



The Learning Enrichment
F O U N D A T I O N

Section 7-C19

Select Child Care Policies Effective During COVID-19 Pandemic

The Learning Enrichment Foundation

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Childcare During Covid-19 Pandemic

The Learning Enrichment Foundation believes in our responsibility to provide exceptional quality early childhood education and care in a learning environment that stimulates imagination, discovery, and learning through play. Children, families and community are at the center of our child care programming. Our *Program Statement 7.2.33* will continue to guide our work during the COVID-19 Pandemic.

As we re-open our Child Care Centres, protection of the health, safety and well-being of children, staff and families will be at the core of our programs. For this reason, The Learning Enrichment Foundation is putting in place enhanced protocols to address the COVID-19 Pandemic and we will for the time being replace eleven of our child care policies with COVID-19 specific policies.

It is worthwhile restating our commitment to the health and safety of our employees and that we will make every effort to provide a healthy and safe work environment. Protection of employees from injury or occupational disease is a major continuing objective for our organization. This commitment is included in our *Health and Safety Policy 6.1.01*.

Everyone at LEF bear responsibility for creating a safe environment for children and families. This includes all employees, including educators and supervisors, as well as visitors, contractors and sub-contractors and we must all work in compliance with the all applicable legislation, regulations, standards and safe work practices and procedures established by the Government of Ontario and LEF, including the enhanced COVID-19 health and safety requirements. To the best of our ability, LEF will ensure these requirements are adhered to.

Despite the pandemic, we continue to share a unique environment here at The Learning Enrichment Foundation and we are proud to work with a dedicated, highly skilled workforce. We value our employees as our most important resource.

Our strength is based on open communication and cooperation and you are encouraged to bring matters of concern forward to be addressed by the supervisors and senior staff.

Above all, while working safely, we must focus on continuously achieving quality standards in everything we do in order to meet and exceed the expectations of our clients and community.

#TogetherStronger

Sincerely,

[>> Insert signature]

Peter Frampton
Executive Director
The Learning Enrichment Foundation

Definitions

| | |
|--------------------------|--|
| C&F | Children and Families Department |
| C&F Employee | <p>A C&F Employee is an LEF employee who provides a direct service in, or management of, LEF's Child Care Centres.</p> <p>C&F Employees include Educators, Supervisors, and other LEF employees who work in LEF's Child Care Centres.</p> <p>Refer to LEF's Human Resource Policy Section 3 for definitions of employment relationships.</p> |
| CCEYA | Child Care Early Years Act, 2014 |
| Cohort | Cohort is a group of children and the staff members assigned to them, who stay together for a minimum of seven (7) days and as otherwise defined on page 6 of http://www.edu.gov.on.ca/childcare/child-care-re-opening-operational-guidance.pdf |
| COVID-19 Policies | The regular child care policies that are being replaced with the COVID-19 specific policies included in <i>Policy 7-C19</i> together with the new COVID-19 related policies. |
| Educator | Educators are C&F Employees who work directly with children in LEF's Child Care Centres. Educators report to Supervisors. |
| LEF | The Learning Enrichment Foundation |
| Primary Contact | The Primary Contact is a person who is in a in a parent and child "type" of relationship, and includes situations in which someone is acting in the position of a parent to a child. The Primary Contact may be a legal guardian, or an adult otherwise functioning as a parent, and may include parent-child relationships formed by marriage and common-law relationships. |
| PPE | Personal Protective Equipment. Please refer to the <i>Health and Safety, PPE Policy 7.2.30</i> . |
| Senior Manager | Supervisors report to a Senior Manager. |
| Staff | Staff means the same as a C&F Employee. |
| Supervisor | A Supervisor is a C&F Employee who meets the requirements of section 53 of O. Reg. 137/15 and plans and directs the program of the Child Care Centre, is in charge of the children, oversees the staff employed at the Child Care Centre and is responsible to LEF. |

General

Purpose

Policy 7-C19 is intended to:

- Inform C&F Employees of the changes taking place at the Child Care Centres due to COVID-19.
- Inform C&F Employees of their role in ensuring children, other families and other C&F Employees stay safe.
- Support C&F Employees in protecting themselves, co-workers, children and their families.
- Outline how LEF will respond should any staff, children, or Primary Contacts be exposed to COVID-19 while in LEF's care.

A copy of Policy 7-C19 will be provided to Primary Contacts and included in the Parent Handbook.

Effective immediately, this Policy 7-C19 introduces changes to LEF's regular child care policy framework. Certain child care policies are being replaced with COVID-19 specific policies and other COVID-19 related policies are entirely new to LEF (together, "COVID-19 Policies").

All other policies included in Section 7 remain in full force and are unchanged (together, the "Remaining Child Care Policies"). The COVID-19 Policies and the Remaining Child Care Policies jointly constitute the current policy framework for Child Care Centre during the COVID-19 pandemic.

In the event of a conflict between the COVID-19 Policies and the Remaining Child Care Policies, the COVID-19 Policies will prevail.

The COVID-19 Policies will operate in addition to all existing health and safety requirements as outlined in LEF's Policy Section 6 dealing with Health and Safety, the *Occupational Health and Safety Act* and its regulations.

Force of Policy 7-C19

The following statements establish the importance and contractual force of LEF's Policy 7-C19:

- All LEF's Educators are required to review and abide by all the terms contained in this Policy 7-C19. All C&F Employees will be expected to sign off on all COVID-19 Policies.
- While we have made every possible effort to make this Policy 7-C19 comprehensive, it may not address every situation. As such, LEF reserves the right to exercise our discretion in the interpretation and enforcement of this Policy 7-C19.
- All C&F Employees who have questions about Policy 7-C19 or how to interpret it, are encouraged to speak to their Supervisor.

LEF reserves the right to revise or add to this Policy 7-C19 from time to time as deemed necessary. C&F Employees will receive periodic updates to the Policy 7-C19 as our Organization continues respond to COVID-19, and are expected to familiarize themselves with these changes.

Policy 7-C19 is a general guide to LEF's policies, procedures, and protocols implemented in response to COVID-19. Policy 7-C19 has been designed to comply with:

- CCEYA and its regulations (O. Reg. 137/15)
- Ministry of Education's *Child Care Centre Licensing Manual* and supportive guidelines and policies.
- Ministry of Education's *Operational Guidance During COVID-19 Outbreak – Child Care Reopening*.
- Policies and guidelines of Toronto Children's Services
- Policies and guidelines of Toronto Public Health.

In the event of a conflict between any of these documents related to COVID-19, the *Operational Guidance During COVID-19 Outbreak – Child Care Reopening* will prevail. However, advice provided by the Toronto Public Health Unit must be followed, even in the event that it contradicts other government documents.

Scope of Policy 7-C19

This Policy 7-C19 applies to all C&F Employees, and any other persons who will be physically present and engaged at Child Care Centres.

All C&F Employees have the responsibility to familiarize themselves with the content of this Policy and to conduct themselves accordingly.

All Supervisors have the responsibility to:

- Communicate with employees under their direction about the application of policies and procedures.
- Ensure compliance.
- Take corrective action when necessary.

Administration, Review and Effectiveness of Policy 7-C19

The Executive Director has responsibility for the overall administration and operation of Child Care Centre. All matters outlined in this Policy 7-C19 are being delegated to the Senior Director of Children & Families, unless the Executive Director is explicitly mentioned. Certain matters may be further delegated to directors, senior managers, and to supervisors in the Child Care Centres.

This Policy 7-C19 may be changed and updated from time to time as necessitated by regulatory or organizational changes. LEF will ensure that any review reflects federal and provincial law and regulations.

Policy 7-C19 will remain in force until such a time LEF's Executive Director determines the Child Care Centre can return to its full, regular policy framework.

| Policy 7-C19: Select Child Care Policies – Effective during COVID-19 Pandemic | |
|---|----------|
| Effective Date: July 2, 2020 | Revised: |
| Prepared and Approved by Executive Director | |

PART I: POLICIES RELATED TO ILLNESS AND MEDICATION

7.2.08-C19: Children's Sick Day

Purpose

The Learning Enrichment Foundation has adopted this policy on *Children's Sick Day 7.2.08-C19* to ensure all staff and children work and play in a healthy environment.

This *Sick Children Policy* sets out how LEF will take all reasonable precautions in the protection of the staff, children and families when there is a positive or suspected COVID-19 case in a Child Care Centre or an outbreak of other communicable diseases. For a list of communicable diseases, please refer to Appendix A.

This Policy 7.2.08-C19 must be read together with *Exclusion of Sick Children 7.2.54-C19* and *Management and Reporting of Communicable Diseases 7.2.55-C19*

Sick Children Must Stay at Home

- Children who are sick must stay at home.
- To ensure a healthy environment, children, Primary Contacts and families who are or feel sick must not attend the program or enter the Child Care Centre, even if symptoms resemble a minor cold.
- Primary Contacts must advise the Child Care Centre of absences due to respiratory illness.

Symptoms

- Symptoms to look for include, but are not limited to fever, new onset of cough, worsening chronic cough, shortness of breath, difficulty breathing, sore throat, difficulty swallowing, decrease or loss of sense of taste or smell, chills, headaches, unexplained fatigue/malaise/muscle aches, nausea/vomiting, diarrhea, abdominal pain, pink eye (conjunctivitis), runny nose/nasal congestion without other known cause.
- Children should be monitored for atypical symptoms and signs of COVID-19. For more information, please see the symptoms outlined in the "*COVID-19 Reference Document for Symptoms*" on the Ministry of Health's COVID-19 website:
www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/2019_guidance.aspx#symptoms
- It is recommended that children with symptoms of COVID-19 attend an assessment centre for testing as soon as possible, and that they self-isolate at home until their result is available.

Sick While at the Child Care Centre

In the event that a child becomes ill while in the care of the Child Care Centre, the staff will isolate the child from the rest of the children and contact the Primary Contact to arrange *immediate* pick up. (Refer to *Exclusion of Sick Children 7.2.54-C19*).

Return to the Centre

For information on when the child can return to the Child Care Centre, please refer to *Exclusion of Sick Children 7.2.54-C19*.

Children who have been away for any minor ailments, such as common colds, flu or other injuries, must also be away from the Child Care Centre until 24 hours after symptom resolution before returning to the Centre.

If the child is away for fewer than 10 (ten) days for any minor ailments, such as common colds, flu or other injuries, the Primary Contact does not have to submit a doctor's note.

Families Receiving a Subsidy from Toronto Children's Services

Families receiving a subsidy from Toronto Children Services are encouraged to speak with their case worker for the most up-to-date information.

1. Children are permitted to be absent for up to 50 (fifty) days (vacation and sick) per calendar year (Jan. to Dec.) upon the approval of the district supervisor, Toronto Children's Services.
2. The Primary Contact is responsible for assessed fees when a child is absent.
3. If the absence is more than 20 consecutive days, the Primary Contact will be responsible for paying the full fee.
4. If a child exceeds the allowable absent days, the Primary Contact is responsible for paying the full fee (see full fee memo on the Parent Information Board).
5. Statutory holidays and days that a program does not offer service are not considered absent days.
6. Request for additional days of absence, beyond the 50 (fifty) allowable days may be approved through an appeal process with Toronto Children Services. This would be the responsibility of the Primary Contact.

NB. It is considered a Criminal offence to falsify any official documents i.e. Subsidy Attendance.

Review and Signature

Children's Sick Day Policy 7.2.08-C19 must be reviewed and signed at least annually by all C&F Employees.

| 7.2.08-C19: Children's Sick Day | |
|---|----------|
| Effective Date: July 2, 2020 | Revised: |
| Prepared and Approved by Executive Director | |

COMMUNICABLE DISEASE REPORTING

CONTACT INFORMATION:

Toronto Public Health - Communicable Disease Surveillance Unit

277 Victoria Street, 10th Floor, Toronto, ON M5B 1W2

Phone: 416-392-7411 -- Fax: 416-392-0047

After hours: 3-1-1 or 416-392-CITY (2489) for callers from outside of Toronto

Timely reporting of communicable diseases is essential for their control.

If you suspect or have laboratory confirmation of any of the following specified diseases of public health significance or their etiologic agents (as per Ontario Reg 135/18 and amendments under the Health Protection and Promotion Act) please report them to the local Medical Officer of Health.

Diseases marked * should be reported **immediately** to the Medical Officer of Health by telephone (24 hours a day, 7 days a week) or fax (Mon-Fri, 8:30 am – 4:30 pm only). Other diseases can be reported the next working day by fax, phone, or mail.

| | | |
|--|--|---|
| Acquired Immunodeficiency Syndrome (AIDS) | Food poisoning, all causes | * Meningococcal disease, invasive |
| Acute Flaccid Paralysis | * Gastroenteritis, outbreaks in institutions and public hospitals | Mumps |
| Amebiasis | Giardiasis (symptomatic cases only) | Ophthalmia neonatorum |
| * Anthrax | Gonorrhea | Paralytic Shellfish Poisoning |
| Blastomycosis | * Group A Streptococcal disease, invasive | Paratyphoid Fever |
| * Botulism | Group B Streptococcal disease, neonatal | Pertussis (Whooping Cough) |
| * Brucellosis | * Haemophilus influenzae disease, all types, invasive | * Plague |
| Campylobacter enteritis | * Hantavirus Pulmonary Syndrome | Pneumococcal disease, invasive |
| Carbapenemase-producing Enterobacteriaceae (CPE) | * Hemorrhagic fevers, including: | * Poliomyelitis, acute |
| Chancroid | 1. *Ebola virus disease | Psittacosis/Oornithosis |
| Chickenpox (Varicella) | 2. *Marburg virus disease | * Q Fever |
| Chlamydia trachomatis infections | 3. *Other viral causes | * Rabies |
| * Cholera | * Hepatitis, viral | * Respiratory infection outbreaks in institutions and public hospitals |
| * Clostridium difficile associated disease (CDAD) outbreaks in public hospitals | 1. *Hepatitis A | * Rubella |
| * Coronavirus, novel including SARS, MERS and COVID-19 | 2. Hepatitis B | Rubella, congenital syndrome |
| * Creutzfeldt-Jakob Disease, all types | 3. Hepatitis C | Salmonellosis |
| Cryptosporidiosis | Influenza | * Shigellosis |
| Cyclosporiasis | * Lassa Fever | * Smallpox |
| * Diphtheria | Legionellosis | Syphilis |
| Echinococcus multilocularis infection | Leprosy | Tetanus |
| Encephalitis, including: | Listeriosis | Trichinosis |
| 1. Primary, viral | Lyme disease | Tuberculosis |
| 2. Post-infectious | * Measles | Tularemia |
| 3. Vaccine-related | * Meningitis, acute | Typhoid Fever |
| 4. Subacute sclerosing panencephalitis | 1. *Bacterial | * Verotoxin-producing E. coli infection, including Haemolytic Uraemic Syndrome (HUS) |
| 5. Unspecified | 2. Viral | West Nile Virus illness |
| | 3. Other | Yersiniosis |

7.2.54-C19: Exclusion of Sick Children

Purpose

The purpose of this policy is to ensure all staff members are aware of and adhere to the City of Toronto's position regarding the exclusion of sick children.

This Policy 7.2.54-C19 must be read together with *Management and Reporting of Communicable Diseases 7.2.55-C19* and *Children's Sick Day 7.2.08-C19*.

Sick Children Must Stay at Home

Children who are ill must stay at home.

To ensure a healthy environment, children, Primary Contacts and families who are or feel sick **must not attend** the program or enter the Child Care Centre, even if symptoms resemble a minor cold.

Primary Contacts should advise the Child Care Centre of absences due to respiratory illness.

Symptoms to look for include, but are not limited to fever, new onset of cough, worsening chronic cough, shortness of breath, difficulty breathing, sore throat, difficulty swallowing, decrease or loss of sense of taste or smell, chills, headaches, unexplained fatigue/malaise/muscle aches, nausea/vomiting, diarrhea, abdominal pain, pink eye (conjunctivitis), or runny nose/nasal congestion without other known cause.

