



2	SCREENING AND MONITORING	Status C/IP/NA	Notes
2.1	Screening station for COVID-19 is at main entrance/ drop off location		
2.2	Screening checklist is posted at the main entrance.		
2.3	<p>Equipment and supplies are provided at screening station:</p> <ul style="list-style-type: none"> • alcohol-based hand rub (ABHR) (≥70% alcohol) • thermometer (disinfected after every use) • disinfectant (wipes or spray with wiping cloth) • PPE supply for staff conducting the screening 		
2.4	Screening station allows for physical distancing (≥ 2 metres) between staff and the person being screened or is separated by a physical barrier (e.g. plexiglass). Screener is wearing personal protective equipment (i.e., surgical/procedural mask and eye protection)		
2.5	Staff, parents/guardians and essential visitors are educated on the signs and symptoms of COVID-19 and are directed to call the child care centre if symptoms develop at home.		
2.6	Children, parents/guardians, essential visitors and staff who are symptomatic or fail the screening are not allowed to enter the child care centre and told to follow up with RCDHU for screening.		
2.7	<p>A record of who is entering the facility is kept. Each record should include:</p> <ul style="list-style-type: none"> • Name • Time of arrival and departure • Screening results • For essential visitors (i.e., maintenance, medical personnel) the purpose, company and contact information is recorded. • Ensure essential visitors and residents are notified of the reasons for collecting this information which may be shared with RCDHU if needed during contact management and contact tracing. 		



2.8	<p>Ongoing monitoring</p> <ul style="list-style-type: none"> • Checks for illness among children are done at least twice daily. • Staff and essential visitors are asked about symptoms at the start and end of their shift/ visit. • Children and staff are passively screened for symptoms during operating hours. • Management maintains daily record of illness for staff and children (respiratory and enteric) in the child care centre. 		
2.9	<p>Staff know to notify RCDHU and any other appropriate agencies if:</p> <ul style="list-style-type: none"> • Anyone tests positive for COVID-19, or • You are seeing an increase in number of ill residents, staff or frequent visitors. 		

3	COHORTING OF CHILDREN AND STAFF	Status C/IP/NA	Notes
3.1	<p>Where more than one child care program or day camp is in the same building, both programs and cohorts</p> <ul style="list-style-type: none"> • Maintain physical separation • Adherence to all health and safety requirements. 		
3.2	<p>The maximum cohort size for each room is a maximum of 10 individuals (including staff and children) <i>space permitting</i>. The maximum capacity rule does not apply to Special Needs Resource staff on-site.</p>		
3.3	<p>Each cohort stays together throughout the day.</p>		
3.4	<p>Each cohort group does not mix with other cohort groups.</p>		
3.5	<p>Supply/replacement staff should be assigned to specific cohorts and these staff should not mix between cohorts.</p>		
3.6	<p>Child care operators are to refer to CCEYA and Ministry of Education regarding child and staff ratios as well as mixed age grouping.</p>		
3.7	<p>Child care staff must work at only one location/ child care facility.</p>		
3.8	<p>Supervisors and/or designates should <i>limit</i> their movement between rooms, only doing so when absolutely necessary.</p>		



4	INFECTION PREVENTION AND CONTRL (IPAC)	Status C/IP/NA	Notes
4.1	<p>Ensure parents/guardians are aware of following enhanced health and safety measures/information, such as:</p> <ul style="list-style-type: none"> • Keeping children home when they are sick • Screening and protocols if a child/staff becomes ill • Immediate pick-up requirement once a child begins to show symptoms of COVID-19 <p>Parents/guardians have provided an emergency contact that is able to pick up the child when parent/guardian is not available. Emergency contact is aware of all COVID-19 measures for physical distancing, hand hygiene and self-monitoring.</p>		
4.2	<p>Training</p> <ul style="list-style-type: none"> • Staff and essential visitors are trained on how to properly use masks and personal protective equipment as appropriate. • Key resources include: <ul style="list-style-type: none"> • How to put on and take off PPE videos • Putting on and taking off PPE poster • Masks and face coverings 		
4.3	<p>Laundry and bedding</p> <ul style="list-style-type: none"> • Gloves are worn when handling dirty laundry. • Gowns should be added to decrease contamination on clothing. • Handle laundry gently without shaking. • Use regular laundry soap and hot water (60°C-90°C). • Linens soiled in fecal material should be washed separately • Items with blood or bodily fluids belonging to the child are placed in a tied plastic bag and sent home with the child's parents/guardians. Soiled items must not be rinsed or washed at the centre. 		
4.4	<p>Sleeping Equipment</p> <ul style="list-style-type: none"> • Sleeping equipment (e.g., cribs, cots, mats and bedding) should be designated and not shared. Disinfect and launder after each use. • Personal linen is labelled with child's name and not shared. • Increasing distance between sleeping equipment <i>or</i> place children head-to-toe or toe-to-toe positions if spacing is limited. • Move cribs to allow for 2 metre distancing or place child in every other crib. 		



