**Mulberry Bush Child Care Centre**

**COVID-19 POLICIES AND PROCEDURES**

**Updated: NOV 2020**

**PART 1: LICENSING REQUIREMENTS**

**Licensing Processes and Renewals**

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| • Licences are required to be amended, if necessary, to ensure director approvals and conditions on the licence align with new restrictions.  • To support the operational needs of licensees, the ministry will prioritize and expedite the review of requests to revise and amend licences.  • Licensees are required to meet all the requirements set out in the *Child Care and Early Years Act*, *2014* (CCEYA) and its regulations and to obtain all necessary municipal approvals to support licence revision requests.  • Licensees must follow all current ministry and CMSM/DSSAB policies and guidelines.  • Licences that expire during the emergency period will be automatically extended by six months. |

**Inspections**

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| • Ministry staff will conduct in-person monitoring and licensing inspections of child care centres, home child care agencies, home child care premises and in-home services where necessary.  • Ministry staff must:  o be screened prior to entering the premises following the protocol determined by the licensee (see screening section below);  o wear personal protective equipment; and,  o follows any other protocols requested by the licensee or home child care or in-home service provider.  • Ministry staff will use technology (e.g., telephone, video conferencing) to complete virtual monitoring and licensing inspections where appropriate. |

**Maximum Cohort Size and Ratio**

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| • For the purposes of this document, a cohort is defined as a group of children and the staff members assigned to them, who stay together throughout the duration of the program for minimum 7 days.  • Maximum cohort size for each room in a child care centre will now return back to our original maximum capacity (square footage requirements) according to what is listed on our license.  • Maximum capacity rules do not apply to Special Needs Resource staff on site (i.e., if they are not counted towards staff to child ratios, they are not included in the maximum capacity rules).  • Each cohort must stay together throughout the day and are not permitted to mix with other cohorts.  • Licensees are required to maintain ratios set out under the CCEYA.  • Mixed age grouping is permitted as set out under the CCEYA where a director approval has been granted on the licence as long as the cohorts are not mixing and/or stay together for a minimum of seven days.  • Reduced ratios are permitted as set out under the CCEYA provided that cohorts are not mixed with other cohorts. Reduced ratios are not permitted at any time for infants. |

**Maximum Capacity of Building**

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| Not Applicable |

**Staffing**

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| • Supervisors and/or designates should limit their movement between rooms, doing so when absolutely necessary.  • Supply/replacement staff should be assigned to specific cohorts when possible.  • Qualified Staff  o Licensees are required to ensure each group has the required number of qualified staff as set out in the CCEYA. Licensees may submit requests for staff director approval (DAs) to the ministry. 8  • Certification in Standard First Aid Training, including Infant and Child CPR  o Staff that are included in ratios and all home child care providers are required to have valid certification in first aid training including infant and child CPR, unless exempted under the CCEYA or the certification has been extended by the Workplace Safety and Insurance Board (WSIB).  o The WSIB has indicated that all certifications that expire after March 1, 2020 are automatically temporarily extended until December 31, 2020.  • Vulnerable Sector Checks (VSCs)  o Licensees are required to obtain VSCs from staff and other persons who are interacting with children at a premise.  o If an individual is unable to obtain a VSC in a reasonable amount of time due to significant backlogs, we must have proof that the individual has applied for a VSC and sign an offence declaration form. |

**PART 2: HEALTH AND SAFETY REQUIREMENTS**

**Working with Local Public Health**

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| Enhanced Local Requirements:  Licenced Childcare’s are required to follow advice of local public health officials when establishing health and safety protocols,  • The ministry recognizes that this may result in regional differences in these protocols, but given the different impact of Covid-19 in different communities it is important to follow the advice of local public health officials to keep children and families safe in their respective communities. |