Children should be monitored for atypical symptoms and signs of COVID-19. For more information, please see the symptoms outlined in the 'COVID-19 Reference Document for Symptoms' on the Ministry of Health's COVID-19 website:

www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/2019_guidance.aspx#symptoms

Sick While in Care

In the event that a child becomes sick and/or exhibit COVID-19 related symptoms while in the care of the Child Care Centre, the staff must:

- Immediately move the child to an area isolated from the rest of the children and follow the steps below on *How to Exclude a Child with Covid-19 Symptoms* or *How to Exclude a Child with NON Covid-19 Symptoms*
- Monitor the child until the child is picked up.
- Contact the Primary Contact or emergency contact to notify of the child's symptoms and to arrange pick up immediately.
- Refer the family for testing. While awaiting test results, symptomatic staff and children will be directed by Toronto Public Health to self-isolate at home.
- Document the symptoms of ill health in the child's daily record and in the daily log.

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).

Immediate Reporting

Toronto Public Health

The Supervisor must immediately report the following to Toronto Public Health by contacting the surveillance unit at 416-392-7411 during work hours (8:30am to 4:30pm, Monday to Friday) or 3-1-1 after hours:

- **One suspected case** of COVID-19.
- **Clusters of suspected cases** (e.g. two or more children or staff with COVID-19 symptoms within a 48-hour period).
- Cases of COVID-19 among staff or child attendees that are laboratory-**confirmed** or **probable** (symptoms occurring among a staff or child who has been exposed to a person with confirmed COVID-19).

Ministry of Education - Serious Occurrence

Where a child or staff member is suspected of having or has confirmed case of COVID-19, the Supervisor will, in consultation with their Senior Manager, ensure a Serious Occurrence in the Ministry of Education's CCLS portal is completed as set out in *Exclusion of Sick Children 7.2.54-C19*. Please refer to *Serious Occurrence Policy 7.2.25*.

Where a room or Child Care Centre closes due to COVID-19, LEF must report this to the Ministry of Education as a serious occurrence.

The Child Care Centre is required to post the serious occurrence notification form as required under the CCEYA, unless Toronto Public Health advises otherwise.

How to Exclude a Child with COVID-19 Symptoms

Staff Personal Protection

Staff providing direct care to a child with respiratory illness must:

- Maintain physical distancing as best as possible
- Practice frequent hand hygiene, and
- Wear a surgical/procedure mask and eye protection at all times in accordance with the *Health and Safety, PPE Policy 7.2.30*.
- Not interact with others.

Safe Conduct in the Isolation Room

In excluding a child with COVID-19 symptoms, staff must follow these steps:

- One (1) staff will supervise the child in a designated room with a hand washing sink and/or hand sanitizer available.

- Only one (1) staff should be in the designated exclusion room and attempt physical distancing.
- Wear a mask and gloves. Eye protection must be worn if physical distancing of two (2) metres cannot be maintained and there is anticipation of contact with bodily fluids.
- Perform frequent hand hygiene and attempt to not touch their face with unwashed hands.
- Children older than two years should wear a mask (if tolerated) and they are able to use it properly (e.g. donning and doffing carefully, avoiding touching while on).
- Increase ventilation in the designated exclusion room if possible (e.g., open outside windows and doors if it can be done safely)
- Tissues should be provided to the child for proper respiratory etiquette, with proper disposal of the tissues.
- The child can be encouraged to lie down on a cot or mat while waiting for the Primary Contact.
- Clean and disinfect the area immediately after the child has been sent home set out below.
- While cleaning and disinfecting, wear PPE (mask and gloves) in accordance with the *Health and Safety, PPE Policy 7.2.30*.

How to Exclude a Child with NON COVID-19 Symptoms

In excluding a child with non-COVID-19 symptoms, staff must follow these steps:

- One staff will supervise the child in a designated room with a hand washing sink and/or hand sanitizer available.
- Notify the Primary Contact of the sick child for immediate pick up.
- Only one staff should be in the designated exclusion room and attempt physical distancing. Staff must wear a mask and gloves. Eye protection must be worn if physical distancing of two (2) metres cannot be maintained and there is anticipation of contact with bodily fluids.
- Perform frequent hand hygiene and attempt to not touch their face with unwashed hands.
- Increase ventilation in the designated exclusion room if possible (e.g., open windows).
- Clean and disinfect the area immediately after the child has been sent home.
- While cleaning and disinfecting, wear PPE (mask and gloves) in accordance with the *Health and Safety, PPE Policy 7.2.30*.

Immediate Cleaning and Disinfecting

Immediately after the child has been picked up, staff must clean and disinfect the isolation area in accordance with *Infection Prevention and Control (Sanitary Practices) 7.2.21*.

All items used by the sick person should be cleaned and disinfected. All items that cannot be cleaned (e.g. paper, books, cardboard puzzles) should be removed and stored in a sealed container for a minimum of seven (7) days).

Cohort Exposure (Close Contacts)

Continued Cohorting

Staff and children who were exposed to an individual who became ill with symptoms (i.e. **suspected** COVID-19 case) must continue to be grouped together (i.e. cohorted) and monitored for signs and symptoms of illness.

Communication re Suspected Covid-19 Cases

If COVID-19 is **suspected**, the Supervisors must inform:

- The Primary Contacts of children who were exposed to the ill child, and advise that they should monitor their child for symptoms, using the appropriate LEF COVID-19 communications document, and avoid being in contact with vulnerable person or settings where there are vulnerable persons.
- The staff who were exposed to the ill child, and advise that they:
 - Should monitor their symptoms, using the appropriate LEF COVID-19 communications document.
 - Must not work in other child care settings.
 - Must avoid being in contact with vulnerable person or settings where there are vulnerable persons.

Communication re Confirmed Covid-19 Cases

Toronto Public Health will provide further advice about information that should be shared with other staff and Primary Contacts in the event there is a case or outbreak of COVID-19 in the Child Care Centre.

Please refer to *Management and Reporting of Communicable Diseases 7.2.55-C19* on the steps to take with respect to staff, families, the Cohort and the community.

Return to the Child Care Centre

- Those who test **negative** for COVID-19 must be excluded for 24 hours after symptom resolution.
- Those who test **positive** for COVID-19 or is considered a probable case must be excluded from the Child Care Centre for 14 days after the onset of symptoms and clearance has been received from Toronto Public Health.

Clearance tests are not required for children to return to the Child Care Centre.

Review and Signature

Exclusion of Sick Children Policy 7.2.54-C19 must be reviewed and signed at least annually by all C&F Employees.

| 7.2.54-C19: Exclusion of Sick Children | |
|---|----------|
| Effective Date: July 2, 2020 | Revised: |
| Prepared and Approved by Executive Director | |

7.2.55-C19: Management & Reporting of Communicable Diseases

Purpose of Policy

The purpose of this Policy 7.2.55-C19 is to ensure all staff members are aware of and adhere to the directives established by Toronto Public Health regarding the identification, management and reporting of communicable diseases, including COVID-19 (i.e. diseases of public health significance) as well as their responsibilities under the *Health Protection and Promotion Act*.

Specifically, the purpose is to take all reasonable precautions in the protection of the staff, child and families when there is a positive or suspected COVID-19 case or a case of communicable disease in a Child Care Centre. For a list of communicable diseases, please refer to Appendix A.

LEF's Child Care Centres will follow the guidelines and direction provided by Toronto Public Health.

This Policy 7.2.55-C19 must be read together with *Excluding Sick Children 7.2.54-C19* and *Children's Sick Day 7.2.08-C19*.

Surveillance for Signs and Symptoms of Infections

Ensuring that all environmental conditions are constantly monitored is essential in prevention and reducing illness.

Surveillance includes doing the following:

- Screen children, staff and all essential visitors for illness upon arrival by following *Health Screening 7.2.59-C19*.
- Record symptoms of illness for each child, staff and essential visitor including signs or complaints the child may describe (e.g., sore throat, stomach ache, head ache etc.), including the date and time that the symptoms occur.
- Record the room the child attends (e.g., room number/description).
- Record attendances (arrival and departure) and absences of each child, staff and essential visitor, using the *Main Attendance Form*.

The Supervisor must monitor these records for an increase from baseline illness, i.e. an increase in above normal amount of illnesses among other employees and children by looking at the normal occurrence of illness at that location and during the specific time period. Baseline incidence is the normal level of illness in a given place or time.

Reporting and Communication of Suspected COVID-19 Cases

Supervisor's Responsibilities

If a child or staff has been excluded due to symptoms related to COVID-19 (a suspected COVID-19 case), the Supervisor will report as follows.

Toronto Public Health

For requirements on immediate reporting to Toronto Public Health, please refer to *Exclusion of Sick Children 7.2.54-C19*.

LEF Management

The Supervisor must Immediately inform the following:

- Their Senior Manager.
- Human Resources Department.
- LEF's Joint Health and Safety Committee, using the Health and Safety Health and Safety *Accident, Incident, Injury Investigation Report Form 6.2.20-1*.

Ministry of Education – Serious Occurrence

In consultation with their Senior Manager, the Supervisor must ensure a Serious Occurrence in the Ministry of Education's CCLS portal is completed as set out in *Exclusion of Sick Children 7.2.54-C19*. Please refer to *Serious Occurrence Policy 7.2.25*.

Senior Manager's Responsibilities

The Senior Manager will Inform LEF's management.

Cohort Exposure (Close Contacts)

Continued Cohorting

Staff and children who were exposed to an individual who became ill with symptoms (i.e. **suspected** COVID-19 case) must continue to be grouped together (i.e. cohorted) and monitored for signs and symptoms of illness.

Communication

For requirements for communication to Cohorts in case of suspected or confirmed COVID-19, please refer to the appropriate section in *Exclusion of Sick Children 7.2.54*.

Reporting and Communication of Positive COVID-19 Cases

Supervisor's Responsibilities

In all cases of a positive COVID-19 case, once a positive test result has been received, the Supervisor will report as follows:

Toronto Public Health

For requirements on immediate reporting to Toronto Public Health, please refer to *Exclusion of Sick Children 7.2.54-C19*.

LEF Management

The Supervisor must Immediately inform the following:

- Their Senior Manager.
- Human Resources Department.

- LEF's Joint Health and Safety Committee, using the *Health and Safety Accident, Incident, Injury Investigation Report Form 6.2.20-1*.

Cohort and Community

The Supervisor will:

- Consult with their Senior Manager on key messages.
- Send out any communication provided Toronto Public Health to following groups:
 - Families of children who are direct contacts with a confirmed COVID-19 case.
 - LEF staff who are direct contacts with a confirmed COVID-19 case.
 - All other families and staff who are not direct contracts with a confirmed COVID-19 case and are not being excluded from the Child Care Centre.

Ministry of Education – Serious Occurrence

In consultation with their Senior Manager, the Supervisor must ensure a Serious Occurrence in the Ministry of Education's CCLS portal is completed as set out in *Exclusion of Sick Children 7.2.54-C19*. Please refer to *Serious Occurrence Policy 7.2.25*.

Senior Manager's Responsibilities

The Senior Manager will Inform LEF's management.

HR Department

The Human Resources Department will:

- Ensure incident occurrence(s) is completed using the *Health and Safety, Accident, Incident, Injury Report Form 6.2.20-1* and WSIB reporting is completed with input from the Supervisor and Senior Manager.
- Notify the Ministry of Labour, Training and Skills Development within four (4) days of the occurrence, if a C&F Employee has an occupational illness due to an exposure at the workplace or that a claim has been filed with the Workplace Safety and Insurance Board (WSIB).

If A Staff Member Tests Positive for COVID-19

C&F Employee's Responsibilities

A C&F Employee who tests positive for COVID-19 must:

- Self-isolate immediately and monitor symptoms for the next 14 days.
- Inform their Supervisor immediately.
- Cooperate with LEF management and Toronto Public Health to identify close contacts and follow the direction from Toronto Public Health and their Supervisor.

Exclusion of Staff and Children in the Same Room (Close Contacts)

All C&F Employees and children who are in the same room as the staff member who has tested positive:

- Will be excluded from the Child Care Centre for 14 days, unless indicated otherwise by Toronto Public Health.
- Must self-isolate at home and monitor for symptoms for the next 14 days.
- Should get tested as soon as any symptoms develop.
- If asymptomatic, 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.
- To determine when the staff member can return to work, please refer to *Exclusion of Sick Children Policies 7.2.54*.

If A Child Tests Positive for COVID-19

Primary Contact's Responsibilities

In the event a child tests positive for COVID-19:

- The Primary Contact must inform the Supervisor immediately.
- The child will be managed by Toronto Public Health in regard to COVID-19.

Exclusion of Staff and Children in the Same Room (Close Contact)

All staff and children who are cohorted in the same room as the child who tested positive:

- Will be excluded from the Child Care Centre for 14 days, unless indicated otherwise by Toronto Public Health.
- Must self-isolate at home and monitor for symptoms for the next 14 days.
- Should get tested as soon as any symptoms develop.
- If asymptomatic, are 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.
- To determine when the child can return to work, please refer to *Exclusion of Sick Children Policies 7.2.54*.

If A Household/Close Contact of a Child or Staff Tests Positive for COVID-19

Responsibilities

In the event that a family/household member or close contact of a child or staff tests positive for COVID -19:

- The C&F Employee or the Primary Contact must inform the Supervisor *immediately*.
- Toronto Public Health, Case and Contact team will be contacting the individual to assist with the isolation period for the family.
- The staff member or child will be required to isolate and will be excluded from the Child Care Centre for a minimum of 14 days to monitor for symptoms, unless indicated otherwise by Toronto Public Health.

Outbreaks of Other Communicable Diseases, Including Gastroenteritis

COVID-19 Protocols Take Precedence

This part of the policy only comes into effect if children or staff experiencing symptoms of COVID-19 test negative for COVID-19, as outline above.

The COVID-19 Policies must be used in addition to Toronto Public Health's *"Infection Prevention and Control in Child Care Centres Requirements and Best Practices"* (IPC-CCCRBP) document. In the event of any differences between LEF Policy 7-C19 and the IPC-CCCRBP, the IPC-CCCRBP will prevail.

Description of an Outbreak

An outbreak is when a greater than expected number of children and staff have a similar symptom of illness in a given period of time. For a list of communicable diseases, please refer to Appendix A.

Gastroenteritis Outbreak

Outbreaks of gastrointestinal illness in child care centres are most frequently caused by viruses such as noroviruses and rotaviruses. However, bacteria and other pathogens can also cause outbreaks.

A **case** of gastrointestinal illness can be defined as:

- Two (2) or more episodes of diarrhea within a 24hr period
- Two (2) or more episodes of vomiting within a 24hr period
- One (1) or more episodes of diarrhea and one or more episodes of vomiting within a 24hr period.

An **Outbreak** of gastroenteritis is defined as:

- Two or more people (child or staff) with the same symptoms in the same room within 48 hrs.

If there is a gastroenteritis outbreak this will be reported to the Medical Officer of Health

Outbreak Management

When suspecting an outbreak, C&F Employees should immediately:

1. Isolate all ill children until they can be taken home and send ill C&F Employees home.
A designated isolation space will be identified by the Supervisor for each Child Care Centre.
2. Notify Primary Contacts or emergency contacts to pick-up ill children as soon as possible. See *Exclusion of Sick Children Policy 7.2.54-C19* for full directions.
3. Start a line list provided by Toronto Public Health: record names, dates of birth, gender, all symptoms, the date and time children and staff became ill and their room number or type (e.g. infant or toddler room). Refer to *Day Nursery Enteric Outbreak Line List 7.2.55-1*.
4. Start additional control measures:
 - Secure adequate supplies for Hand Hygiene and for cleaning and disinfecting.
 - Increase cleaning and disinfection of washrooms and high traffic areas.

- Minimize staff and child movement between rooms as much as possible.
 - Suspend water and sensory play activities.
 - Reinforce with staff, children and visitors the importance of keeping hands clean.
5. Ill children and C&F Employees must stay at home until they are symptom-free of vomiting and diarrhea for 48hrs.
 6. Contact staff and the Primary Contacts of children that are away from the Child Care Centre (before the outbreak was declared) to inform them of the outbreak and to identify if they are cases (e.g. do they have similar signs and symptoms of those currently ill?). If so, they are to be added to the line list.
 7. Contact Toronto Public Health to report the Outbreak by calling the Communicable Diseases Surveillance Unit (CDSU) at 416-392-7411. For more information, please refer to Appendix A.
 8. Distribute Outbreak advisory letters as directed by Toronto Public Health.
 9. Post Outbreak notification once the Outbreak is confirmed by Toronto Public Health.
 10. Obtain permission from Primary Contacts to submit stool specimen samples to the Public Health Laboratory.