4.5	<p>Toys and Equipment</p> <ul style="list-style-type: none"> • All toys must be able to be cleaned and disinfected (e.g. remove plush toys). • Designate toys and equipment for <i>each</i> cohort group. • Toys and equipment are cleaned and disinfected prior to sharing with another cohort group. • Clean and disinfect mouthed toys immediately after each use. • Community/public playgrounds are not used until MOH approval. • Play structures/playground equipment can only be used by one cohort at a time. Clean and disinfect before and after each use by each cohort. 		
4.6	<p>Education and training is provided and signage is posted about:</p> <ul style="list-style-type: none"> • Respiratory etiquette – coughing and sneezing into a tissue or into your elbow or sleeve, followed by hand hygiene. • Hands should be cleaned; <ul style="list-style-type: none"> • Upon entering the facility • Before and after touching surfaces or using common areas or equipment • Before eating • Before and after preparing food • Before putting on and before and after taking off a mask • Before touching the face (including before smoking) • After using the bathroom • When dirty. 		
4.7	<p>Ensure adequate hand hygiene</p> <ul style="list-style-type: none"> • Proper and frequent hand hygiene practices are followed. Review and encourage hand hygiene practices with staff, parents/guardians and children. • Staff provides supervision for hand hygiene practices and provides assistance where necessary. • There is access to adequate supplies of liquid hand soap, paper towels (or automatic hand dryers) and alcohol-based hand-rub. • Ensure ABHR remains wall-mounted and out of children’s reach. • Foot activated garbage cans available. 		



4.8	<p>Cleaning and disinfection</p> <ul style="list-style-type: none"> • Policies and procedures for enhanced environmental cleaning and disinfecting are developed. • Frequently touched surfaces are cleaned and disinfected at least twice daily and as needed. • Appropriate cleaning products are used for the appropriate length of time (contact time). • Only use cleaners and disinfectants with a drug identification number (DIN). • Ensure adequate amount of supplies are on hand and accessible. • Appropriate PPE must be worn when utilizing disinfectants. • There is a regular schedule and log for cleaning all surfaces. • Shared items that are difficult to clean have been removed. • A new cloth is used for each room <p>A key resource is Cleaning and Disinfection for Public Settings.</p>		
4.9	<p>Food Safety</p> <ul style="list-style-type: none"> • “No sharing” policies and procedures are reinforced including food, water bottles or personal items and belongings. • Personal items should be clearly labelled with each child's name. • No self-serve or sharing of food at meal times. • Foods are prepared, handled, stored and served in a safe manner. 		
4.10	<p>Personal Protective Equipment (PPE)</p> <ul style="list-style-type: none"> • PPE is single-use only, unless specified by manufacturer. • Operator has secured and sustains an adequate supply of personal protective equipment (PPE) available for use (e.g., gloves, surgical/procedural masks, gowns, eye protection). • Staff is trained on the proper use of PPE including how to put on and take off PPE. • Risk assessment is conducted to determine PPE required for each task. • Surgical/procedural mask and eye protection are used for screening if a physical barrier is not available. • Full PPE (i.e., surgical/procedural mask, gloves, gown and eye protection) is used when taking care of a symptomatic child at the centre prior to pick up. • Full PPE when cleaning and disinfecting area/room of a suspected or confirmed COVID-19 case. 		