**Health and Safety Protocols**

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| Enhanced Local Requirements:  Our policies and procedures of how the child care setting will operate during and throughout the recovery phase following the pandemic are as follows:  A. Sanitization practices and PPE;  B. Screening and how to report illness;  C. how physical distancing will be encouraged;  D. how shifts will be scheduled, where applicable;  E. rescheduling of group events and/or in-person meetings; and,  F. parent drop off and pick-up procedures.  **(A)Sanitization Practices and Personal Protective Equipment (PPE)**  Mulberry Bush will continue our daily cleaning practices to ensure a sanitary environment for children, families and staff. Enhanced cleaning measures will include daily toy/resource disinfection procedures. All staff will be trained to successfully perform enhanced cleaning procedures. Mulberry Bush will also keep a cleaning log that will follow all safety protocols and procedures listed below.  **Procedures:**  All products including cleaning agents and disinfectants must be out of reach of children, labelled, and must have Safety Data Sheets (SDS) up to date (within three years).  **Cleaning:** refers to the physical removal of foreign material (i.e. dust, soil) and organic material (i.e. blood, secretions, microorganisms). Cleaning removes, rather than kill microorganisms. Warm water, detergent and mechanical action (i.e. wiping) is required to clean surfaces. Rinsing with clean water is required to complete the cleaning process to ensure the detergent film is removed.   * Use detergent and warm water to clean visibly soiled surfaces * Rinse the surface with clean water (warm to tepid temperature preferred) to ensure detergent is removed * Let the surface dry   **Disinfecting:** describes a process completed after cleaning in which a chemical solution, is used to kill most disease-causing microorganisms. In order to be effective disinfectants must be left on a surface for a period of time (contact time). Contact times are generally prescribed by the product manufacturer. Any items children may come into contact with, requires a final rinse after the required contact time is observed.  **Disinfecting Toys and Surfaces:**   * Put on gloves and mask, if the employee has scent sensitivities * Spray or wipe on the disinfecting product (refer to the instructions set out under the “Cleaning and Disinfecting Products” heading above) * 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 * It is recommended that books, puzzles, cardboard items etc. that are absorbent and cannot easily be thoroughly cleaned and disinfected, be limited or removed from the classroom * Should any child present symptoms of COVID-19 (discussed further below), all toys and equipment accessed or potentially accessed by the child must be removed from the classroom and cleaned and disinfected as soon as possible.   **Cleaning and Disinfection Frequency Requirements:**  Cleaning and disinfecting routines must be increased for the following, as the risk of environmental contamination is higher:   * Tables and countertops: used for food preparation and food service must be cleaned and disinfected before and after each use * Highchairs: must be cleaned and disinfected before and after serving food * Spills must be cleaned and disinfected immediately * Handwash sinks/washrooms: staff and children washroom areas will be cleaned and disinfected at least two times per day and as often as necessary (e.g., when visibly dirty or contaminated with body fluids). * Floors: cleaning and disinfecting will be performed as required, i.e., when spills occur, and throughout the day when rooms are available, i.e., during outdoor play and on a daily basis * Outdoor play equipment: will be disinfected before use, and as required (e.g., visibly dirty). Any outdoor play equipment that is used must be easy to clean and disinfect * High‐touch surfaces: any surfaces at your location that have frequent contact with hands (e.g., light switches, shelving, containers, hand rails, door knobs, sinks toilets etc.,) will be cleaned at least twice per day and as often as necessary (e.g., when visibly dirty or contaminated with body fluids) * Other shared items: (e.g., phones, IPADs, IPODs, attendance binders etc.) these will be disinfected between users. * Carpets are to be vacuumed daily when the rooms are available, i.e., during outdoor play * Staff are provided with a COVID-19 Enhanced Cleaning Checklist. They will check off on the laminated form with dry ease each day once a task has been completed.   **(5) Clean and disinfect as required:**  Blood/Bodily Fluid Spills: Using the steps outlined below, the surface must be cleaned first then disinfected:   * Isolate the area around the spill so that no other objects/humans can be contaminated * Gather all supplies, perform hand hygiene, then put on single-use nitrile gloves * Scoop up the fluid with disposable paper towels (check the surrounding area for splash/splatter) and dispose of in separate garbage bag * Clean the spill area with detergent, warm water and single-use towels * Rinse to remove detergent residue with clean water and single-use towel * Discard used paper towels immediately in a tied plastic bag * Use the disinfecting product in and around the spill area and allow for the appropriate disinfecting contact time * A final rinse is required if children come into contact with the area * Remove gloves as directed and discard them immediately * Perform hand hygiene as directed (see page 6)   Notes:   * 1. 