A medical doctor should examine any child, who has recovered from a contagious communicable disease, before the child returns to the Child Care Centre.

Declaring the Outbreak Over

Toronto Public Health will declare when an outbreak is over; generally five (5) days from the onset of the symptoms in the last case.

Record Keeping

Critical data and information (such as immunization records) will be kept in the child's file in the Supervisor's office.

Review and Signature

Management & Reporting of Communicable Diseases Policy 7.2.55-C19 must be reviewed and signed at least annually by all C&F Employees.

| 7.2.55-C19: Management & Reporting of Communicable Diseases | |
|--|----------|
| Effective Date: July 2, 2020 | Revised: |
| Prepared and Approved by Executive Director | |

COMMUNICABLE DISEASE REPORTING

CONTACT INFORMATION:

Toronto Public Health - Communicable Disease Surveillance Unit

277 Victoria Street, 10th Floor, Toronto, ON M5B 1W2

Phone: 416-392-7411 -- Fax: 416-392-0047

After hours: 3-1-1 or 416-392-CITY (2489) for callers from outside of Toronto

Timely reporting of communicable diseases is essential for their control.

If you suspect or have laboratory confirmation of any of the following specified diseases of public health significance or their etiologic agents (as per Ontario Reg 135/18 and amendments under the Health Protection and Promotion Act) please report them to the local Medical Officer of Health.

Diseases marked * should be reported **immediately** to the Medical Officer of Health by telephone (24 hours a day, 7 days a week) or fax (Mon-Fri, 8:30 am – 4:30 pm only). Other diseases can be reported the next working day by fax, phone, or mail.

| | | |
|--|--|---|
| Acquired Immunodeficiency Syndrome (AIDS) | Food poisoning, all causes | * Meningococcal disease, invasive |
| Acute Flaccid Paralysis | * Gastroenteritis, outbreaks in institutions and public hospitals | Mumps |
| Amebiasis | Giardiasis (symptomatic cases only) | Ophthalmia neonatorum |
| * Anthrax | Gonorrhea | Paralytic Shellfish Poisoning |
| Blastomycosis | * Group A Streptococcal disease, invasive | Paratyphoid Fever |
| * Botulism | Group B Streptococcal disease, neonatal | Pertussis (Whooping Cough) |
| * Brucellosis | * Haemophilus influenzae disease, all types, invasive | * Plague |
| Campylobacter enteritis | * Hantavirus Pulmonary Syndrome | Pneumococcal disease, invasive |
| Carbapenemase-producing Enterobacteriaceae (CPE) | * Hemorrhagic fevers, including: | * Poliomyelitis, acute |
| Chancroid | 1. *Ebola virus disease | Psittacosis/Oornithosis |
| Chickenpox (Varicella) | 2. *Marburg virus disease | * Q Fever |
| Chlamydia trachomatis infections | 3. *Other viral causes | * Rabies |
| * Cholera | * Hepatitis, viral | * Respiratory infection outbreaks in institutions and public hospitals |
| * Clostridium difficile associated disease (CDAD) outbreaks in public hospitals | 1. *Hepatitis A | * Rubella |
| * Coronavirus, novel including SARS, MERS and COVID-19 | 2. Hepatitis B | Rubella, congenital syndrome |
| * Creutzfeldt-Jakob Disease, all types | 3. Hepatitis C | Salmonellosis |
| Cryptosporidiosis | Influenza | * Shigellosis |
| Cyclosporiasis | * Lassa Fever | * Smallpox |
| * Diphtheria | Legionellosis | Syphilis |
| Echinococcus multilocularis infection | Leprosy | Tetanus |
| Encephalitis, including: | Listeriosis | Trichinosis |
| 1. Primary, viral | Lyme disease | Tuberculosis |
| 2. Post-infectious | * Measles | Tularemia |
| 3. Vaccine-related | * Meningitis, acute | Typhoid Fever |
| 4. Subacute sclerosing panencephalitis | 1. *Bacterial | * Verotoxin-producing E. coli infection, including Haemolytic Uraemic Syndrome (HUS) |
| 5. Unspecified | 2. Viral | West Nile Virus illness |
| | 3. Other | Yersiniosis |

7.2.01-C19: Administration of Medication

Purpose

The purpose of this *Administration of Medication Policy 7.2.01-C19* is to provide clear direction for C&F Employees to follow in administering drugs or medication to children at the Child Care Centre and for appropriate record-keeping.

This *7.2.01-C19 Policy* supports children's health, safety and well-being when administering medication by setting out measures to:

- Ensure children receive only those medications deemed necessary and appropriate by their Primary Contact.
- Reduce the potential for errors.
- Ensure medications do not spoil due to improper storage.
- Prevent accidental ingestion.
- Administer emergency allergy and asthma drugs and medications quickly when needed.
- Safely administer medications according to established routines and the COVID-19 specific health and safety requirements.

Definitions of Drugs and Medications

Where the term drugs and/or medications is used in this *7.2.01-C19 Policy*, the term refers to any product with a drug identification number (DIN), with the exception of sunscreen, lotion, lip balm, bug spray, hand sanitizer and diaper cream that is not used for acute, symptomatic treatment.

For the purpose of this Policy, drugs and medications fall into the following two categories, unless otherwise specified:

- Prescription, intended for acute, symptomatic treatment; and
- Over-the-counter, intended for acute, symptomatic treatment.

Any topical products or drugs/medication in the first aid kit will not be used on children to clean or treat wounds. Children's cuts and wounds will be disinfected in accordance with local public health recommendations.

Authorization by Primary Contact

Whenever possible, Primary Contacts are encouraged to administer drugs or medications to their children at home if this can be done without affecting the child's treatment schedule.

Prescription and over-the-counter medications will be administered only with written authorization by their Primary Contact, using *Permission to Administer Medication Form 7.4.07*, always accompanied by a doctor's note for over-the-counter medication. In addition to the Primary Contact's signature when the form is first filled out, Primary Contacts need to **initial for daily permission**.

Where a drug or medication is to be administered to a child on an “as needed” basis (i.e. there is no specific schedule or time of the day for administration), the drug or medication must be accompanied with a doctor’s note containing the same information as a pharmacy label and outline signs and symptoms for administering the drug or medication and the appropriate dosage. The reason for any administration will be documented in the appropriate staff communication book (e.g. daily written record) and in the *Symptom of Illness Form 7.2.42*. The Primary Contact will be notified.

The *Permission to Administer Medication Form 7.4.07* will be reviewed with Primary Contacts whenever there is a refill of a medication or a new medication is prescribed to ensure the dosage continues to be accurate (e.g. based on the child’s age or weight).

Any drugs or medications remaining after the treatment period will be returned to the Primary Contact, where possible, and this will be documented on the *Permission to Administer Medication Form 7.4.07*.

Where attempts have been made to return a drug or medication and the Primary Contact has not taken the medication home, the Supervisor will ensure that the efforts made to return the drug or medication have been documented in the appropriate staff communication book (e.g. daily written record), and the drug or medication will be returned to a pharmacist for proper disposal.

Drug and Medication Requirements

All drug or medication containers must be clearly labelled with:

- The child’s full name
- The name of the drug or medication
- The dosage of the drug or medication
- Instructions for storage
- Instructions for administration
- The date of purchase of the medication for prescription medications, and
- The expiry date of the medication, if applicable.

Drugs or medications that are expired (including epinephrine) will not be administered at any time.

Storage

All drugs and medications will be:

- Stored in accordance with the instructions for storage on the label
- Inaccessible at all times to children in a designated, locked storage space (e.g. in a refrigerator, cabinet, cupboard or drawer).

For storage of emergency medications, please see below.

Storage of Emergency Medications

Emergency medications will never be locked up and will be made easily accessible to all staff while being kept out of the reach of children, including during outdoor play periods and off-premises activities.

In case of an emergency, all staff will be made aware of the location of children's emergency medications at all times.

Children Administering Own Drugs and Medications

To ensure prompt administration, children of school age (6 to 12 years) who are developmentally responsible to administer their own medication will be permitted to carry their own asthma or emergency allergy medication as per discussion with the Supervisor and the Primary Contact. The Primary Contact will be required to submit to the Supervisor, a detailed written procedure for the administration of the medication.

Where a child has written permission to carry their emergency allergy or asthma medication, precautions will be taken to ensure that these medications are not accessible to other children (e.g., in cubbies or backpacks that are unattended).

Responsibility for Administration of Medication

The administration of medication to a child in LEF's care is the responsibility of the Supervisor.

Where the Supervisor is absent, they will delegate this responsibility to another individual. The name of the individual who has been delegated and the duration of the delegation will be documented in the appropriate staff communication book (e.g. daily written record).

The Supervisor must take all appropriate precautions when administering medication to a child, including wearing PPE in accordance with the *Health and Safety, PPE Policy 7.2.30*.

Procedures

The Supervisor will follow these steps when administering medication to children in the Child Care Centre.

Safety Check Steps

11. Medication is in the original, child resistant container.
12. Medication bottle clearly displays the child's name.
13. The date that the medication was prescribed is on the label. In the event that the medication is expired, the medication must **not** be administered. It will be returned to the Primary Contact.
14. The doctor's name appears on the prescription label.

Steps for Giving Medication

1. Wash hands by following the *Hand Hygiene Policy 7.2.56*
2. Ensure appropriate PPE is being worn at all times. Please refer to the *Health and Safety, PPE Policy 7.2.30*.
3. Remove the medication from the designated storage space.

4. Compare *Permission to Administer Medication Form 7.4.07* with the medication label and check for:

- ☐ Name of medication
- ☐ Amount of medication
- ☐ Time of administration
- ☐ Route of administration
- ☐ Type of dispenser.

4.1 Where information is missing on a medication label and/or the written authorization by the Primary Contact does not match the label on the labeled container, the Child Care Centre will not accept or administer the medication until the label and/or written authorization by the Primary Contact accurately contains all the required information.

4.2 Where medications are past their expiry date, they will be returned to the Primary Contact of the child. This will be documented on the *Permission to Administer Medication Form 7.4.07*

5. Bring the child and the medicine to an area away from other children and away from diapering or toileting areas.
6. Wash hands again by following handwashing hygiene as set out in *Hand Hygiene Policy 7.2.56*.
7. Check the “**5 Rights**”
 - a. Right child
 - b. Right medicine
 - c. Right time
 - d. Right amount
 - e. Right route (i.e. mouth, ear, eye, nose, etc.)
8. Give the medication to the child, using the right route, see section just below on *Right Route – Notes on Giving Medication*, while avoiding getting close to the face of the child when possible and safe to do so.
9. After administering the medication, remove PPE following proper procedures as per *Health and Safety, PPE Policy 7.2.30* and wash hands as per *Hand Hygiene 7.2.56*.
10. Return medication to the designated storage space and store medication in accordance with the instructions for storage on the label, and lock the storage space.
11. Complete staff section of *Permission to Administer Medication Form 7.4.07*, including whether the schedule was met, a dose was missed or late and the reasons why and the Primary Contact will be notified.
12. Observe the child for side effects of medication and document the observation on the child’s *Permission to Administer Medication Form 7.4.07*.
 - 12.1 Where adverse symptoms appear upon administration of medication, the Supervisor must immediately:
 - i. Administer first aid to the child, where appropriate;
 - ii. Contact emergency services (911), where appropriate; (continued on next page)

- iii. Send the medication and administration information with the child if they are leaving the premises to seek medical attention;
- iv. Notify the Primary Contact of the child;
- v. Notify the Supervisor or designate;
- vi. Document the incident in the appropriate staff communication book (e.g. daily written record); and
- vii. Document any symptoms of ill health in the child's records, where applicable.

Notes on Giving Medication

By Mouth

Liquid Medications

- Shake, if necessary.
- Use clean medication spoons, syringes, droppers, or medicine cups that have measurements on them provided by the Primary Contact. **(Do not use household teaspoon to measure).**
- Give the liquid slowly and wait for the child to swallow.

Capsules/pills medication

- Measure into a paper cup.
- Dispense as directed by the health care provider or Primary Contact.
- Break large pills into smaller pieces if there is a score line on the pill. Only smash pills if directions allow it. Some pills are to be chewed instead of swallowed whole.

By Ear

Ear Drops

- Pull ear toward the back of the head.
- Administer medication using appropriate dispenser.

By Eye

Eye Drops

- Gently pull out lower eyelid, and
- Apply drops in the 'cup' of the lower lid.

By Nose

Nose Drops

- Lay the child on his or her back.
- Ask the child to 'sniff' after nose drops have been administered.

Nose Sprays

- The child can stand or sit up when applying medication.
- Ask the child to ‘sniff’ after nose spray has been administered.

Confidentiality

Information about a child’s medical needs will be treated confidentially and every effort will be made to protect the privacy of the child, except when information must be disclosed for the purpose of implementing the procedures in this Policy and for legal reasons (e.g. to the Ministry of Education, College of Early Childhood Educators, law enforcement authorities or a Children’s Aid Society).

Staff’s Own Drugs and Medications

Drugs or medications purchased by staff for their own use will be kept inaccessible (e.g. stored in locker versus left in a purse in the classroom) to children and will not be administered to children at any time, except where written authorization by a Primary Contact to administer has been obtained (e.g. hand sanitizer).

Review and Signature

Administration of Medication Policy 7.2.01-1-C19 must be reviewed and signed at least annually by all C&F Employees.

| 7.2.01-1-C19: Administration of Medication | |
|---|----------|
| Effective Date: July 2, 2020 | Revised: |
| Prepared and Approved by Executive Director | |

PART II: POLICIES RELATED TO SAFE ARRIVAL AND DEPARTURE

7.2.59-C19: Health Screening

Purpose

In order to help reduce the risk of respiratory infections (including COVID-19), a health screening is an essential step.

This *Policy 7.2.59-C19* applies to all C&F employees, Primary Contacts, family members, community members and any other persons engaging in business with the Child Care Centres.

Everyone must be screened prior to entering the Child Care Centre.

Staff Self-Assessment at Home

For staff, an individual health assessment starts at home. Every C&F Employee must perform a screen on themselves prior to going to work. If a C&F Employee answers 'yes' to any of the questions in the Health Screening Checklist, they must not go to work and must contact their Supervisor.

Screening Set-Up

The Supervisor is responsible for ensuring the following:

- Complete the health screening training for appropriate staff. Health Screening Staff refer to the staff members identified to carry out health screening.
- Identify/set up the location and staffing of the screening table:
 - Place at front entrance, visually blocking entrance into the Child Care Centre (if possible)
 - Only ONE entrance/exit is to be used, to ensure that each person is screened
 - Maintain a minimum of 2 (two) metres distance between staff conducting screening and the person being screened
 - Provide visual guides to assist with physical distancing (e.g., pylons) in the event that a line-up forms while families and their children are waiting to be screened prior to entering into the Child Care Centre.
- Place front entrance signage identifying the screening process outside and directly inside Child Care Centre doors.
- Place hand sanitizer at the screening table. Ensure it is visible to staff/clients entering the building and they are asked to hand sanitize.
- Ensure all PPE and screening materials are accessible in the area.
- Ensure Health Screening Staff wear appropriate PPE at all times in accordance with the *Health and Safety, PPE Policy 7.2.30*, including: Gloves, Masks, Eye Protection and Gowns
- Ensure Toronto Public Health resources are available for anyone who does not pass the screening
- Ensure the health screening area is disinfected regularly throughout screening and the day

Health Screening Staff

Personal Protection for Health Screening Staff

Health Screening Staff must:

- Wear appropriate PPE at all times in accordance with the *Health and Safety, PPE Policy 7.2.30*.
- Take appropriate precautions when screening, including maintaining physical distancing of at least two (2) metres from others, and must:
 - Ensure that surgical masks are worn anytime they are working in the screening area.
 - Eye protection must be worn when it is anticipated that the screening could generate bodily fluids (e.g., child is upset and crying during screening)

Health Screening Staff's Responsibilities

Health Screening Staff are responsible for the following:

- Every staff, child and visitor must be screened prior to being admitted into the Child Care Centre.
- Staff must follow the Health Screening Checklist for each person and record the outcome (pass or fail).
- Health screening questions are for:
 - C&F Employees to answer on their own and household's behalf.
 - The Primary Contact to answer on their own, their child's and household's behalf.
- Only one Primary Contact is permitted into the screening area. Primary Contacts are not permitted past the designated health screening area to ensure physical distancing.
- Staff are not permitted past the health screening area until they have passed the screening and have been cleared to enter the Child Care Centre.
- Only the children and staff will have their temperature taken, not Primary Contacts as they are not permitted in the Child Care Centre.
- Primary Contacts are not permitted into the Child Care Centre.