4.11	<p>Support activities that can be done with physical distancing</p> <ul style="list-style-type: none"> • All activities that require close contact are discontinued, including group in-person meetings. • Spreading children out into different areas of the cohort at meal and dressing time. • Schedules for using common areas are staggered. • Avoid planning activities that involve shared objects or toys. • Avoid singing activities inside. • Furniture is moved to support keeping 2 metre distancing and tape is used on the floors and/or walls to indicate where furniture should stay. • Moving activities outside to allow for more space. • Common areas are cleaned and disinfected at least twice daily. • Children are encouraged to clean their hands before and after activities and using any equipment. • Shared equipment is cleaned and disinfected after use . • Shared items that cannot be cleaned such as puzzles, cards, and plush toys have been removed. 		
4.12	<p>Bathrooms</p> <ul style="list-style-type: none"> • Staggered schedules for using common bathrooms are created. • Label personal hygiene equipment with the child's name and are not left where they may be accidentally used by others. • Bathrooms are cleaned and disinfected at least twice daily and when dirty. 		
4.13	<p>Interactions</p> <ul style="list-style-type: none"> • When holding infants and toddlers, staff should place a blanket or cloth over their clothing to avoid direct contact with the child. • The blanket or cloth should then be laundered after each use. • Staff should refrain from getting close to faces of all children, when possible. 		



4.14	<p>Meals</p> <ul style="list-style-type: none">• Meal times are staggered to support physical distancing. Clean and disinfect surfaces, such as table tops and the arm rests of chairs, between each meal time.• Use of the kitchen for meal preparation is staggered.• Kitchen is cleaned and disinfected between use as appropriate and at least twice daily or when dirty.• Tables and chairs are as far apart as possible, at least 2 metres apart, and chairs are set up so that residents are not directly facing each other. <i>Every other seat is blocked off or removed.</i>• The floor is marked with the locations where the seats should stay.• Shared items like salt and pepper shakers, ketchup, mustard and food containers (e.g., water pitchers, coffee and cream dispensers) are removed. Single use items are provided.		
4.15	Use video and telephone interviews with parents/ guardians, if possible.		



INTERVENTIONS FOR SYMPTOMATIC CHILDREN OR STAFF

6	SYMPTOMATIC CHILDREN OR STAFF	Status C/IP/NA	Notes
6.1	<ul style="list-style-type: none"> Symptomatic child/ sibling/staff at the centre are immediately separated from others and supervised in a designated room/space. Parent/guardian is contacted for immediate pick up. 		
6.2	<ul style="list-style-type: none"> Designated staff member providing care to a symptomatic child should maintain a distance of 2 metres, if possible. Avoid contact with the child's respiratory secretions and perform meticulous hand hygiene. 		
6.3	<ul style="list-style-type: none"> A surgical/procedural mask should be worn by the symptomatic child (if tolerated and above age of 2). Full PPE should be worn by the staff member who takes care of the symptomatic child. 		
6.4	<ul style="list-style-type: none"> Designated room/space should be equipped with a hand sink supplied with liquid soap and paper towels or hand sanitizer and facial tissue. 		
6.5	<ul style="list-style-type: none"> Symptomatic children should be reminded to practice hand hygiene and respiratory etiquette while waiting for pick up. 		
6.7	<ul style="list-style-type: none"> Open doors or windows to increase air circulation into the designated room if possible. 		
6.8	<ul style="list-style-type: none"> Clean and disinfect (with outbreak-level disinfectant) the room/space and any items touched by the symptomatic child after they have been picked up (while still in PPE). For items such as books or cardboard puzzles, remove from use and store in a sealed container for a minimum of 7 days. 		
6.9	<ul style="list-style-type: none"> Siblings of the sick child are also to be picked up and excluded from the child care centre. 		
6.10	<ul style="list-style-type: none"> Contaminated items belonging to the symptomatic child (including soiled clothing) are sent home immediately for cleaning. Place the item in a securely tied plastic bag and send home with the child's parents/guardians. Soiled item must not be rinsed and or washed at the centre. 		