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 your hands to clean up the glass   2. If the spill occurs on a carpet, follow the above steps along with professional steam/wet cleaning the carpet.   **(6) Crib and cot cleaning and disinfecting:**   * Cots and cribs must be labelled and assigned/designated to a single child per use * Cots and cribs must be cleaned and disinfected before being assigned to a child * Crib mattresses must be cleaned and disinfected when soiled or wet and before being assigned to a child * Cots must be stored in a manner which there is no contact with the sleeping surface of another cot * Bedding must be laundered weekly, and when soiled or wet   **Additional Infection Prevention and Control Practices For Hygiene Items**   * Bottles and Pacifiers must be individually labelled and stored separately (not touching each other), they must not be shared among children. * Label individual hygiene items and store them separately. * For creams and lotions during diapering, never put hands directly into lotion or cream bottles, use a tissue or single-use gloves. Upon arrival to the centre, wipe the cream/lotion container with a disinfecting wipe   **Hand Hygiene:**  Mulberry Bush Child Care will ensure that all staff maintain proper hand hygiene to minimize the spread of germs and contamination.  Hand hygiene may be accomplished using soap and running water or a hand sanitizer. Hand washing with soap and running water must be performed when hands are visibly soiled.  **Ensure that employees and children are always practicing good hand hygiene when hands are visibly dirty and/or after:**   * Sneezing, coughing, or blowing your nose * Using the washroom * Handling garbage * Handling raw foods * Outdoor play * Toileting/diapering routine * Handling soiled laundry or dishes * Handling soiled toys or other items * Coming into contact with bodily fluids * Coming into contact with any soiled/mouthed items * Gardening   **Staff will implement strict heightened hand washing practices. Alcohol based hand sanitizer may be used when hand washing is not possible. Hands should be cleaned using soap and water or hand sanitizer before and after:**   * Entering the Child Care Centre (starting a shift) * Screening children prior to their entry to the Child Care Centre * Before and after direct physical contact with children * After each transition within the building, whenever possible * Preparing, handling, serving and eating food (children should not be permitted to self-serve food during the COVID-19 outbreak to reduce potential for contamination) * Touching a cut or open sore * Changing diapers * Accessing the bathroom * Glove use * Dispensing/handling expressed breast milk * Before and after giving medication * Handling or taking out garbage * Applying sunscreen or other ointment to a child * Before and after staff lunch/breaks * Exiting the Child Care Centre (completing a shift)   **When hands are visibly soiled, follow these steps for cleaning hands:**   * Wet hands * Apply soap * Lather for at least 15 seconds. Rub between fingers, back of hands, fingertips, under nails * Rinse well under running water * Dry hands well with paper towel or hot air blower * Turn taps off with paper towel, if available   **When hands are not visibly soiled, follow these steps for cleaning hands:**   * Apply hand sanitizer * Rub hands together for at least 15 seconds * Work sanitizer between fingers, back of hands, fingertips, and under nails. * Rub hands until dry   **Hand Hygiene Monitoring**: To ensure that staff are using proper hand hygiene methods, supervisors will review hand hygiene practices on a regular basis and provide feedback to employees as required.  **Hand Sanitizing Information**: When your hands are not visible dirty, an alcohol-based hand sanitizer can be used. Hand sanitizers can only be used on children who are over the age of two and must always be used under adult supervision. However, when possible our first choice will be to wash the children’s hands with soap and water. Adults must ensure that the product has completely evaporated from the child's hands before allowing the child to continue their activity. Mulberry Bush Child Care will require written parent consent before applying hand sanitizer to any child.  **Glove Use**: Gloves shall be worn when it is anticipated that hands will come into contact with mucous membranes, broken skin, tissue, blood, bodily fluids, secretions, excretions, contaminated equipment or environmental surfaces. Nitrite gloves are single use only.  **Gloves and Hand Hygiene**: Hand hygiene shall be practised before applying and after removing gloves. Gloves shall be removed and discarded after each use.  To reduce hand irritation related to gloves:   * Wear gloves for as short as time as possible * Ensure that hands are clean and dry before wearing gloves * Ensure gloves are intact, clean and dry inside * Gloves are single use only, and must be task specific such as nitrile gloves for diaper changes   Note: remove gloves from wrist and peel inside out prior to disposal in a safe and secure location which cannot be accessed by children.  **Covering Your Cough Procedure**: Germs, such as influenza and cold viruses, are spread by coughing and/or sneezing. When you cough or sneeze on your hands, your hands carry and spread these germs*. If someone is exhibiting symptoms including coughing and sneezing, they should be excluded from the Centre*.  