Health Screening Steps

Health Screening Staff must take the following steps:

1. **Greet** everyone into the Child Care Centre with a friendly, calm manner. Request that only ONE Primary Contact enters the screening area with the child, and request they both use hand sanitizer. A suggested greeting:
 - "Good morning/afternoon. As you are aware COVID-19 continues to evolve, as a result we are conducting active screening for potential risks of COVID-19 for everyone who enters the location. The screening will ensure the safety and well-being of staff, children and families."

2. **Ask** the questions on the most recent Health Screening Checklist.
3. Complete **hand hygiene** and wear appropriate **PPE**.
4. **Take** temperature and record on the Health Screening Checklist.
 - "We are required to take your temperature. The thermometer has been disinfected, and gloves will be worn."
5. **Remove** gloves
6. **Complete** hand hygiene (hand washing or hand sanitizer).
7. **Disinfect** thermometer and wait appropriate contact time.

If No to All Questions

- If the individual answers NO to all questions, and does not have a fever (37.8 degrees C and above), they have passed the screening and can enter the Child Care Centre. Suggested response:
 - "Thank you for your patience. Your child is cleared to enter the child care centre"

If Yes to Any Screening Question / Refusal to Answer / Fever

- If the individual answers YES to any of the screening questions, refuses to answer, and/or has a fever (37.8 degrees Celsius and above), they have failed the screening and cannot enter the building. Suggested response:
 - "Thank you for your patience. Unfortunately based on these answers, I'm not able to let you enter the child care centre. You will not be able to come back to the Child Care Centre until 24 hours after symptom resolution. You may decide to go to a COVID-19 assessment centre for testing. You can also use the self-assessment tools on the Ministry of Health website or the Toronto Public Health website to determine if further care is required."
- If a staff member answers YES, advise the staff member that the Supervisor will be notified and that the Supervisor will follow up later in the day.
- Provide clients with a hand out of resources.
- Ensure that door handles, and any other surfaces the individual has touched are disinfected immediately. Personal protective equipment (PPE), a mask and gloves, must be worn for this, with hand hygiene performed before and after donning and doffing the gloves and mask. Please refer to *Hand Hygiene 7.2.56* and the *Health and Safety, PPE Policy 7.2.30*

Ongoing Monitoring Throughout the Day

Staff should continue to self-monitor themselves and monitor children in care throughout the shift. Any symptoms must immediately be reported to the Supervisor.

Review and Signature

Health Screening Policy 7.2.59-C19 must be reviewed and signed at least annually by all C&F Employees.

| 7.2.59-C19: Health Screening | |
|---|----------|
| Effective Date: July 2, 2020 | Revised: |
| Prepared and Approved by Executive Director | |

7.2.23-C19: Safe Arrival and Departure

Arrival at The Centre

Drop-off Steps for Primary Contacts

Primary Contacts must follow these steps when dropping off their child at the Child Care Centre:

- The child must be dropped off at the designated drop-off time and spot.
- As much as possible, Primary Contacts should not go past the screening area
- Personal belongings (e.g. backpacks, clothing) should be minimized. If brought, belongings should be labelled and kept in the child's cubby/designated area. Strollers will not be permitted inside the Child Care Centre.
- Primary Contacts must plan accordingly to ensure they arrive safely and on time.
- If a child has not arrived at the Child Care Centre by their designated drop-off time, LEF will not be able to provide care for the child on that day.
- If families arrive before the designated drop-off time, the Primary Contact must wait nearby and maintain a safe distance from others, ideally two (2) metres.
- If the child will not be attending, the Primary Contact must contact the Supervisor no later than 30 minutes before the designated drop-off time and inform staff of the reason for the absence.

Daily Sign-In Procedures

The following procedures must be carried out on a daily basis:

- It is the responsibility of the staff who greets children at the designated pick-up spot to sign children into the Child Care Centre.
- Attendance of each child in a Cohort must be verified by Educators throughout the day.

Daily Screening During Arrivals

- For protocols around health screening upon arrival at the Child Care Centre, please refer to *Health Screening 7.2.59*.

Departure from The Centre

Daily Sign-Out Procedures

The following procedures must be carried out on a daily basis:

- It is the responsibility of the staff who sends off children at the designated drop-off spot to sign children out of the Child Care Centre.

Authorized Pick Up Persons

Children will only be released to authorized pick-up persons during their designated pick-up time period.

To authorize a child's release to a person between 12-18 years of age, Primary Contacts are required to complete *Authority and Release for Child to Depart Form 7.4.02*.

In an effort to limit the number of people who have contact with the child, LEF does not support having persons from outside the household pick up children at this time. During the COVID-19 Pandemic, the preference is for Primary Contacts to do the pick-up. Primary Contacts are required to fill out *Permission to Pick Up My Child Form 7.4.08*.

Primary Contact Unable to Pick Up

If a Primary Contact or someone from the household is unable to pick up their child during the pick-up time period, it is the Primary Contact's responsibility to contact the Supervisor to determine appropriate alternate arrangements. Such alternate arrangements will be made only in limited circumstances and on a case-by-case basis, according to individual circumstances and at the discretion of the Supervisor.

No Show

If a Primary Contact does not show up to pick up their child, the C&F Employee will take the following steps:

1. Contact the Primary Contact.
2. If unable to reach the Primary Contact, contact the emergency contact phone numbers. Educators should also contact the Supervisor and/or Senior Manager.
3. If unable to reach any of the emergency contacts, follow through with the *Emergency Child Care Policy 7.2.53*, which states that after 7:00 p.m. they are to call the Toronto Children's Aid Society or the Catholic Children's Aid Society of Toronto.
4. If no next of kin or guardian is available to care for a child, either temporarily or permanently, because the next of kin or guardian is ill, in hospital, or has died, follow through with the *Emergency Child Care Policy 7.2.53*, which states that after 7:00 p.m. they are to call the Toronto Children's Aid Society or the Catholic Children's Aid Society of Toronto.

Impaired Pick Up Person

Staff Responsibilities:

A staff member, who has reason to believe the person arriving to pick up a child is impaired, should:

- Request that a cab be called, if the adult is driving.
- In extreme cases, where educators doubt the safety of the child in the care of the adult due to impairment, we have been advised that if the adult is authorized to pick up the child, the child must be released. However, staff must immediately call the police and indicate their concern.
- Educators taking either of the above steps should immediately notify their Supervisor or Senior Manager.

Responsibilities of Supervisor/Senior Manager:

The Supervisor or Senior Manager will, no later next business day, approach the Primary Contact to communicate the seriousness of the incident and indicate that the re-occurrence of this problem will result in a request to withdraw their child from the program.

End of Day Procedures

Before leaving the Child Care Centre at the end of the day, the designated C&F Employee must:

- Review the attendance records to ensure everyone has been signed out.
- Do a thorough check of the Centre to make sure all children have indeed gone home and there is no one left other than the closing team member.

Caretakers and cleaning companies are required to follow the cleaning regiment set out for the Child Care Centre.

Review and Signature

Safe Arrival and Departure Policy 7.2.23-C19 must be reviewed and signed at least annually by all C&F Employees.

| 7.2.23-C19: Safe Arrival and Departure | |
|---|----------|
| Effective Date: July 2, 2020 | Revised: |
| Prepared and Approved by Executive Director | |

PART III: INDOOR AND OUTDOOR SAFETY

7.2.21-C19: Infection Prevention and Control (Sanitary Practices)

Purpose

Physical distancing along with cleaning and disinfecting are important steps in the prevention of infections, including COVID-19.

To avoid the spread of micro-organisms in the Child Care Centre, LEF has in place comprehensive measures for cleaning and disinfecting.

Indoor Physical Distancing

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

Distancing Within Cohort

Physical distancing is encouraged, where possible, between children within the same Cohort and between staff and children in the Cohort.

Physical distancing must never compromise supervision or a child's safety.

Arranging the Space

In the Child Care Centre, staff will endeavour to increase space between seating and play areas so that children and staff can maintain a distance of two metres/six feet apart. This may include:

- Removing extra chairs, tables and furniture to increase space in the area to allow children to spread out.
- Placing tape, signs or other visual markers on floors, tables, seats and other play areas to help both child care staff and children visually maintain physical distancing.

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

Arranging Sleep Equipment

Whenever possible, LEF will endeavor to increase the distance between cribs, cots/resting mats/playpens ("Sleep Equipment) or place the children head to toe or toe to toe if the space is limited. Every other Sleep Equipment could be removed or if only every alternate Sleep Equipment is to be used, the ones not to be used could be marked accordingly.

Planning Activities

Recognizing that physical distancing is difficult with small children and infants, Educators are encouraged to take the following into consideration when planning activities:

- Spreading children out into different areas, particularly at meal and dressing time.
- Planning activities that encourage individual play and increasing space between children.
- Using visual cues to promote physical distancing.

- Encourage children to greet each other using non-physical gestures (e.g. wave or nod or a verbal “Hello”) and to avoid close greetings (e.g. hugs, handshakes).
- Regularly remind children to keep “hands to yourself”.
- Avoid activities that involve shared objects or toys.
- Reinforce no sharing policies and procedures. This includes the current practice of not sharing food, water bottles, share food, feeding utensils, soothers, bottles, sippy cups, or other personal items. Label these items with the child’s name to discourage accidental sharing.
- Limit the number and types of personal items that can be brought into the Child Care Centre.
- Provide individual cubbies or bins for each child’s belongings.
- Personal items must be clearly labelled with the child’s name to prevent accidental sharing.
- Avoid activities involving singing, shouting, or speaking loudly indoors.
- When possible, moving activities outside to allow for more space.

Distancing While Interacting with Infants/Toddlers

Educators are encouraged to:

- To supervise and hold bottles for infants not yet able to hold their own bottle to reduce the risk of choking, even if this makes distancing impossible.
- When holding infants and toddlers use blankets or cloths over clothing and change the blankets or cloths between children.
- Mouthed toys must be removed immediately for cleaning and disinfecting and must not be shared with other children.

Indoor Distancing Between Cohorts

Shared indoor space will only be used by one Cohort at a time. Educators are responsible for following the protocols laid out in this *Policy 7.2.21-C19* when cleaning and disinfecting.

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

Cleaning and Disinfecting

Cleaning

Cleaning refers to the physical removal of foreign material (i.e. dust, soil) and organic material (i.e. blood, secretions, micro-organisms). Cleaning removes, rather than kills micro-organisms.

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.

Cleaning must happen in a progression from low-touch to high-touch surfaces and from top to bottom.

The appropriate PPE must be worn while cleaning. Please refer to the *Health and Safety, PPE Policy 7.2.30*

Procedures for Cleaning:

- Use detergent and warm water to clean visibly soiled surfaces
- If required, rinse the surface with clean water (warm to tepid temperature preferred) to ensure detergent is removed
- Let the surface dry

Disinfectants

A disinfectant is a chemical solution used in the disinfecting process that kills most micro-organisms that can cause disease.

Disinfectants Approved for Covid-19 Pandemic

Accelerated Hydrogen Peroxide (AHP) has been approved by Toronto Public Health for use in our Child Care Centres as a disinfectant during the COVID-19 Pandemic. During this time chlorine bleach will not be used in any Child Care Centre.

The AHP disinfecting products to be used in the Child Care Centres are:

- Oxivir Five 16 Concentrate,
- Oxivir TB Ready-to-Use (RTU) Spray or Wipes, or
- Optim 33TB RTU Spray or Wipes.

All are considered high-level disinfectants which is defined as the complete elimination of all micro-organisms in or on a surface.

Disinfectant wipes have combined cleaners and disinfectants in one solution. They must be discarded if they become dry. Wipes are not recommended on heavily soiled surfaces.

Disinfectants for High Touch Surfaces, Large Structures and Equipment

For general disinfecting of high touch surfaces, large structures and equipment that cannot be immersed in a disinfectant solution, staff must use Oxivir TB RTU or Optim TB RTU, which comes ready to use in spray bottles or wipes. The contact time for disinfecting is 1 minute.

Note: Most areas are best cleaned with Oxivir TB or Optim 33TB RTU and do not require a final rinse if children do not come into contact with them.

Disinfectants for Toys

For all other toy cleaning and disinfecting, staff must use Oxivir Five 16 Concentrate, which has to be mixed and tested before use in accordance with the manufacturer's instructions. The contact time is 5 minutes.

Any items children may come into contact with, requires a final rinse in water after the required contact time is observed.

Disinfecting Procedures When Using Oxivir TB Ready-To-Use (RTU) Or Optim 33TB RTU Spray & Wipes

- Put on PPE: rubber or heavy-duty nitrile gloves and mask, if the employee has scent sensitivities. Please refer to the *Health and Safety, PPE Policy 7.2.30*.
- Spray or wipe on Oxivir TB RTU or Optim 33TB RTU -1 Minute solution and leave on the surface for the appropriate disinfecting contact time (1 minute). Ensure the spray setting is on stream and not mist
- Once the 1-minute disinfecting contact time has elapsed, the surface has now been disinfected
- Any surface children may come in contact with requires a final rinse with a single-use paper towel (i.e. lunch tables, high chair tray, floor, toy shelves)
- If the surface continues to be wet, you may wipe it dry with a single-use paper towel.

Requirements for Cleaning Products and Disinfectants

All disinfectants and cleaning products must:

- Be labelled.
- Be stored in in a locked cupboard inaccessible to children.
- Have and Drug Identification Number (DIN) and Safety Data Sheets (SDS) up to date (within three years), stored in the WHMIS (blue) binder.
- Have a pre-determined shelf-life.
- Have a recommended and short contact time.
- Have an efficacy statement that indicates the effectiveness of a disinfectant against different types of micro-organisms and may describe a disinfectant as being bactericidal, fungicidal, virucidal or sporicidal.
- Must not contain phenols because they can cause Hyperbilirubinemia (jaundice) if not rinsed properly.

Surfaces should be cleaned and disinfected more frequently during outbreaks of communicable diseases, including when a COVID-19 case has been confirmed

Stocking of Supplies

The Supervisor will monitor the cleaning and disinfecting supplies regularly to ensure the Child Care Centre is well stocked, including soap, paper towels, and disinfectants.

Staff Responsibilities

All C&E Employees share in the responsibilities for environmental cleaning and disinfecting of the Child Care Centre.

Staff must:

- Be able to provide a description of the products used, what the contact times are, how it is dispensed and proper usage.
- Check expiry dates of cleaning and disinfectant products prior to use.

- Wear the required PPE. Please refer to the *Health and Safety, PPE Policy 7.2.30*

Personal Belongings

Upon entry to the Child Care Centre, any hard surfaces of personal belongings must be cleaned and disinfected:

- for staff: water bottles, travel mugs, cell phones, lunch containers, etc.
- for children: water bottles, containers, etc.

Upon arrival to the Child Care Centre, diaper cream/lotion container must be disinfected with a disinfecting wipe.

Pacifiers

Pacifiers must:

- Be cleaned with soap and water only upon entry to the Child Care Centre.
- Be individually labelled and stored separately (not touching each other),
- Not be shared among children.

Toys

Use of Toys

Educators are encouraged to:

- Provide toys which are made of materials that can be cleaned and disinfected (e.g., avoid plush and stuffed toys).
- Have designated toys and equipment (e.g., balls, loose equipment) for each Cohort. Introducing an identification system to prevent the sharing of items between Cohorts (e.g. colour coding) could be considered.

