kanatakon Drop off and Pick Up Procedures:

Only one door will be used for drop-off and pick-up. The door is located in front of the child care Center. **WE WILL NOT BE USING ANY OTHER ENTRANCE OR EXIT!**

Drop off and pickup will happen just outside the above-mentioned door. Unless drop off and pick up is while we are in our playground for Toddlers. Infants will be brought out to their families.

Parents are not permitted to enter the building and walk through the daycare at pick up and drop off times. Unfortunately, our open-door policy will also be suspended until further notice. Children will be admitted by a staff member who will sign your child in and out to keep contact to a minimum. If you arrive at the same time as another parent, we encourage you to wait in your car until that parent has left. Children and staff will wash hands upon arrival at the childcare centre.

Parent drop off Procedure:

- Call Center 613-575-1915 at arrival. Or through FB Messenger. Answer daily Screening questionnaire.
- Staff member will come to your car and confirm answers. Child's temperature will be taken and child will be brought into center.
- Please have extra clothes and diapers or infant formula/food available in disposable bag.
- Please keep drop off and pick up people to a minimum during this time.
- We are also implementing a drop off and pick up time. Please adhere to your designated time.
- When you pick up your child call the center and your child will be brought out to you. 613-575-1915.

TsiSniahne Drop off and Pick Up Procedures

Toddler Parents, will park/line cars up near toddler gate and stay in their vehicle

Screener will approach first vehicle in line and go through the child screening list- does not pass, child goes home, if child passes moves on to Temp

Screener will take child's temperature and if okay will accept the child from the vehicle

Screeners will bring child to the Toddler exterior playground door where the other staff member will accept them

Screeners will then disinfect thermometer and move on to the next vehicle

Preschool parents will park or line up near main entry

Screeners will approach first vehicle in line and go through the child screening list- does not pass, child goes home, if child passes moves on to Temp

Screeners will take child's temperature and if okay will accept the child from the vehicle

Screeners will bring child through the main entry door to the preschool room where another staff member will accept them

Screeners will then disinfect thermometer and move on to the next vehicle

Private Home Day Care Drop off and Pick up process

1. Arrive at the provider home-if inclement weather you may call the provider and do step 3 by phone.
2. Bring child to the door- do not enter the home- try to observe the 6 ft social distancing recommendations- if not possible, parents please wear a mask.
3. Answer screening questions asked by the provider
4. Provider will take the temperature of the child and record
5. If screening result is acceptable, child will be accepted for care.
6. Please try to keep a limited amount of people doing the pick up and drop off to reduce possible exposure to the provider and other children in care.
7. At pickup time please call ahead so the provider can have your child ready for pickup.

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

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

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

Face shields or mask should be worn:

- When in the screening area and when accompanying children into the program from the screening area.
- When cleaning and disinfecting blood or bodily fluid spills if there is a risk of splashing.
- When caring for a sick child or a child showing symptoms of illness.
- When it is difficult to maintain social distancing, during feeding, diapering, dealing with upset child, assisting a child dressing or changing clothes.

A face mask and shield or eye protection (for example, goggles or face shield) should be used by child care staff:

- In the screening area (screening or escorting children to child care area)
- When caring for a sick child or child showing symptoms of illness
- When cleaning and disinfecting blood or bodily fluids and spills because of the risk of splashing or droplets.

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

Face shields without foam should be cleaned soap and water and disinfected daily. Cloth masks, blankets, scrubs have to be laundered daily or when visibly soiled. Gloves single use only.

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

A piece of cloth or blanket can be used if holding or carrying infants or toddlers.

Hand Hygiene Policy and Procedures

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

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

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

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

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

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

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

Hand Hygiene Monitoring

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

Gloves and Hand Hygiene

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

To reduce hand irritation related to gloves:

- Wear gloves for as limited time as possible
- Ensure that hands are clean and dry before wearing gloves
- Ensure gloves are intact, clean and dry inside
- Gloves are single use only, and must be task specific e.g. diaper change routine, garbage collection and removal

Covering Your Cough

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

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

Attendance Records

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

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

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

Testing Requirements

Testing is not required for Child Care workers at this time, however this may change as per Health Canada instruction.

Serious Occurrence Reporting

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

Where a child, parent, staff or home child care provider is suspected (i.e. has symptoms and has been tested) of having or has a confirmed case of COVID-19, licensees must report this to the ministry as a serious occurrence.

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

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

OPERATIONAL GUIDANCE PRE-PROGRAM CONSIDERATIONS

Communication with Families

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

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

Parent Fees

- Fees will not be charged from March 16, 2020 until service resumes.
- Fees will not change & fees will not be accepted to a priority list.
- Private home seats – parents will be given 30 days' notice to keep spot, after that parent must pay.

Access to Child Care Spaces and Prioritizing Families

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

Staff Training

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

Liability and Insurance

- Will check with legal on this

ADDITIONAL IN-PROGRAM CONSIDERATIONS

Transportation:

- Children will not be transported during the pandemic
- Field trips are prohibited
- Use of Zero 2 Six Vans is limited and must be sanitized after each use.

Equipment and Toy Usage and Restrictions:

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

Outdoor Play

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

Interactions with Infants/Toddlers:

- ACCP will encourage staff and home child care providers to supervise and hold bottles for infants not yet able to hold their own bottle to reduce the risk of choking. EHO recommends shields during this time.
- When holding infants and toddlers use blankets or cloths over clothing and change the blankets or cloths between children.
- Staff will consider placing infants in every other crib and mark the cribs that should not be used in order to support physical distancing, or move cribs 2.5 meters apart.

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

Food Provision

- Staff should ensure there is no self-serve or sharing of food at meal times.
 - Utensils should be used to serve food.
 - Meals should be served in individual portions to the children.
 - There should be no items shared (e.g. serving spoon or salt shaker).
- There should be no food provided by the family/outside of the regular meal provision of the program (except where required and special precautions for handling and serving the food have been put in place).
- Children should neither prepare nor provide food that will be shared with others.
- Ensure proper hand hygiene is practiced when staff are preparing food and for all individuals before and after eating.
- Where possible, children should practice physical distancing while eating.

Provision of Special Needs Resources (SNR) Services

- Children with special needs and their families continue to require additional 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 Health Canada and/or public health. Please work with special needs service providers to explore alternative modes of service delivery where in-person delivery is not possible.
- Maximum capacity rules do not apply to SNR staff (consultants and enhanced staff) on site (i.e. if they are not counted towards staff to child ratios they are not included in the maximum capacity rules).
- Where SNR services are provided through external staff/service providers, licensees and home child care providers should inform all families of this fact, and record attendance for contact tracing purposes.
- All SNR staff must be screened before entering the child care setting, as per the protocol in the screening section above.

Provide support and reassurance

- Being a positive role model to children, parents/guardians/caregivers are an effective strategy to help reduce fear and anxiety as well as promoting healthy behaviours. Remember that children are often listening when you talk to others about COVID-19.
- Maintain familiar routines and activities to reinforce a sense of security.
- Acknowledge concerns and provide reassurance about personal safety and health during child care.
- Refer parent/guardians/caregivers to the Government of Ontario and Federal Governments websites for the most up to date information.
- Help identify when misinformation is circulating and correct this information when it occurs.
- Ask questions and stay positive during the work day for the children's sake.
- Make every effort to clean and sanitize throughout the day and remain safe.
- If your sick stay home.
- Follow MCA's travel restrictions, our risks impact everyone in the cohort so please adhere.

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

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

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

Signed: _____

On this date: _____

Witness: _____

Akwesasne Child Care Cleaning & Disinfection Daily Log DATE: _____

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