Attempt to keep your distance (preferably more than 2 metres/6 feet) from people who are coughing or sneezing. Follow these steps to stop the spread of germs:   * If you have a tissue, cover your mouth and nose when you cough, sneeze or blow your nose * Put used tissues in the garbage * If you don't have a tissue, cough or sneeze into your sleeve, not in your hands * Clean your hands with soap and water or hand sanitizer regularly and after using a tissue on yourself or others   **Guidance on the Use of Masks and Personal Protective Equipment (PPE)**   |  | | --- | | • Masks are not recommended for children, particularly those under the age of two (see information about the use of face coverings on the provincial COVID-19 website).  • Mask and PPE Guidelines and Expectations:   * Masks and Protective Eye Wear MUST be worn when indoors. Staff can remove masks when eating and/or when they are at least 6 feet away from another person (staff or child). * It is recommended that Kitchen staff wear a mask but it is not required since they are by themselves in the kitchen and practice enhanced cleaning, hand hygiene, and cough/sneeze covering * Staff are not required to wear a mask while outside IF they are able to practice safe social distancing. IF you are holding a child, down to their level etc. You MUST wear both a mask and protective eye wear. * Office staff are not required to wear a mask or protective eye wear as long as they can be socially distanced and/or by themselves. However, if they are to leave the office they are REQUIRED to put on the mask and eye wear.   • When wearing a mask, you should wash your hands before donning the mask and before and after removing the mask. All staff will be trained on the proper donning and doffing procedures.  • Perform and promote frequent, proper hand hygiene (including supervising or assisting participants with hand hygiene). Hand washing using soap and water is recommended over alcohol-based hand rub for children. | |  |   **(B)Screening for Symptoms**   |  |  | | --- | --- | | Advice from local public health office regarding precautions to have in place regarding screening as well as the information below was taken **from the Covid-19 Screening Tool for Children in School and Child Care and the Middlesex London Health Unit’s Decision Tree Model and Illness and Exclusion Algorithm.**  Parents will/have been given the Covid-19 Screening Tool and Decision Tree Documents via email. Each parent will read these documents and sign off and or send email back saying that they have read, understood, and consent to doing the screening on their child PROIR to bringing them each morning. Once the child is brought to the centre, the Staff will confirm with the parents that the self-assessment was done at home. If not, the staff will do an active screen on the child before they are permitted access to the centre.   * Screening area guidelines:   + Parents will bring children to the front door if their child is in the Toddler or Preschool room. The infant room parents can bring their child to the Infant playground out back.   + In the event that a line-up forms while parents/guardians and their children are waiting to drop their child of to the staff prior to entering into the child care centre they will need to practice safe social distancing. Only one family at a time in the entrance ways. Families are also encouraged to keep at least 6 feet apart from other families. To assist with this important measure, each family has been assigned a departure times to minimize the number of families arriving at one time. Each room also has designated times to be dropped off to avoid mixing of cohorts, especially in the shared cubby room located in front entrance. * Hand sanitizer is available at both entrances of the daycare and in hallways. * When the parent arrives, they can knock on the front door and/or ring the door bell to let us know they are here. The staff will then come and receive your child.   **Health Screening Procedure**:  As noted above, every staff and child must complete the self-screening assessment at home. We only require a verbal confirmation from parents and staff that it has been completed and no symptoms are present. If a family and/or staff was unable to conduct the screening at home, a trained staff will conduct an active screening on the child/staff member. The active screen consist of the staff asking the parents the same questions that are on the Provincial Covid-19 Screening Tool for Students and Children in School and Child Care. Then the staff will conduct a temperature check on the child and/or staff member. If the individual passes the screening they can come into the building. If they fail the screening, the staff will instruct the individual to follow the directions outlined on the same Covid-19 Screening Tool used to ask the questions. A copy of this screening tool is sent to all families and staff via email, along with a decision tree resource to help with the screening process. Screening must be done every day before the arrival at Murberry Bush Child Care Centre.   1. **Screening and self-assessment Outcomes:**  * If the individual answers **NO** to all questions, they have passed the screening and their child can enter the building: * If the individual answers **YES** to any of the screening questions, or refuses to answer, then they have failed the screening and cannot enter the building   + **If a child or a staff member is denied entry at screening, please refer to the section below titled “Actions to be Taken When Symptoms Displayed” for additional next steps and reporting requirements.**   **Attendance Records**   |  | | --- | | • All child care licensees are responsible for maintaining daily records of anyone entering the facility/home and the approximate length of their stay (such as cleaners, people doing maintenance work, people providing supports for children with special needs, those delivering food). Records are to be kept on the premises (centre or home).   * All staff and children's contact information are kept in both an electronic file on Himama and a paper file * Children and staff’s attendance (sign-in and out times) are also entered on a paper copy and in Himama   • Records (e.g. name, contact information, time of arrival/departure must be kept up-to-date and available to facilitate contact tracing in the event of a confirmed COVID-19 case or outbreak. | | |  |   **How to Report Illness**  Advice from local public health regarding testing and isolation of close contacts (when a child or staff displays symptoms or is ill) information below is taken from **Emergency Child Care Protocols May 29 2020 and the Ministry of Education’s Childcare Re-Opening Document Verson-4 November 2020**  To ensure the health and well-being of children accessing Licensed Child Care, children who become ill while attending the Centre will be required to leave the program. Staff must assess the situation to determine the need for pick up. Likewise, staff who become ill while working, will also be required to leave the Centre.  **Symptomatic Child:**  If a child does not pass the self-assessment screening and/or active screening the parent MUST follow the directions listed on the COVID-19 Provincial Screening Tool for Student and Children in School or Childcare. Please Note: Siblings of a symptomatic child will also be excluded from the centre until the symptomatic child receives a negative test result.  If the child is instructed to get a Covid-19 test, they may return with proof of a negative result and symptoms have improved after 24 hours from the onset of when the symptoms became present. If the parent refuses to get their child tested, they can choose to stay home and isolate for two weeks, Once the isolated period has ended and the child’s symptoms have improved, they may return to care again.  If the child displays a symptom/symptom of illness while they are in care at the Licensed Child Care setting: We will also follow the instructions on the COVID-19 Provincial Screening Tool for Student and Children in School or Childcare. We will also follow the following protocol:   * 1. The child will be isolated immediately from all other children, with one staff, in our designated isolation area. Our isolation area is located on our covered front porch or kept apart at least 6 feet from others in the classroom.   2. The staff supervising the symptomatic child will wear Personal Protective Equipment (PPE) including a mask and eye protection. If tolerated and if age appropriate, the symptomatic child will also wear a mask.   3. The parent/guardian will be notified to arrange for pick-up of the child as soon as possible. If the parent/guardian is not reached, an emergency contact person will be contacted to pick up the child. Every effort will be made to keep the child comfortable until an approved person arrives to take him or her home. 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).   4. Thorough environmental cleaning of the space that the child was isolated within will be conducted immediately once the child has been picked up.   5. Symptoms of illness will be recorded in the child's daily record in HiMama and in the illness tracking form as per the *CCEYA*.   6. If the Licensed Child Care Agency suspects a child has symptoms of a reportable communicable disease, please report these immediately to the Middlesex London Health Unit at **519 663 5317**, and complete the additional steps outlined under the heading “Reporting Requirements for any Suspected and/or Confirmed cases of COVID-19”.   7. Staff and children who were in the same cohort/space as the child, will not mix with other care groups for 14 days and will be monitored for symptoms.   8. they should avoid contact with vulnerable persons or settings where there are vulnerable persons (i.e., long-term care homes).   9. The Director will inform parents/guardians of children who were in the same cohort/room of possible exposure IF a symptomatic child becomes a **confirmed (positive)** case of Covid-19. The Health Unit will also be notified and we will follow the instructions set out by the Health Unit at that time.   10. Notify the Service System Manager as soon as soon possible if a child or a staff member has been excluded from care due to illness (at ChildrensServicesAdmin@london.ca).   **Symptomatic Staff:**  If a staff contacts the center prior to attending the Licensed Child Care setting to advise that they are displaying any symptom/symptoms, the staff should be told to contact their Primary Care Provider or the Middlesex-London Health Unit. The direction that is received by the staff should then be reported back to the Emergency Licensed Child Care Centre.  If the staff displays/reports any symptom/symptoms while they are on-site at the Licensed Child Care setting, they should immediately leave the facility (see additional details below, under the subsection ‘Reporting Requirements for Suspected and/or Confirmed cases of COVID-19’ and under the section titled ‘When to Restrict/Exclude from Access’).  **Symptomatic Child or Staff:** Any child or staff with any symptom/symptoms must stay/return home. It is recommended that the symptomatic child or staff receive a COVID-19 test.   * 1. **If the COVID-19 test is positive:** the parent/guardian of the symptomatic child or the symptomatic staff will be contacted by the Middlesex-London Health Unit regarding the positive test results and further direction. If required, the London-Middlesex London Health Unit will contact the Licensed Child Care Agency to begin contact tracing and provide further direction. For all positive cases, the Middlesex-London Health Unit must be consulted and provide clearance for the child or staff to return to the Centre.   