Frequency of Toy Cleaning and Disinfecting

- Toys that are mouthed or that are otherwise contaminated by body secretions must be separated, cleaned with water and detergent and then disinfected immediately after the child is finished mouthing it, and before handling by another child.
- All toys must be cleaned and disinfected after each use and at least once daily.
- All toys must be cleaned and disinfected before use by another Cohort.

Procedures for Toy Safety, Cleaning and Disinfecting

- Toys are inspected for damage, cracked or broken parts, as they may compromise cleaning.
- Any toy that is found to be damaged, cracked or broken should be discarded.
- Toys are cleaned and disinfected using the following method:

- Toys must be washed and rinsed according to the manufacturer's instructions (e.g., in hot, soapy water) prior to disinfection.
- If possible, toys will be cleaned and disinfected using the three-compartment sink method. The two-compartment sink method is acceptable if for washing and rinsing is done in the first sink. If no sink is available, the three-bin method will be used.
- Alternatively, toys can be cleaned and disinfected using a commercial dishwasher provided the rinse cycle reaches a minimum of 82 degrees Celsius. The kitchen dishwasher can only be used if it is not being used for other purposes (i.e. washing dishes, food preparation).
- Disinfectant wipes may be used to disinfect equipment and play structures that are too large for a sink or a dishwasher.
- When using disinfectant, staff will follow manufacturer's recommendations regarding dilution and contact times.
- Toys must be dried in a designated area that is separate from bathrooms, change tables and protected from sources of contamination.
- Once toys are cleaned and disinfected, staff will initial in the appropriate space on the corresponding cleaning schedules: 7.2.21–9 to 12.

Sensory Play Material

Individual Spaces

Items will be used the program that will encourage sensory exploration. During the COVID-19 Pandemic, Child Care Centres, sensory activities will be set up for children to have their own *individual* spaces. These can be set up on the same table, allowing children to interact with each other.

Procedures for Safe Play with Sensory Material

In an effort to reduce the risk of disease transmission to children when playing with sensory materials:

- Children will practice hand hygiene before *and* after sensory play.
- Materials will be in good repair, inspected regularly and discarded if necessary.
- Materials will be free of visible contamination and cleaned according to the following cleaning schedule.

Educators will provide individualized bins or packs for art material and supplies for each child. These must be labelled to prevent sharing.

Sensory play materials that cannot be readily disinfected must be discarded after use.

Water Table and Sensory Bins

- Toys used for water play must not be able to retain moisture
- Toys used for water play will be cleaned and disinfected daily.

- Individual sensory bins and tubs that contain dry material will be cleaned and disinfected when they are emptied and replenished and after use by a child.
- Individual water tables will be drained, cleaned and disinfected after each use and after use by a child.

Diapering

LEF follows the guidance from Toronto Public Health in regards to diapering and toileting procedures. Please refer to *Infection Prevention and Control in Child Care Centres*.

Diapering surfaces **must** be disinfected after each use (even if a paper liner is used).

For creams and lotions during diapering, staff should never put hands directly into lotion or cream bottles, but use a tissue or single-use gloves.

Educators will wear PPE while performing diaper changes. Please refer to the *Health and Safety, PPE Policy 7.2.30*.

Sleep Equipment

- Cots and cribs must be:
 - Labelled and assigned to a single child.
 - Cleaned and disinfected before being assigned to another child or when soiled.
 - Crib mattresses must be cleaned and disinfected when soiled or wet and before being assigned to a child
- High touch surfaces on cots and cribs must be disinfected at least twice per day and as often as necessary.
- Cots must be stored in a manner which there is no contact with the sleeping surface of another cot.
- Sleeping mats are stored so contact with the sleeping surface of another mat does not occur.
 - Bedding (sheets and blankets) is assigned to each child and laundered daily on a “hot” setting, and when soiled or wet.

Clothing and Linens

- Gloves must be worn when handling dirty or soiled clothing and linens. Hand hygiene protocol will be followed at all times including washing hands before and after handling both dirty and clean items. See *Hand Hygiene Policy 7.2.56*.
- Laundry done off-site will be placed in plastic bags and picked up on a bi-weekly basis or as necessary. Refer to *Laundry Policy and Procedure 7.2.21-14*.
- A child’s dirty or soiled items will be placed in plastic bags and the Primary Contact will be responsible for the laundering of those items.
- For items that will not tolerate soaking, they should be disinfected using a cloth applied with disinfectant, allowing adequate contact time with the disinfectant.

- For cleaning blood or body fluids, refer to Toronto Public Health’s “Blood and Body Fluids” information sheet.

Sofas and Upholstered Furnishings

Sofas and other upholstered furnishings will be covered to protect them from spills. These covers will be washed on a monthly basis.

Surfaces

High-touch Surfaces

High-touch surfaces are those that have frequent contact with hands.

Examples include door knobs, light switches, computer keyboards, shelving, containers, hand rails, , pencil sharpeners, sinks, faucet handles, toilets, toilet flush handles, water fountain knobs, etc. as well as high-touch surfaces on cribs and cots, play kitchens and gross motor mats.

These surfaces should be cleaned and disinfected at least twice per day and as often as necessary (e.g., when visibly dirty or contaminated with body fluids).

Other Shared High-touch Items

Other shared items, like phones, IPADs, IPODs, attendance binders etc., must be disinfected between users.

Low-touch Surfaces

Low-touch surfaces are those that have minimal contact with hands. Examples include walls and window sills, doors and sides of furnishings.

Low-touch surfaces require cleaning and disinfecting on a daily basis and when soiling or spills occur.

Specific Surfaces

- **Tables and countertops** used for food preparation and food service are cleaned and disinfected before and after use and before and after eating.
- **Floors** must be cleaned and disinfected as required, i.e., when spills occur, and throughout the day when rooms are available, i.e., during outdoor play.
- **Spills** must be cleaned and disinfected immediately.
- **Installed carpets** are:
 - Cleaned promptly if spills occur If a spill of blood/bodily fluid occurs on a carpet, follow the steps below along with professional steam/wet cleaning of the carpet.
 - Vacuumed as necessary.
 - Shampooed/steam cleaned according to the following schedule (and as needed):
 - Infants – every 3 months

- Toddler – every 6 months
- Preschool and School age – every 6 months.

Note: all mats and area rugs must be removed during the COVID-19 Pandemic.

- **Handwash sinks** in staff and children washroom areas must 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).

In Case of Blood/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/humans can be contaminated
2. Gather all supplies, perform hand hygiene, then put on single-use nitrile gloves
3. Scoop up the fluid with disposable paper towels (check the surrounding area for splash/splatter) and dispose of 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.
7. Spray Oxivir TB Ready-to-Use Disinfectant or Optim 33TB RTU in and around the spill area and allow the appropriate **1-minute** disinfecting contact time.
8. A final rinse is required if children come into contact with the area.
9. Remove gloves as directed and discard them immediately.
10. Perform hand hygiene as set out in *Hand Hygiene Policy 7.2.56*.

If the spill includes **broken glass**, ensure a brush and dustpan is used to pick it up and discard. Disinfect the brush and dustpan after use. NEVER use hands to clean up the glass.

If the spill occurs on a **carpet**, follow the above steps along with professional steam/wet cleaning the carpet.

Refer to the 'Blood and Bodily Fluid Spills' poster for further guidance.

Choice of Materials

The ease of cleaning is an important consideration in the choice of materials used in the Centres. It is important to choose finishes, furnishings and equipment that are easily cleaned.

Cleaning Schedules

Educators must maintain logs to track cleaning and disinfecting activities for each room/area, individual/play items and sleeping equipment, using the *forms 7.2.21-8-C19, 7.2.21-9 to 7.2.12 and Carpet Cleaning Schedule 7.2.21-7*.

Food Storage and Preparation

Purpose

This section sets out the correct procedures for food storage, preparation and service which contribute to the retention of maximum nutritive value and prevention of illness.

Special Dietary or Feeding Arrangements

Infants or children with special dietary or feeding arrangements must be fed following the written instructions of the Primary Contact. Refer to *Infant Feeding Plan 7.4.27* and *Permission to Serve New Foods for Infants 7.4.27-1*

Food and Drink

- All food or drink must be stored and served to retain maximum nutritive value and prevent contamination.
- 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 must be put in place).
- Child Care Centres must provide a prepared lunch for every child one year or older who is present at mealtime, unless otherwise approved by a ministry director in the case of kindergarten groups or older.

Children receiving care for six hours or more, must be given two snacks in addition to any meals.

All meals, snacks, and beverages provided must meet requirements set out in Health Canada documents “Eating Well with Canada’s Food Guide”, “Eating Well with Canada’s Food Guide – First Nations, Inuit, and Metis” or “Nutrition for Healthy Term Infants” where applicable.

- Drinking water must be available at all times.
- Children should neither prepare nor provide food that will be shared with others.
- Where possible, children should practice physical distancing while eating

Menus

Planned menus must be posted in a place that is visible to Primary Contacts for the current and following week. Any substitutions must be noted on the posted menus. Refer to *Catering Report 7.2.31*, *Weekly Menu – Child Care Centres 7.2.31-1*, *Weekly Menu – Before & After Care/Extended Day Programs 7.2.31-3*, and *Record of Menu Changes 7.2.31-4*

Menus must be kept for 30 days after the last day they apply to.

Allergies and Restrictions

A list of all children enrolled who have allergies and restrictions and what those are must be posted in the cooking and serving areas, in each play area or playroom and in any other area children may be.

Food Safety

Child Care Centres will comply with Toronto Public Health’s direction for safe food storage, preparation and service procedures, including correct temperatures for fridge and freezer, location of

food within the fridge and sanitation/dish washing procedures.

C&F Employees must follow proper hand hygiene when preparing food and for all individuals before and after eating. Refer to *Hand Hygiene 7.2.56*.

Staff will keep the following records:

- *Record of Dishwasher – Wash/Rinse 7.2.21-1*
- *Record of Food Temperature 7.2.21-2*. This record must be posted on the Parent Information Board.
- *Record of Fridge/Freezer Temperature 7.2.21-3*
- *Record of Fridge/Freezer Temperature B&A Care Program 7.2.21-4*
- *Kitchen Cleaning Schedule 7.2.21-8-C19*

Every Child Care Centre will have at least one C&F Employees who with food handler's certification.

Food Provision

During the Covid-19 Period, Child Care Centres will change meal practices to ensure there is no self-serve or sharing of food at meal times.

- Serving utensils should be used to serve food.
- There should be no sharing of cutlery. Disposable cutlery and pre-packaged food may be used, if staffing levels are low.
- Meals should be served in individual portions to the children.
- There should be no items shared (e.g. serving spoon, salt shaker, condiments).

Transportation of Food

LEF relies on a third party to deliver the food made in its commercial kitchen at 116 Industry Street, Toronto, to the Child Care Centres locations.

Third Party's Responsibilities

LEF expects the delivery agency to comply with the Canadian Institute for Food Safety's *Guidelines for Food Deliveries During COVID-19*. It can be found at <https://www.foodsafety.ca/blog/guidelines-food-deliveries-during-covid-19>.

The third-party delivery agency will be asked to confirm their compliance with these Guidelines prior to resuming food deliveries.

LEF's Responsibilities

Staff receiving the food delivery will follow the *Guidelines for Food Deliveries During COVID-19* set out above, including disinfecting and cleaning all containers used to transport food.

Expressed Breast Milk

Children attending Child Care Centres may be fed expressed breast milk. Safe handling, thawing, storage and administration policies will be as follows, to ensure quality of expressed breast milk and minimize the risk of infection to children and Educators:

- Frozen expressed breast milk must be thawed in a refrigerator and used within 24hrs. A microwave will not be used.
- Refrigerated expressed breast milk will be kept at a temperature of 4C or colder, until used.
- Bottles and containers will be properly labeled with: Date, name of child and name of mother.
- Clean hand before and after handling expressed breast milk.
- Wear gloves while handling expressed breast milk, e.g. when dispensing into a cup or from a container.
- Children will be supervised while drinking expressed breast milk to prevent unintended consumption by other children.
- Contact Toronto Public Health if another child consumes expressed breast milk intended for someone else.
- Discard any left-over expressed breast milk not consumed by the child.

Pest Control

- Child Care Centres within the TDSB/TCDSB sites will follow the guidelines from the respective Board with respect to pest control. The Supervisor will report any instances of pests to caretakers and/or school principals.
- At Donald C. MacDonald Child Care Centre, the LEF maintenance department is responsible for regular preventive practices with a third-party company. The Supervisor will assist with monitoring and record instances of pests in the appropriate log book.
- At Silverthorn Child Care Centre, the City of Toronto is responsible for pest control. The Supervisor will report any instances to the Building Manager and record instances of pests in the appropriate logbook.

Visiting Animals

Visiting animals will not be allowed at any of our Child Care Centres.

With respect to service animals entering Child Care Centres, refer to LEF's *Accessibility Standards for Customer Service Policy 2.13*.

Posting of Information

Mandatory Postings

The Supervisor is responsible for ensuring the posters and material mandated by Toronto Public Health Child Care Centres are posted in the required locations in the Child Care Centre:

Posters for the COVID-19 Screening Area

| COVID-19 Posters | Where to Post |
|--|--|
| <ul style="list-style-type: none"> Physical Distancing Protect Yourself Information about COVID-19 Wash Your Hands Cover Your Cough Poster for Entrances | <p>At designated screening station.</p> <p>For posters, refer to https://www.toronto.ca/wp-content/uploads/2020/03/97a9-COVID-19-CoverYourCough.pdf</p> |

Posters and Information for the Child Care Centre

| Posters | Where to Post |
|---|---|
| Blood and Bodily Fluid Spills (TPH) | One poster in a visible location |
| Communicable Diseases Reporting Contact Information (TPH) | By the telephone and all entrances to the Centre |
| Cover Your Cough (TPH) | In each classroom |
| Diaper Routine (TPH) | At diaper change area |
| Emergency Telephone Numbers | By the telephone |
| Glove Use (TPH) | Where gloves are used (e.g. in washrooms and diaper change areas) |
| Guidelines for Common Communicable Diseases (TPH) | On Parent Information Board |
| Hand Sanitizing (TPH) * Two versions available: for adults and for children | At each hand sanitizer location |
| Hand Washing (TPH) * Two versions available: for adults and for children | ONLY at designated hand washing sinks |

| | |
|---|---|
| Sensory Play Activities (TPH) Children will have <i>individual</i> materials for sensory experiences | At sensory play table area |
| Toilet Routine (TPH) | In children's washrooms |
| Toy Cleaning and Disinfecting (TPH) | In areas where toys are cleaned and disinfected |

Making Other Material Available

Other material must be made available at each Child Care Centre:

- *Record of Food Temperature 7.2.21-2.*
- The article titled: "*A Bite in the Playroom: Managing Human Bites in Day Care Settings*" (www.ncbi.nlm.nih.gov/pmc/articles/PMC2851373/)

Inspections by Toronto Public Health

The Supervisor will ensure that a record is kept of all inspections carried out by Toronto Public Health and that a copy of any report from the medical officer of health is kept on the premise of the Child Care Centre and a copy is sent to their Ministry of Education program advisor

Further Information

For further information on any Toronto Public Health policies and regulations, Supervisors and staff are to contact their local Toronto Public Health Unit or their website - www.city.toronto.ca/health

For related information, refer to *Outdoor Safety Policy 7.2.20-C19*.

Review and Signature

Infection Prevention and Control (Sanitary Practices) 7.2.21-C19 must be reviewed and signed at least annually by all C&F Employees.

| 7.2.21-C19: Infection Prevention and Control (Sanitary Practices) | |
|--|----------|
| Effective Date: July 2, 2020 | Revised: |
| Prepared and Approved by Executive Director | |



7.2.21-8-C19: Kitchen Cleaning Schedule

| Month: | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
|-------------------------------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| Lunch Carts [D] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Counter/Sinks [D] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Microwave [D] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fridge [W] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Inside Cupboard [M] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| General Cleaning as needed | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Staff Initial | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

[D] – Daily; [W] – Weekly; [M] - Monthly

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Revised: July 2, 20202

7.2.20-C19: Outdoor Safety

Outdoor program time is for children to learn about their outdoor environment, connect with nature, and learn about their own physical ability in a positive and creative manner. Educators plan experiences to promote children's physical activity and motor development. Educators also provide settings that foster inquiry, create a sense of wonder, and stimulate all areas of development while ensuring a safe and healthy environment.