2. **If the COVID-19 test is negative:** the formerly symptomatic child or formerly symptomatic staff cannot return to the Licensed Child Care Agency until they have been symptom free for over 24 hours.   If the parent/guardian of a symptomatic child refuses to have the child receive a COVID-19 test, the child must remain in isolation for 14 days from the onset of the symptom(s) (unless longer is recommended by the Middlesex-London Health Unit) prior to returning to the centre.  If the symptomatic staff refuses to receive a COVID-19 test, the staff must remain in isolation for 14 days from the onset of the symptom(s) (unless longer is recommended by the Middlesex-London Health Unit) prior to returning to the centre.  **Reporting Requirements for any Suspected and/or Confirmed cases of COVID-19:**    As outlined and communicated by the Ministry of Education (Licensing Branch), Agencies must follow the directions outlined below for any **suspected and/or confirmed** cases of COVID-19 for the following individuals:   * a child enrolled at the child care centre receiving Child Care * a parent/guardian of a child enrolled at a Child Care Centre * a staff of the licensee currently working at the child care centre providing Child Care   As also outlined and communicated by the Ministry of Education (Licensing Branch), when Agencies become aware of any **confirmed** cases of COVID-19 for any of the above individuals, Agencies must immediately conduct the following:   * Notify the Child Care Quality Assurance and Licensing Branch Regional Manager; * Notify all parents of children enrolled at the child care centre receiving Child Care if there is a confirmed case * Notify your CMSM/DSSAB (Service System Manager) (at ChildrensServicesAdmin@london.ca); * Follow the regular Serious Occurrence (SO) reporting requirements (including submitting a SO report in CCLS and posting the SO notification form) * The public health unit will contact us if there is confirmed positive case related to our centre.   As indicated above, the Supervisor or designate must document the situation of a suspected or confirmed case in the Daily Communication Log and the staff responsible for the child’s care must immediately ensure that this information is managed and recorded in the child’s file on HIMama and the illness tracking Record.  **Contacting the Middlesex-London Health Unit:**  If we are required to contact the Middlesex-London Health Unit to report a symptom, suspected case and/or to make an inquiry please note the following information from the Middlesex-London Health Unit:   * To support Emergency Licensed Child Care Centres, there is a team of staff, Public Health Nurses, who have been assigned the Child Care Centres in the event follow up/support is required. * The Public Health Nurses are on two teams, rotating 7 days a week from 9am to 9pm. * The ‘on-duty’ team is accessible by phone at 519-663-5317 Ext. 9012 and any message left after 9pm, will be returned the next day.   **Serious Occurrence Reporting**  • Child care centre licensees have a duty to report confirmed cases of COVID-19 under the Health Protection and Promotion Act. The local public health unit will provide specific advice on what control measures should be implemented to prevent the potential spread and how to monitor for other possible infected staff members and children.  • Licensees are required to post the serious occurrence notification form as required under the CCEYA, unless local public health advises otherwise.  **(C)How physical distancing will be encouraged**  The ministry recognizes that physical distancing between children in a child care setting is difficult and encourages child care staff and providers to maintain a welcoming and caring environment for children. When setting up the play space, physical distancing of at least 2 metres must be maintained between cohorts.  Children within the same cohort are considered to be in their own “bubble” and are not required to be socially distanced. However, we do encourage educators to create opportunities where we can try and be at least 2 meters apart.  Physical distancing opportunities may include:  o spreading children out into different areas, particularly at meal and dressing time;  o incorporating more individual activities or activities that encourage more space between children; and  o using visual cues to promote physical distancing.  • In shared outdoor space, cohorts will enjoy the outdoor space at alternate times throughout the day.  • Licensee providers are encouraged to increase the distance between cots/resting mats/playpens or place the children head to toe or toe to toe if the space is limited.  • Recognizing that physical distancing is difficult with small children and infants, additional measures include:     * planning activities that do not involve shared objects or toys; * when possible, moving activities outside to allow for more space; and * avoiding singing activities indoors. * Staggering drop-off and pick-up times of children; * Using physical cues (ie. floor markers) at screening area if multiple children/families arrive at the same time; * Utilizing smaller group settings when possible (ex. Splitting cohort into smaller groups to alternate indoor and outdoor time * Alternating outdoor play between different cohorts * Not using classrooms with shared facilities (where possible); * Staggering staff break and lunch times; * Using physical distancing cues (i.e-. floor markers, removal of chairs) in staff lunch or break areas. |

**(D)How shifts will be scheduled, where applicable**

Mulberry Bush Child Care Centre will try to assign all staff a set schedule to ensure limited mixing of cohorts where possible.

**(E)Rescheduling of Group Events and/or In-Person Meetings**

All future staff meeting will occur on zoom IF we cannot be at least 6 feet apart indoors. Staff will also be required to wear masks and protective eyewear. Meetings with parents and/or resource consultants will be held on the phone or over zoom. Parent Tours will be conducted virtually or after hours.

**(F)Parent drop off and pick-up procedures**

* Only staff and children are allowed access to the building
* Parents are encouraged to practice social distancing of at least 6 feet apart from other families and/or staff.
* Families must arrive in your child’s assigned drop off window according to rooms and their 15-minute pick up time frame at the end of the day. Due to the strict covid-19 Guidelines and staffing limitations, these time frames need to be adhered to. If you are late for drop off the following steps will be followed:
  + First Offence: verbal warning
  + There after a late charge will be applied to your account. The following fees will be as follows:
    - 3-10 minutes late: $7.50 charge
    - 11-15 minutes late: $10 charge
    - 16 plus minutes late: $20 charge
* You may pick up your child earlier if necessary. We recommend you call and arrange an early pick-up time on the day of.
* You will find your child outside in their playground at the end of the day for pick up times. If there is bad weather, and alternate pick-up area will be arranged.

**PART 3: OPERATIONAL GUIDANCE**

**PRE-PROGRAM CONSIDERATIONS**

**Communication with Families**

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| • Communication with families regarding the enhancement of health and safety measures facilitates transparency of expectations. New policies will be shared with families, for their information and to ensure they are aware of these expectations, including keeping children home when they are sick, which are aimed at helping to keep all children and staff/providers safe and healthy.  • Parents will be provided the policies and procedures regarding health and safety protocols to COVID-19.  • Priority/waitlist policies may be updated to account for limited capacity. Any changes to policies will be communicated to families so they are aware of the changes. • Where possible, the use of in-person communication should be limited. |

**Parent Fees**

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| • Childcare fees will remain at the level they were at prior to the closure |

**Access to Child Care Spaces and Prioritizing Families**

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| • When determining prioritization of limited child care spaces, Mulberry Bush Child Care Centre will consider the following:  o Returning children served through emergency child care to their original placement and continuity of service for these families;  o Care for families where parents must return to work and that work outside of the home;  o Families with special circumstances that would benefit from children returning to care, such as children with special needs |

**Staff Training**

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| • In collaboration with local public health, Mulberry Bush Child Care will ensure that training is provided to all child care staff/providers on the health, safety and other operational measures outlined in this document plus any additional local requirements in place at least once.  • This will include instruction on how to properly clean the space and equipment, how to safely conduct daily screening and keep daily attendance records, and what to do in the case that someone becomes sick. |

**Liability and Insurance**

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| All requirements under the CCEYA must be met in addition to the enhanced health and safety measures outlined in this document and by local public health |