Staff are responsible for following the procedures outlined in this *Outdoor Safety Policy 7.2.20-C19* during outdoor time:

Educator/Child Ratios

Educator/child ratios must be met at all times and proper supervision must be maintained at all times.

Amount of Outdoor Play Time

The outdoor program plan will ideally cover at least a two (2)-hour duration, weather permitting: one (1) hour in the morning and one (1) hour in the afternoon.

During the COVID-19 Pandemic, Educators are granted flexibility on the time requirements for outdoor play to mitigate challenges with accessing space and/or rotating children on playgrounds.

If the family group/cohort is unable to go outdoors, the Educator must record this in detail, outlining the reason(s) why, the temperature and the alternate activity provided in the *Playground Log Book*.

Physical Distancing While Outdoors

Each member of a Cohort must be separated by at least two (2) metres from any person who is not in the Cohort while outdoors. Refer to *Infection Prevention and Control (Sanitary Practices) 7.2.21-C19, Indoor Physical Distancing* for suggestions.

Daily Outdoor Safety Procedures

Educators are responsible for:

- Ensuring the play structures are only to be used by one Cohort at a time.
- Bringing attendance records, emergency medications, emergency contact information and allergy lists to and from the playground.
- Completing an outdoor transition attendance during each outdoor time using *Playground Outdoor Transition Procedure 7.2.20-1*.
- Referring to the daily inspection requirements set out below.

In case a child is injured, please refer to *Accident Form 7.4.01, Playground Accident Form 7.2.20-2, Playground Injury Log Form 7.2.20-7, and LEF Accident Reporting Policy Confirmation 7.2.35*.

Cleaning and Disinfecting Outdoor Play Structures, Toys and Materials

Play Structures and Toys

Educators are responsible for following the protocols laid out in *Infection Prevention and Control (Sanitary Practices) 7.2.21-C19* when cleaning and disinfecting:

- Toys used outdoors.
- Play structures, play houses and structures, including high-touch surfaces before and after each use by each Cohort, and additionally as required (e.g., visibly dirty).

Outdoor Material

In the event outdoor material is brought indoors, the following steps will be followed to minimize the risk of contamination:

- Items will be picked from areas that are free of visible debris.
- Children will practice hand hygiene after coming inside with outdoor material and after use of items from outside.
- All Items brought in from outside will be sent home with children at the end of each day, or discarded.

Unable to Disinfect

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

Gardening Safety

Gardening activities will be set up for children based on their individual interests and development. When these activities are presented, Educators will follow these practices to avoid potential risks:

- Raised garden beds and/or planters/pots will be used with commercially prepared soil and organic compost.
- If/when seeds are planted, the soil will be covered with a mesh cover to ensure soil is protected from animals.
- Once seeds have sprouted above soil level, the mesh will be removed. Educators will check planters/plants and/or raised garden beds before children touch growing items.
- Children and Educators will practice proper hand hygiene after gardening.
- Any produce grown will be washed thoroughly and root vegetables peeled before they are eaten.

Sun Safety

Sunscreen

To ensure the children have appropriate sun protection, the following must be implemented:

- Children must wear sunscreen with a minimum SPF 15, applied at least 30 minutes prior to sun exposure.
- Sunscreen must be provided by the Primary Contact and *Consent Form for Use of Sunscreen 7.4.26* must be signed annually by the Primary Contact to give permission for the Educators to reapply sunscreen. The Primary Contact consent form is kept in the child's file.
- Children who are able to do so will reapply their own sunscreen.
- Educators will exercise proper hand hygiene before applying the sunscreen, by following the *Hand Hygiene Policy 7.2.56* and specifically:
 - Washing hands before and after each application
 - Wearing gloves
 - Wearing appropriate Personal Protective Equipment in accordance with *Health and Safety, PPE Policy 7.2.30*.

Other Sun Safety Practices

- Educators will encourage children to:
 - Wear a hat at all times during outdoor play.
 - Drink water while outdoors.
 - Play in shaded areas and take frequent rests during gross motor activities.
- Educators must ensure drinking water is available for children at all times when outdoors during the hot season.

Outdoor Water Play in the Hot Season

During periods of hot weather, LEF encourages the use of sprinklers, hoses and *individual* water play stations under the close supervision of adults at all times.

During the COVID-19 Pandemic, LEF does NOT permit the use of group water play or sensory tables. Wading pools of standing water are NEVER permitted on the playground.

Heat Alert

When a heat alert has been issued by The City of Toronto, outdoor activities will only take place in the early morning.

Safety from Cold and Windchill

To ensure the children have appropriate protection from the cold and windchill, the following must be implemented:

Winter Gear

Children and Educators should:

- Wear warm, appropriate outdoor clothing – snowsuits or snow pants, a coat, hat, gloves or mittens, warm and waterproof boots, and neck warmer.
- Dress in layers with a wind-resistant outer layer for the best protection.

Each Child Care Centre will endeavour to maintain a supply of spare winter gear for children or Educators who may need it.

Outdoor Winter Activities

- Educators will plan and facilitate gross motor activities and physical activity to ensure children are moving and generating body heat.

Time to Be Spent Outdoors

During periods of colder temperatures, Supervisors will make informed decisions regarding time spent outdoors. These will be based on accurate windchill information from the Environment Canada website, site-specific conditions such as wind-sheltering trees or buildings, age and activity level of the children, and the physical conditions of the outdoor space.

Supervisors may shorten the period of time spent outdoors when exposure risk is a concern. Indoor physical activity alternatives will be provided during periods of reduced outdoor time or when there is a high exposure risk.

When there is a high exposure risk according to the chart below, children will not participate in outdoor activities. For more information, See Environment Canada Website for more details – <http://www.ec.gc.ca>.

| Wind Chill | Exposure Risk | Health Concerns | What to Do |
|------------|---|--|--|
| 0 to -9 | Low Risk | Slight increase in discomfort | <ul style="list-style-type: none"> • Dress warmly • Stay dry |
| -10 to -27 | Moderate Risk | Uncomfortable Risk of hypothermia and frostbite if outside for long periods without adequate protection. | <ul style="list-style-type: none"> • Dress in layers of warm clothing, with an outer layer that is wind resistant. • Wear a hat, mittens or insulated gloves, a scarf and insulated, waterproof footwear. • Stay dry. • Keep active |
| -28 to -39 | High Risk Exposed skin can freeze in 10 to 30 minutes | High risk of frostnip or frostbite: Check face and extremities for numbness or whiteness. High risk of hypothermia if outside for long periods without adequate clothing or shelter from wind and cold. | <ul style="list-style-type: none"> • Dress in layers of warm clothing, with an outer layer that is wind-resistant • Cover exposed skin • Wear a hat, mittens or insulated gloves, a scarf, neck tube or face mask and insulated, waterproof footwear • Stay dry • Keep active |

If the Cohort is unable to go outdoors, the Educator must record this in detail, outlining the reason(s) why, the temperature and the alternate activity provided in the *Playground Log Book*.

Safety During Certain Weather Conditions

Children will not participate in outdoor activities under the following weather conditions:

- **Smog:** When the Ontario Ministry of the Environment issues a Smog Alert, a Smog Advisory is issued by The City of Toronto. This alert is issued when the Air Quality Index (AQI) reaches or exceeds 50. (Please see Parent Information Board for ongoing information regarding smog alert notifications).

Please note children will still participate in outdoor activities during a Smog watch. This is where there is a 50 percent chance that a smog day is coming within the next three days.

- **Heavy Rain, Thunder or Lightning:** Children will not participate in outdoor activities during heavy rain or lightning or when the Ontario Ministry of Environment has issued severe thunderstorm watch or warning.

Outdoor Program Planning

Educators are responsible for:

- Circulating around the play area to engage with children, support them in assessing risk, and ensure play experiences are positive.
- Engaging children in physical activity and be creative in ways of implementing outdoor programming for the children
- Ensuring children spend as much time as possible in outdoor activities.

Providing, posting and implementing an outdoor program plan that provides activities to meet the gross motor needs of the children and which provides creative stimulation.

- Providing toys and equipment which are made of materials that can be cleaned and disinfected.

The Supervisor is responsible for:

- Reviewing the outdoor program plan
- Ensuring Educators plan outdoor activities for children while meeting physically distancing requirements.
- Ensuring the outdoor program plan is retained for six months.

During the COVID-19 Pandemic, outings, special events, etc. will happen only in very limited circumstances and with prior written approval of the Senior Director of Children and Families.

Inspections of Playgrounds

Playgrounds must be inspected:

- a) Daily,
- b) Monthly,
- c) Seasonally, and
- d) Annually.

Daily Inspection

A daily inspection must be completed as follows:

- two (2) times per day, once in the morning and once in the afternoon *prior* to the use of the playground,
- by a designated staff member (see Information Board for designated Educator's name),
- by using and completing the two *Playground Checklists – Daily 7.2.20-4-C19* and *7.2.20-8*, and
- filed in the *Playground Checklist Binder or Folder* found in the Supervisor's office.

Monthly Inspections

Monthly inspections must be completed as follows:

- monthly,
- by the designated Educator responsible for the daily inspection,
- by using and completing the *Playground Checklist – Monthly 7.2.20-5* and *7.2.20-8*, and
- filed in the *Playground Checklist Binder or Folder* found in the Supervisor's office.

Seasonal Inspections

Seasonal inspections must be completed as follows:

- by the designated Educator responsible for the daily inspection,
- at the beginning of each season, four times per year (winter, spring, summer, fall),
- by using and completing the *Playground Checklist – Seasonal 7.2.20-6*, and
- filed in the *Playground Checklist Binder or Folder* found in the Supervisor's office.

Supervisor's Responsibilities Related to Daily, Monthly and Seasonal Inspections

The Supervisor is responsible for:

- Reviewing monthly inspection checklists at the end of each month.
- Ensuring playground inspections are occurring at the specified times and dates.
- Ensuring an action plan is developed to address playground safety issues, see *Playground Action Plan 7.2.20-3*. The action plan must be approved by the Ministry of Education prior to implementation.

- Ensuring all daily, monthly and seasonal checklists are filed in the Playground Checklist Binder or file folder kept in the Supervisor's office.

Annual Inspections by Safety Inspector to CSA Standards

Annual playground inspections must be completed by a 3rd Party Certified Playground Safety Inspector.

The Supervisor must:

- Ensure that the annual inspection checklists are kept in the Licensing Binder.
- Ensuring the annual inspection checklist is posted on the Parent Information Board.

Equipment, Renovations, Repairs etc.

Record Keeping

The Supervisor will ensure that a record is kept of repairs, removals or installation of equipment, including dates and companies in the *Playground Repair Log*.

CSA Standards

Any new equipment or renovations, repairs or replacements must meet the most current **CSA Standard**.

In Case of Non-Compliance with CSA

For structures and surfacing that do not meet CSA standards: the Supervisor is responsible for:

1. Completing a Playground Action Plan and submitting it to the Ministry's Program Advisor for approval
2. Making sure the area of concern is closed until repairs have been completed to CSA standards.
3. Ensuring the area of concern is inspected and approved by a 3rd Party Certified Playground Inspector before use.

Review and Signature

Outdoor Safety Policy 7.2.20-C19 must be reviewed and signed at least annually by all C&F Employees.

| 7.2.20-C19: Outdoor Safety | |
|---|----------|
| Effective Date: July 2, 2020 | Revised: |
| Prepared and Approved by Executive Director | |



7.2.20-4-C19: Playground Checklist – Daily

Name of Program: _____ Week of: _____

| Items to be Checked | Monday | | Tuesday | | Wednesday | | Thursday | | Friday | | Comments & Actions |
|--|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|--------------------|
| | ____ a.m. | ____ p.m. | ____ a.m. | ____ p.m. | ____ a.m. | ____ p.m. | ____ a.m. | ____ p.m. | ____ a.m. | ____ p.m. | |
| Overall Site Conditions | | | | | | | | | | | |
| Checking the entire area around the playground. This includes items such as park benches, lights, trees, pathways, garbage cans, lawns and fences. | | | | | | | | | | | |
| Fencing / Gates | | | | | | | | | | | |
| Pathways | | | | | | | | | | | |
| Lights and Signs | | | | | | | | | | | |
| Street Furniture | | | | | | | | | | | |
| Litter or Debris | | | | | | | | | | | |
| Vandalism | | | | | | | | | | | |
| Protective Surfacing | | | | | | | | | | | |
| Checking the surface located under and around the play equipment. | | | | | | | | | | | |
| Litter or Debris | | | | | | | | | | | |
| Pooling Water | | | | | | | | | | | |
| Grass, Weed and Fungus Growth | | | | | | | | | | | |
| Equipment | | | | | | | | | | | |
| Checking the condition of the play equipment. | | | | | | | | | | | |
| Broken, Damaged or Loose Components | | | | | | | | | | | |
| Cracked or Broken Welds | | | | | | | | | | | |
| Cracked/Broken Platforms/Supports | | | | | | | | | | | |
| Worn, Missing or Broken Handles | | | | | | | | | | | |
| Steps, Rungs, Treads Cracked and Worn | | | | | | | | | | | |

| | | | | | | | | | | | |
|-------------------------------|--|--|--|--|--|--|--|--|--|--|--|
| Slides and Bedways | | | | | | | | | | | |
| Stability, Tilting | | | | | | | | | | | |
| Rust, Corrosion or Worn Paint | | | | | | | | | | | |
| Deterioration or Decay | | | | | | | | | | | |
| Staff Initial | | | | | | | | | | | |

| Items to be Checked | Monday | | Tuesday | | Wednesday | | Thursday | | Friday | | Comments & Actions |
|---|----------|----------|----------|----------|-----------|----------|----------|----------|----------|----------|--------------------|
| | ____a.m. | ____p.m. | ____a.m. | ____p.m. | ____a.m. | ____p.m. | ____a.m. | ____p.m. | ____a.m. | ____p.m. | |
| <u>Hardware</u> | | | | | | | | | | | |
| Cables and Ropes | | | | | | | | | | | |
| S-Hooks | | | | | | | | | | | |
| Bearing | | | | | | | | | | | |
| Missing Caps/Plugs | | | | | | | | | | | |
| Coil Springs | | | | | | | | | | | |
| <u>Hazards</u> | | | | | | | | | | | |
| Checking areas that can cause injury to children. | | | | | | | | | | | |
| Sharp Edges | | | | | | | | | | | |
| Protrusions | | | | | | | | | | | |
| Entrapments | | | | | | | | | | | |
| Pinch Points | | | | | | | | | | | |
| Staff Initial | | | | | | | | | | | |

Repairs to be completed _____

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Revised: July 2, 2020

7.2.56-C19: Hand Hygiene and Respiratory Etiquette

Purpose

Hand hygiene is a general term referring to any action of hand cleaning. It relates to the removal of visible soil and removal or destruction of transient micro-organisms from the hand while maintaining good skin integrity. Children are taught proper hand hygiene by Educators, and are supervised.

Hand Hygiene at LEF

Child Care Centres will use liquid soap, water, and paper towel as their primary method of hand hygiene.

When running water is not available, ABHR containing 70% to 90% alcohol will be used. In both cases, effective hand washing/hand sanitizing procedures will be followed.

Indications for Hand Hygiene

A hand hygiene indication points to the reason hand hygiene is necessary at a given moment. There may be several hand hygiene indications in a single care sequence or activity. Some examples of hand hygiene indications are:

- Upon arrival to the Child Care Centre and after coming inside from outside.
- Before initial contact with children or handling items in the room; this should be done upon entry to any room.
- Before putting on gloves when changing diapers or assisting with toileting.
- Before and after preparing, handling or serving food or giving medication.
- Before and after care involving contact with blood, body fluids, secretions and excretions of children or staff, even if gloves are worn.
- Immediately after removing gloves and before moving on to another activity.
- After sneezing, coughing, blowing your nose, or using the washroom.
- Whenever in doubt.