**IN-PROGRAM CONSIDERATIONS**

**Visitors**

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| There should be no non-essential visitors at the program.  • The provision of special needs services may continue. Should questions arise in respect of which service providers are permitted to enter the premises, we will consult with your local public health unit.  • Use of video and telephone interviews will be used to interact with families where possible, rather than in person.  • Ministry staff and other public officials (e.g. fire marshal, public health inspectors) are permitted to enter and inspect a child care centre.  • As much as possible, parents should not go past the screening area.  • Licensees must ensure that there are no volunteers or students at the program.  There will be a visitor's log. The log will have the visitors contact information, active screening and sign-in and out times recorded. |

**Equipment and Toy Usage and Restrictions**

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| Mulberry Bush Child Care Centre will provide toys and equipment which are made of materials that can be cleaned and disinfected (e.g., avoid plush toys).  • Toys and equipment will be cleaned and disinfected at a minimum between cohorts.  • Mouthed toys will be cleaned and disinfected immediately after the child is finished using it. • We will have designated toys and equipment (e.g., balls, loose equipment) for each room or cohort. Where toys and equipment are shared, they should be cleaned and disinfected prior to being shared.  • If sensory materials (e.g., playdough, water, sand, etc.) are offered, they will be provided for single use (i.e. available to the child for the day) and labelled with child’s name |

**Program Statement/Activities**

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| • Mulberry Bush Child Care Centre will continue to implement our program statement.  • The ministry recognizes that there may be approaches outlined in the program statement which may not be possible due to physical distancing at this time. |

**Outdoor Play**

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| • Mulberry Bush Child Care Centre will schedule outdoor play in small groups/by cohort in order to facilitate physical distancing.  • The play structure will be used by more than one cohort; the structures can only be used by one cohort at a time and will be cleaned and disinfected before and after each use by each cohort.  • Toys and equipment that are shared, will be cleaned and disinfected prior to being shared.  • Children should bring their own sunscreen where possible and it should not be shared. Staff may provide assistance to apply sunscreen to any child requiring it and should exercise proper hand hygiene when doing so (for example washing hands before and after application). |

**Interactions with Infants/Toddlers**

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| Mulberry Bush will continue to supervise and hold bottles for infants not yet able to hold their own bottle to reduce the risk of choking.  • Mulberry Bush Child Care will place infants in every other crib, and mark the cribs that should not be used in order to support physical distancing.  • Recognizing that physical distancing is difficult with small children and infants, suggestions to support physical distancing include:  o planning activities that do not involve shared objects or toys; and,  o when possible, moving activities outside to allow for more space.  • Children must not share food, feeding utensils, soothers, bottles, sippy cups, etc. Mouthed toys must be removed immediately for cleaning and disinfecting and must not be shared with other children. Label these items with the child’s name to discourage accidental sharing. |

**Food Provision**

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| Mulberry Bush Child Care staff will ensure there is no self-serve or sharing of food at meal times.  o Utensils should be used to serve food.  o Meals should be served in individual portions to the children.  o There should be no items shared (i.e., serving spoon or salt shaker).  • There should be no food provided by the family/outside of the regular meal provision of the program (except where required and special precautions for handling and serving the food must be put in place).  • Children should neither prepare nor provide food that will be shared with others.  • Ensure proper hand hygiene is practiced when staff are preparing food and for all individuals before and after eating.  • Where possible, children should practice physical distancing while eating.  • There should be no sharing of utensils.  Staff must ensure the following as it pertains to the preparation and serving of food:   * Tables and countertops used for food preparation and food service must be cleaned and disinfected before and after each use * Highchairs must be cleaned and disinfected before and after serving food |

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

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| The ministry recognizes that children with special needs and their families continue to require additional supports and services in child care settings.  • The provision of in-person special needs services in child care settings should continue where appropriate. Should questions arise in respect of which service providers are permitted to enter the premises, please consult with your local public health unit. Please work with special needs service providers to explore alternative modes of service delivery where in-person delivery is not possible.  • Maximum capacity rules do not apply to SNR staff (consultants and enhanced staff) on site (i.e., if they are not counted towards staff to child ratios, they are not included in the maximum capacity rules).  • Where SNR services are provided through external staff/service providers, licensees and home child care providers should inform all families of this fact, and record attendance for contact tracing purposes.  • All SNR staff must be screened before entering the child care setting, as per the protocol in the screening section above. |