Effective Hand Washing Steps

Effective hand washing steps are as follows per Toronto Public Health:

1. Wet hands with warm water.
2. Apply soap.
3. Lather for 15 seconds. Rub between fingers, backs of hands, and under nails.
4. Rinse well under running water.
5. Dry hands thoroughly with paper towel or hot air blower.
6. Turn taps off with paper towel, if available.

Hand Sanitizer

When soap and water are not available, using hand sanitizer is an effective method of killing/removing micro-organisms on hands.

How to use Hand Sanitizer

1. Choose a hand sanitizer or alcohol-based hand rubs (ABHR) containing 70% - 90% alcohol.
2. Apply a small amount in palm and rub hands together, spreading the sanitizer over the hands to include fingertips, under fingernails, and the backs of your hands.
3. Rub hands together for at least 15 seconds until the gel feels dry.

Note: Since the effectiveness of alcohol is inhibited by the presence of organic material, when hands are visibly soiled and running water is not available, a moistened towelette should be used to remove the visible soil, followed by a hand sanitizer or ABHR.

Permission for Child's Use of Hand Sanitizer

Primary Contacts are required to consent to their child's use of hand sanitizer, using *Consent Form for Use of Hand Sanitizer 7.4.25*.

Gloves

When Required

Gloves must be worn when it is anticipated that the hands will be in contact with mucous membranes, broken skin, tissue, blood, body fluids, secretions, excretions, or contaminated equipment and environmental surfaces.

Gloves are **task-specific** and **single-use only** and must be removed immediately and discarded into a waste receptacle after the activity for which they were used.

Special Gloves

When staff are mixing chemicals into bottles or buckets, they must wear thicker dishwashing-like gloves.

These gloves can be reused, each staff member should have their own pair.

Also, staff must wear these gloves when immersing toys in diluted disinfectant when toy washing, as their hands are more frequently immersed.

How to Put on and Remove Gloves

Since gloves are not completely free of leaks and hands may become contaminated when removing gloves, hands must be cleaned before putting on gloves and after glove removal.

To reduce hand irritation related to glove use, staff must:

- wear gloves for as short a time as possible
- hands must be clean and dry before putting on gloves
- gloves must be intact and clean and dry inside

Safe Storage of Products

All product containers used for hand hygiene will be appropriately labeled and stored.

Soap dispensers will be located at every sink designated for hand washing and refilled as necessary.

Staff are reminded that Safety Data Sheets and product labels provide additional information regarding placement, storage and warnings associated with ABHS.

Regular Monitoring of Hand Hygiene

In order to ensure that staff are following the correct procedures for hand hygiene, the Supervisor will regularly monitor staff and record their observations on the *Hand Washing Monitoring Chart 7.2.41* or within the Child Care Centre's log book. The Supervisor will conduct follow up discussions as necessary.

Respiratory Etiquette

Respiratory etiquette must be taught to children and regularly practiced by staff.

Respiratory etiquette includes:

- Covering nose and mouth during coughing and sneezing with a tissue or by turning the head away from others and sneezing or coughing into the sleeve or elbow.
- Disposing of used tissues into the garbage immediately after use.
- Practicing proper hand hygiene immediately after coughing or sneezing.

Posters should be posted at the entrance and in areas frequented by staff and children.

Review and Signature

Hand Hygiene and Respiratory Etiquette Policy 7.2.56-C19 must be reviewed and signed at least annually by all C&F Employees.

| 7.2.56-C19: Hand Hygiene and Respiratory Etiquette | |
|--|----------|
| Effective Date: July 2, 2020 | Revised: |
| Prepared and Approved by Executive Director | |

PART IV: POLICIES RELATED TO FAMILIES

7.2.24-C19: Admission and Withdrawal of Children

Family Prioritization

In deciding which families are prioritized in each Child Care Centre when it reopens, LEF will follow the guide recommended by Toronto Children's Services that recognize the goal of supporting employment, and the fact that the impacts of COVID-19 have exposed and deepened inequities experienced by Black and other equity-seeking communities, as well as by Indigenous communities:

| Recommended Priorities | Process |
|---|---|
| Priority Category 1 – Emergency Child Care (ECC) recipients who previously used child care in the agency | Return families that were served through Emergency Care to their original placement. |
| Priority Category 2 – Essential Workers who were not placed in ECC (and were previously receiving care in the agency) | Return those families who are considered essential workers as defined by the province at: https://www.ontario.ca/page/childcare-health-care-and-frontline-staff , considering the following factors: <ul style="list-style-type: none">• Lone parent families• Two parent families where both parents are required to work• Families with children with extra support needs or families facing systemic barriers. |
| Priority Category 3 – Employed/Self-Employed (and were previously receiving care in the agency) | Return families who are employed or self-employed in any other sector, considering the following factors: <ul style="list-style-type: none">• Lone parent families who are currently working or returning to work• Two parent families where both parent(s) are either currently working or must return to work• Families with children with extra support needs or families facing systemic barriers |
| Priority Category 4 – Families with special circumstances (and were previously receiving care in the agency) | Return families with special circumstances that would benefit from children returning to care, such as children with extra support needs or families facing systemic barriers, considering the following factors: <ul style="list-style-type: none">• Lone parent families• This category may also include families who are students or who are looking for work who also have children with special circumstances |
| Priority Category 5 – Students (and were previously receiving care in the agency) | Return families who are students, considering the following factors: <ul style="list-style-type: none">• Lone parent families• In two parent families, if one parent is a student, other parent must be employed, self-employed or in school |
| Priority Category 6 – Looking for Work (and were previously receiving care in the agency) | Return families who are looking for work, considering the following factors: <ul style="list-style-type: none">• Lone parent families |

Admission

Every attempt will be made to accommodate children as they are placed in a Cohort that is appropriate for their needs.

Admission's Criteria

Due to specific guidelines and number of children per room, the Child Care Centre must follow the requirements set out in the CCEYA, and consider the availability of child care spaces.

Once the Family Prioritizations set out above have been met, the following variables may be considered when determining how to prioritize the allocation of space including, but not limited to:

- Age of the child:
 - Children turning six (6) years and entering grade 1 will have priority over children who turned 10 (ten) years by the end of August.
 - LEF's school age program is licensed for children between the ages of 6 to 12 years. Accommodations of children 10 (ten) years and older will be based on space availability and the special needs of the family and/or child.
- Siblings of children in the Child Care Centre will have priority over children without siblings.
- Children without siblings will be given priority based on the length of time that they have been enrolled in the Child Care Centre.
- Access to alternate quality care provider.

Timelines for Decisions regarding Admission

Supervisors will do a survey by the end of May each year to determine the needs of the Child Care Centre for September.

If the Child Care Centre cannot accommodate children entering the school-age program, written notice will be given to the Primary Contacts no later than the end of June.

Waiting List

The Supervisor will do their best to meet the needs of all families but there is no guarantee that there will be space available for a child. LEF maintains a waiting list. For more information, please refer to *Wait List Policy and Procedure 7.2.18*, *Child Care Centre Waiting list 7.2.36* and *B&A Care Program Waiting List 7.2.37*.

Withdrawal from the Program

Withdrawal Notice from Primary Contacts

Two Weeks' Notice

When withdrawing from the Child Care Centre, Primary Contacts must give two (2) weeks written notice (10 (ten) business days).

No Notice Withdrawal

Failure to provide two (2) weeks' notice will result in a no notice withdrawal.

When a no notice withdrawal is applied to a child's file, it is the responsibility of the Primary Contact to pay for the two (2) weeks after a child withdraws from the program.

Families that access subsidy through Toronto Children's Services will pay the following: Family portion on the first week and full fee on the second week. See the Parent Information Board for the cost of full fee.

Withdrawal Notice from the Child Care Centre

Withdrawal Situations

The Child Care Centre will do its best to meet the needs of all families but there are times the Centre will not be able to meet a family's requirements.

The following are situations when the Centre will have to look at the needs of the child or family:

- The child is not dropped off or picked up at the designated time over a period of three times within a one-month period.
- The child is having difficulty within a child care environment, and poses a health and safety risk to themselves, any staff or other children within the program.
- The Primary Contact is not paying their fees on time or at all.
- The Primary Contact is not abiding by LEF's policies that deal with COVID-19, Sexual Harassment, Ethnic Race Relations, Parent Code of Conduct and/or Family Contract.
- Before a family is withdrawn from the program, a video meeting or phone call will be set-up with the Supervisor and the Primary Contact. An action plan will be put in place in collaboration with the Centre Supervisor and the Primary Contact to best meet the needs of all parties.

If needed, the support of LEF's Early Childhood Consultant and/or Special Needs Resource staff will be made available to help support the Primary Contacts and the Child Care Centre staff.

Notice Period

In the event that Primary Contacts and LEF cannot reach a compromise, the Centre Supervisor will give the Primary Contact a minimum of two weeks' written notice, detailing the last day the child will be in care.

The Supervisor will support the Primary Contact with this transition.

Immediate Withdrawal

Immediate withdrawal of a child may take place:

- When a Primary Contact has verbally or physically threatened a staff or child.
- In circumstance when a child becomes violent, destructive towards self, others or property

- When a Primary Contact does not disclose information related to health issues including COVID-19 that may impact their child.

Withdrawal Procedures

When children are asked to leave or denied admission due to the Child Care Centre's inability to accommodate the child's needs or family circumstances, the Supervisor will take the following steps:

- Documentation of communication with Primary Contacts and use of support services
- Notification of the Senior Manager
- Notification of Toronto Children's Services Consultant
- Notification of LEF's Executive Director and Board of Directors
- Referral of the family to other services.

Review and Signature

Admission and Withdrawal of Children Policy 7.2.24-C19 must be reviewed and signed at least annually by all C&F Employees.

| 7.2.24-C19: Admission and Withdrawal of Children | |
|---|----------|
| Effective Date: July 2, 2020 | Revised: |
| Prepared and Approved by Executive Director | |

7.4.18-C19: Family Contract, Child Care Centre

FAMILY CONTRACT

Name of Primary Contact: _____

Date of Enrolment

Date of Withdrawal

Registration Package

1. I agree to submit a completed registration package prior to admission, including the *Health History Form 7.4.22-C19*.
2. I understand that while my child has been enrolled in their current group, a space in a different group is not guaranteed. I understand that program space is conditional upon availability.

Illness

3. I understand LEF strongly recommends the daily completion of temperature checks and evaluation of my child's health prior to arriving at the Child Care Centre. Self-assessment tools are available on the websites of the Ministry of Health or the Toronto Public Health.
4. I understand that if my child is sick or does not feel well, they must stay at home.
5. I understand that my child will not be admitted with any signs of fever, new onset of cough, worsening chronic cough, shortness of breath, difficulty breathing, sore throat, difficulty swallowing, decrease or loss of sense of taste or smell, chills, headaches, unexplained fatigue/malaise/muscle aches, nausea/vomiting, diarrhea, abdominal pain, pink eye (conjunctivitis), runny nose/nasal congestion without other known cause, or symptoms of other communicable diseases. COVID-19 self-assessment tools are available on the websites of the Ministry of Health or the Toronto Public Health. Other resources include our family doctor and COVID-19 assessment centres.
6. To ensure a healthy environment, children, Primary Contacts and families who are or feel sick must not attend the program or enter the Child Care Centre, even if symptoms resemble a minor cold.
7. If my child or anyone in our family/household displays any signs or symptoms of COVID-19 or any other communicable disease, I will contact Toronto Public Health (Communicable Disease Surveillance Unit (416-392-2489). and have my child and all members of our family/household tested.
8. I agree to notify the Supervisor immediately and keep the Supervisor informed of all COVID-19 test results both positive and negative. For more details, I will refer to *Children's Sick Day 7.2.08-C19*, *Exclusion of Sick Children 7.2.54-C19* and *Management and Reporting of Communicable Diseases 7.2.55-C19*.
9. I agree that if my child becomes ill during the day, a staff member will notify me, and I will pick up my child *immediately*.
10. I understand that it is ultimately the Supervisor's decision as to whether my child should or should not remain in the Child Care Centre due to any illness.
11. I agree that for the benefit of all, if my child is ill, they will not attend the Child Care Centre until they are well and symptom free, or as directed by Toronto Public Health.

12. I agree that I am responsible for notifying the Supervisor about, consenting to, and sharing information regarding any illness, allergy or other medical condition my child has and any information about my child and any medical procedures that are necessary for my child to safely attend the child care program.

Medication

13. I agree that only Prescription medication will be administered to my child if needed. The medication is administered to a child from the original container or package as supplied by a pharmacist with a pharmacy label attached, outlining child's full name, the name of the drug or medication, the dosage, frequency and method of administration, the date purchased and the date of expiration (where applicable) as well as instruction for storage and administration. I will be responsible for completing consent for administering medication form for each day required.

Arrivals and Departures

14. In order for my child to benefit from the full program, I agree to ensure that my child arrives by their designated drop-off time and their designated drop-off spot where I will be acknowledged by a staff member.
15. I agree that a staff member will conduct a health check, take and record my child's temperature and then enter and initial my child's arrival time on the attendance form.
16. I will plan accordingly to ensure we arrive safely and on time.
17. I accept that if my child has not arrived at the Child Care Centre by their designated drop-off time, LEF will not be able to provide care for my child on that day.
18. If we arrive before the designated drop-off time, we must wait nearby and maintain a safe distance from others, ideally 2 metres.
19. Each morning that my child does not attend the Centre, I will phone the Supervisor no later than 30 minutes before the designated drop-off time and inform staff of the reason for the absence.
20. At the end of the day, I agree to arrive at the designated pick-up time and designated pick-up spot where I will be acknowledged by a staff member who will take and record my child's temperature and then enter and initial my child's departure time on the attendance form.
21. I agree that only pre-authorized persons designated on the registration form may pick up my child.

In an effort to limit the number of people who have contact with my child, I will make sure that only persons from my household will pick up children at this time.

I understand that if I or someone from the household are unable to pick up my child during the pick-up time period, it is my responsibility to contact the Supervisor to determine appropriate alternate arrangements. Such alternate arrangements will be made only in limited circumstances and on a case-by-case basis, according to individual circumstances and at the discretion of the Supervisor.
22. I understand and agree that due to infection management practices, I and family members will not be able to enter the Child Care Centre or program room.
23. I agree that if my child is involved in a custody dispute, I will inform the Centre in writing and provide the Centre with any documents which it requests.
24. If I am unable to be reached by 7:00 p.m., the police and the appropriate children's aid society will be contacted.

Supplies, Clothing and Personal Aids

25. It is my responsibility to ensure that there is an adequate supply of diapers, bottles and a complete change of clothes, including training and plastic pants if necessary.
26. I will make sure my child brings as few personal belongings as possible (e.g. backpacks, clothing).
27. During the winter months my child will have proper clothing. The following items are required: snowsuit, boots, mitts, hat and scarf. On rainy days a raincoat and rain boots are required. I understand that the Centre cannot be responsible for lost articles. Please LABEL all items.
28. I understand my child will participate in activities, indoor and outdoor, that may involve themselves as well as the clothes they are wearing to become stained, dirty and/or damaged.
29. I understand that I am responsible for bringing to the child care program any special equipment such as hearing aids, prescribed medication, glasses, braces, walkers, etc., which are necessary to permit my child to participate in daily activities.

Fees

30. I agree to abide by the fee schedule policy established by The Learning Enrichment Foundation.
31. I understand that for any returned cheque, a charge of \$14 will be assessed automatically as a processing fee.
32. I understand that if my child remains at the Child Care Centre past the designated pick up time, I will be charged and agree to pay according to the Child Care Centre's Emergency Care policy.
33. Since Child Care costs are consistent all year and the level of fees is based on 52 weeks, LEF requires Primary Contacts to pay for their space in the Child Care Centre even when their child/ren is/are sick, on vacation, and for statutory holidays.

* If in Receipt of Fee Subsidy

34. * In accordance with the Toronto Children Services attendance policy, if I exceed 35 days of absence from January 1 - December 31, I am responsible for paying the Child Care Centre's full fee. In the event my child starts in the Child Care Centre after July 1st, my child is permitted to be absent a maximum of 18 (eighteen) days before I will be charged the Child Care Centre's full fee.
35. * If my child is absent more than 20 (twenty) consecutive days due to illness, I am aware that I can appeal these days with my intake worker at Toronto Children Services. I will also inform the Child Care Centre prior to taking time off due to illness. Prior to the appeal approval all applicable fees must be paid.

Days of Operation

36. I understand that the program will **NOT** operate the following days:

| | | |
|----------------|------------------|----------------------|
| New Year's Day | Family Day | Good Friday |
| Victoria Day | Canada Day | August Civic Holiday |
| Labour Day | Thanksgiving Day | Christmas Day |
| | | Boxing Day |

For Families registered for 12 (twelve) months, the program will be offered on following days:

| | |
|------------------------|---------------|
| PA days | Spring Break |
| Summer Break | Easter Monday |
| Winter Break (2 weeks) | |

Individual Program Plan

37. I understand that the staff will observe and record my child's development. If my child is 6 years of age or under, the staff will use a developmental tool to create a written Individual Program Plan (I.P.P) for my child. The staff will tell me about my child's development and I.P.P. If I wish, I may have a copy of the I.P.P. I may have a written individualised support plan prepared for my child. If I wish, I may have a copy of the family support plan.

Sleep Position

38. I understand that if my child(ren) are enrolled in the infant program 0-12 months will be placed on their back to sleep according to the "Joint Statement on Safe Sleep".
39. I understand that if I wish my child(ren) to be placed in another position to sleep I will need to provide a Physician's note to the Child Care Centre.

Withdrawal

40. Should the Supervisor of the program determine that the needs of my child are not being met, or that, should the safety of my child or other children and adults be in jeopardy because the needs of my child are not being met, or that I have not fully carried out this contract or the Primary Contact's responsibilities under the policies and procedures of the program, I may be asked to withdraw my child after 15 days written notice. A more appropriate setting for my child will be recommended to me in writing and this agreement will be terminated.
41. Should the Supervisor of the program determine that my behaviour interferes with, or is disruptive of, the daily operation of the Child Care Centre, or is of a harassing, intimidating or abusive nature to the staff, other parents, or children at the Centre, the Supervisor of the program may, on ten (10) business days written notice to me, terminate this agreement and withdraw my child from the child care program.
42. In the event my child is enrolled part-time, i.e. two (2) days per week. I am aware that if another family requires five (5) days per week, I will be asked to take the space full-time, or withdraw from the program with a two (2) week notice.
43. In the event of my voluntary withdrawal of my child from the program, I agree to give two weeks written notice (ten (10) business days) prior to withdrawal.

By signing this Agreement, I acknowledge that I have read, understand and agree to abide by this contract and the policies given to me along with this contract.

Primary Contact Signature

Supervisor's Signature

Date

Date

| 7.4.18-C19: Family Contract, Child Care Centre | |
|--|----------|
| Effective Date: July 2, 2020 | Revised: |
| Prepared and Approved by Executive Director | |

7.4.22-C19: Health History Form

| | | |
|---|--------------------------|-------------------|
| Child's Name: | Date of Birth: | |
| Address: | | |
| Child's Family Doctor/Pediatrician Name: | Address: | Telephone: |
| Allergies or Food Restrictions: | | |
| Medical Concerns: | | |
| Illness/ COVID-19/ Communicable Disease: <i>Check and date any illness, COVID-19 or communicable disease your child has had in the past</i> | | |
| Illness/COVID-19/Communicable Disease | Date: Month/Year | |
| <input type="checkbox"/> Chicken Pox | _____ | |
| <input type="checkbox"/> Roseola | _____ | |
| <input type="checkbox"/> Strep Throat | _____ | |
| <input type="checkbox"/> E. Coli | _____ | |
| <input type="checkbox"/> Giardiasis | _____ | |
| <input type="checkbox"/> Hepatitis A | _____ | |
| <input type="checkbox"/> Norwalk Virus | _____ | |
| <input type="checkbox"/> Rotavirus | _____ | |
| <input type="checkbox"/> Measles | _____ | |
| <input type="checkbox"/> Meningitis | _____ | |
| <input type="checkbox"/> Mumps | _____ | |
| <input type="checkbox"/> Rubella | _____ | |
| <input type="checkbox"/> Scarlet Fever | _____ | |
| <input type="checkbox"/> Whooping Cough | _____ | |
| <input type="checkbox"/> COVID-19 | _____ | |
| <input type="checkbox"/> Other (Describe:) _____ | _____ | |
| Has your child had any major surgery? Yes / No If yes, please describe: | | |
| Is your child taking any medication on a regular basis? | | |
| Is there any other health information you wish to share with us? | | |
| Primary Contact's Signature | Date of Signature | |

Revised: XXX, 2020

7.2.58-C19: Responding to Family Issues and Concerns

Purpose

The purpose of *Responding to Family Issues and Concerns policy 7.2.58-C19* is to provide a transparent process for Primary Contacts, LEF and C&F Employees to use when Primary Contacts bring forward issues/concerns.

Primary Contacts are encouraged to take an active role in LEF's Child Care Centres and regularly discuss what their child(ren) are experiencing in the child care program.

As outlined by LEF's *Program Statement 7.2.33*, LEF supports positive and responsive interactions among the children, Primary Contacts and C&F Employees, and foster the engagement of and ongoing communication with Primary Contacts about the program and their children.

All issues and concerns raised by Primary Contacts are taken seriously by LEF. Every effort will be made to address and resolve issues and concerns to the satisfaction of all parties and as quickly as possible.

Regular Communication between Primary Contacts and LEF

C&F Employees will provide regular communication regarding the program and learning experiences available to each child. C&F Employees may also contact Primary Contacts by phone or email to share specific information related to the child.

Due to COVID-19, C&F Employees will not be able to engage in face-to-face interactions or conversations with Primary Contacts.

In case of a positive case of COVID-19 in the Child Care Centre, Toronto Public Health will provide advice about information that should be shared with other staff and families.

Primary Contacts will be oriented to Policy 7-C19 and given a copy.

Raising and Responding to Issues and Concerns

Bringing Forward Issue or Concern

Issues and concerns may be brought forward via phone call or email.

LEF's Response Process

- An initial response to an issue or concern will be provided to Primary Contact within one (1) to two (2) business day(s).
- Responses and outcomes will be provided by phone, or in email upon request.
- The person who raised the issue or concern will be kept informed throughout the resolution process.
- Investigations of issues and concerns will be fair, impartial and respectful to parties involved.
- The level of detail provided to the Primary Contact will respect and maintain the confidentiality of all parties involved.

For requirements regarding documentation and record keeping, please refer to the table below.

Expected Conduct

LEF's Child Care Centres maintain high standards for positive interaction, communication and role-modeling for children.

If at any point a Primary Contact raising an issue or concern, or a C&F Employee feels uncomfortable, threatened, abused or belittled, they may immediately end the conversation and report the situation to the Supervisor and/or Senior Manager.

Harassment and discrimination will not be tolerated from any party.

Concerns About the Suspected Abuse or Neglect of a Child

Everyone, including members of the public and professionals who work closely with children, is required by law to report suspected cases of child abuse or neglect.

If a Primary Contact expresses concerns that a child is being abused or neglected, the Primary Contact will be advised to directly contact the Toronto Children's Aid Society or the Catholic Children's Aid Society of Toronto (CAS's).

Persons who become aware of such concerns are also responsible for reporting this information to CAS's as per the "Duty to Report" requirement under the *Child and Family Services Act*. Further guidance may be found in *Child Abuse Policy and Procedure 7.2.05* and *Suspected Child Abuse Reporting Form 7.2.05-1*.

Procedures for Common Issues and Concerns

| Nature of Issue or Concern | Steps for Primary Contact to Report Issue or Concern | Steps for C&F Employees in Responding to Issue or Concern: |
|---|---|--|
| Program Room-Related E.g.: schedule, sleep arrangements, toilet training, indoor/outdoor program activities, feeding arrangements, etc. | Raise the issue or concern to - the classroom staff directly or - the Supervisor | - Address the issue/concern at the time it is raised or - arrange for a meeting with the Primary Contact within 1-2 business days. |
| General, Centre- or Operations-Related E.g.: child care fees, hours of operation, staffing, waiting lists, menus, etc. | Raise the issue or concern to the Supervisor | Document the issues/concerns in detail. Documentation should include: - the date and time the issue/concern was received; - the name of the person who received the issue/concern; - the name of the person reporting the issue/concern; - the details of the issue/concern; and - any steps taken to resolve the issue/concern and/or information given to the Primary Contact regarding next steps or referral. |
| Staff, Primary Contact, Supervisor, and/or LEF Related | Raise the issue or concern to - the individual directly or - the Supervisor. All issues or concerns about the conduct of staff, Primary Contact, etc. that puts a child's health, safety and well-being at risk should be reported to the Supervisor as soon as Primary Contact become aware of the situation. . | Provide contact information for the appropriate person if the person being notified is unable to address the matter. Ensure the investigation of the issue/concern is initiated by the appropriate party within 2 business days or as soon as reasonably possible thereafter. Document reasons for delays in writing. Provide a resolution or outcome to the Primary Contact(s) who raised the issue/concern. |

Escalation of Issues or Concerns

Where Primary Contacts are not satisfied with the response or outcome of an issue or concern, they may escalate the issue or concern verbally or in writing to the Senior Manager or the Senior Director of Children and Families.

Issues or concerns related to compliance with the requirements set out in the CCEYA and Ontario Regulation 137/15 should be reported to the Ministry of Education's Child Care Quality Assurance and Licensing Branch by the Senior Manager.

Issues and concerns may also be reported to other relevant regulatory bodies (e.g. local public health department, police department, Ministry of Environment, Ministry of Labour, fire department, College of Early Childhood Educators) where appropriate.

Contact Information:

The Learning Enrichment Foundation (416) 760-2550.
See Supervisor for a detailed list of additional contact information.

Confidentiality

Every issue and concern will be treated confidentially and every effort will be made to protect the privacy Primary Contacts, children, staff, students and volunteers, except when information must be disclosed for legal reasons (e.g. to the Ministry of Education, College of Early Childhood Educators, law enforcement authorities, Toronto Public Health, or a Children's Aid Society).

Review and Signature

Responding to Family Issues and Concerns Policy 7.2.58-C19 must be reviewed and signed at least annually by all C&F Employees.

| 7.2.58-C19: Responding to Family Issues and Concerns | |
|---|----------|
| Effective Date: July 2, 2020 | Revised: |
| Prepared and Approved by Executive Director | |

Staff Rights and Responsibilities

Responsibilities of Employees and Supervisors

Employees

All C&F Employees have the responsibility to familiarize themselves with the content of this Policy 7-C19 and each of the COVID-19 Policies, and to conduct themselves accordingly.

All C&F Employees are expected to:

- Be well acquainted with:
 - the CCEYA and the Toronto Children's Services criteria and procedures
 - the City of Toronto's Children Services (AQI) Assessment for Quality Improvement; which is available online at www.toronto.ca and in each Child Care Centre.
- Ensure the above are practiced on a consistent basis in their Child Care Centre and particularly in reference to the *Behaviour Management Policy 7.2.04*, to interfere and stop anyone who contravenes this policy, and to alert the proper authority, i.e. the Supervisor and senior management.

Supervisors

All Supervisors have the responsibility to:

- Communicate with employees under their direction about the application of policies and procedures.
- Ensure compliance.
- Take corrective action when necessary.

COVID-19 Policies Sign Off

Policy 7-C19 and the COVID-19 Policies must be reviewed and signed off by all employees before commencing work/employment in any Child Care Centre during the COVID-19 pandemic. Please refer to the *Acknowledgement* section below.

If changes, revisions and updates are made to any of the COVID-19 Policies, C&F Employees will be expected to review and sign off on these as well.

Sign-off will also be required annually until Toronto Public Health declares the COVID-19 Pandemic over and the Executive Director directs LEF to return to its pre-COVID-19 policies.

COVID-19-Related Training

To ensure that all employees are introduced and understand the new COVID-19 policies, procedures and protocols, LEF will offer comprehensive online training sessions ahead of re-opening. It is mandatory for all C&F Employees to attend this COVID-19 training session.

Ongoing training related to COVID-19 protocols will also be delivered during ongoing staff meetings.

Conflict Resolution, Discipline and Termination

Conflict Resolution

C&F Employees are encouraged to discuss all topics of concern with their Supervisor at any time. Clear and honest communication is valued and expected. For further information, please refer to LEF's *Human Resources Policy 3, section 3.09, Rights and Responsibilities of Employees*.

Discipline and Termination

C&F Employees who fail to abide by any of the sections contained in this Policy 7-C19 or any of the COVID-19 Policies may be subject to discipline up to and including termination. For further information, please refer to *Written Process for Monitoring Compliance and Contraventions 7.2.13* and *LEF's Human Resources Policy 3, section 3.10, Discipline and Termination*.

Acknowledgement

I, _____, acknowledge that I have read and understood, and will adhere to the *Select Child Care Policies 7-C19* which includes the COVID-19 Policies put in place to meet the COVID-19 specific health and safety requirements of The Learning Enrichment Foundation. The COVID 19 Policies include:

| | |
|--------------|---|
| 7.2.08-C19 | Children's Sick Day |
| 7.2.54-C19 | Exclusion of Sick Children |
| 7.2.55-C19 | Management & Reporting of Communicable Diseases |
| 7.2.01-C19 | Administration of Medication |
| 7.2.59-C19 | Health Screening |
| 7.2.23-C19 | Safe Arrival and Departure |
| 7.2.21-C19 | Infection Prevention and Control (Sanitary Practices) |
| 7.2.21-8-C19 | Kitchen Cleaning Schedule |
| 7.2.20-C19 | Outdoor Safety |
| 7.2.20-4-C19 | Playground Checklist – Daily |
| 7.2.56-C19 | Hand Hygiene and Respiratory Etiquette |
| 7.2.24-C19 | Admission and Withdrawal of Children |
| 7.4.18-C19 | Family Contract, Child Care Centre |
| 7.4.22-C19 | Health History |
| 7.2.58-C19 | Responding to Family Issues and Concerns |

Date: _____

C&F Employee's Legal Name:

C&F Employee's Signature:

Transition Charts

From Previous Section 7 Policies to New COVID-19 Policies

The following chart shows the previous Section 7 policies that have been replaced with a COVID-19 Policy.

| Number and Name of Previous Policy in Section 7 | | Number and Name of COVID-19 Policy | |
|---|---|------------------------------------|---|
| 7.2.01 | Administration of Medication Policy | 7.2.01-C19 | Administration of Medication |
| 7.2.01-1 | Administration of Medication Procedure | 7.2.01-C19 | Administration of Medication |
| 7.2.08 | Children's Sick Day | 7.2.08-C19 | Children's Sick Day |
| 7.2.20 | Outdoor Safety | 7.2.20-C19 | Outdoor Safety |
| 7.2.20-4 | Playground Checklist – Daily | 7.2.20-4-C19 | Playground Checklist – Daily |
| 7.2.21 | Sanitary Practices | 7.2.21-C19 | Infection Prevention and Control (Sanitary Practices) |
| 7.2.21-8 | Kitchen Cleaning Schedule | 7.2.21-8-C19 | Kitchen Cleaning Schedule |
| 7.2.23 | Safe Arrival and Departure | 7.2.23-C19 | Safe Arrival and Departure |
| 7.2.24 | Withdrawal & Admission of Children | 7.2.24-C19 | Admission and Withdrawal of Children |
| 7.2.54 | Exclusion of Sick Children | 7.2.54-C19 | Exclusion of Sick Children |
| 7.2.55 | Management & Reporting of Communicable Diseases | 7.2.55-C19 | Management & Reporting of Communicable Diseases |
| 7.2.56 | Hand Hygiene | 7.2.56-C19 | Hand Hygiene and Respiratory Etiquette |
| 7.2.58 | Responding to Parent Issues and Concerns | 7.2.58-C19 | Responding to Family Issues and Concerns |
| New | | 7.2.59-C19 | Health Screening |
| 7.4.18 | Parent Contract Child Care Centre | 7.4.18-C19 | Family Contract, Child Care Centre |
| 7.4.22 | Health History | 7.4.22-C19 | Health History |