



COVID-19 Protocols for Child Care / B&A Programs

Effective September 1, 2020

Updated August 31, 2020

This document is subject to change in accordance with direction from the Ministry and local health officials. Updates will be communicated with all childcare operators and posted to the child care portal.

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*Kids' Stuff...the Family Learning Centre on the Thames has adopted the following Municipality of Chatham-Kent Protocol for Reopening Child Care Centres in addition to other ***specifications*** as noted. The following COVID-19 policies and procedures will temporarily pre-empt any pre-existing Kids' Stuff policies and procedures.*

Table of Contents

1. [COVID-19 Requirements](#)
2. [Before and After School Programs \(K-GR.6\)](#)
3. [COVID-19 Operational Requirements: Child Care Re-Opening](#)
4. [Enhanced Environmental Cleaning and Disinfection](#)
5. [COVID-19 Outbreak Response](#)
6. [Exclusion of Sick Children/Staff Protocols](#)
7. [Child Care Centre Health Screening](#)
8. [Mandatory Staff Training](#)
9. [Recommendations for the use of Personal Protective Equipment \(PPE\)](#)
10. [Hand Hygiene](#)
11. [Space Set-Up and Physical Distancing](#)
12. [Provision of Special Needs Resources \(SNR\)](#)

As of September 1, 2020

All programs will be required to continue following strict health and safety measures while operating at their full licensed capacity, including but not limited to:

- **Grouping children and limiting interactions between groups**
- **Requiring medical masks and eye protection for all adults in the program**
- **Requiring non-medical or cloth masks for children in grades 4 and above**
- **Screening, limiting visitors, and recording attendance for contact tracing**
- **Developing COVID-19 health and safety protocols**
- **Enhanced cleaning.**

These protocols apply to the following:

Children attending child care, child care centre staff, students, home child care providers and those ordinarily resident/regularly at the home child care premises.

1. COVID-19 Requirements

Child care plays a critical role our community, especially as Ontario prepares to reopen amid the COVID-19 pandemic. It is important that providers and staff have the necessary resources to provide quality child care with enhanced health and safety measures. For those returning to the child care workforce specific measures have been put in place to support the safe transition for both staff and families. Some of the precautions to reduce the spread of COVID-19 will include daily screening of children, families and staff, increased cleaning and disinfection and reduced group sizes. This document contains key components to support operators in reopening.

Public Health Policies and Procedures

Centres will be required to follow procedures as documented in their policies and procedures as well as Public Health's enhanced health and safety measures established for child care operations during the COVID-19 pandemic as listed in this document.

Mandatory Training

As part of the Ministry of Education's Child Care Reopening Guidelines, the Municipality of Chatham-Kent must ensure that training is provided to all child care staff/providers on health and safety measures prior to reopening.

Public Health Ontario and Chatham-Kent Public Health Services have developed videos and posters to assist with understanding our role in stopping the spread of COVID-19 in our community. Links to important information are provided below and all child care staff/providers must complete this training prior to reopening.

- 7 Steps of Hand Hygiene - <https://www.publichealthontario.ca/en/videos/7-steps-handhygiene>
- Putting on Gloves - <https://www.publichealthontario.ca/en/videos/ipac-gloves-on>
- Putting on Mask and Eye Protection - <https://www.publichealthontario.ca/en/videos/ipac-maskeyes-on>
- Taking off Mask and Eye Protection - <https://www.publichealthontario.ca/en/videos/ipac-maskeyes-off>
- Taking off a Gown and Gloves - <https://www.publichealthontario.ca/en/videos/ipac-gowngloves-off>
- Taking off Full Personal Protective Equipment - <https://www.publichealthontario.ca/en/videos/ipac-fullppe-off>
- Putting on Full Personal Protective Equipment - <https://www.publichealthontario.ca/en/videos/ipac-fullppe-on>
- How to properly Screen (Video) – <https://www.dropbox.com/s/etd1ld0ilv6biir/Screening2.mp4?dl=0>

Communication with Families

Child care operators must ensure that families are aware of the enhanced health and safety measures prior to families coming to the centre. This will ensure that families are aware of their expectations and will promote confidence in the safety measures that have been put in place. Licensees must share with parents, the policies and procedures regarding health and safety protocols to COVID-19, including requirements and exceptions related to masks.

Operators are encouraged to find other ways to communicate with families that will ensure physical distancing including telephone or video conferencing instead of face to face meetings. Where possible, the use of in-person communication should be limited. Online billing and payment options are encouraged.

Operators must ensure that there is visible signage at the entrances and drop off areas to explain the screening process and that non-essential visitors are not permitted at this time. The Municipality of Chatham-Kent will distribute signage to assist in communicating enhanced screening and safety measures.

- [Cover your Coughs and Sneezes](#)
- [Passive Screening 'Stop' sign \(to be posted on entrance\)](#)
- [Physical Distancing Sign](#)
- [Please Sanitize your Hands](#)

Personal Protective Equipment (PPE)

The Ministry of Education will provide surgical masks and face shields for all child care operators in Chatham-Kent. All adults in the child care program are required to wear medical masks and eye protection.

Attestation Form

The Ministry of Education has provided all child care operators with an Attestation Form. You must complete and submit this form to your Ministry of Education Program Advisor at least two days prior to your anticipated opening date.

This form confirms that you have developed and reviewed the enhanced protocols with staff and home child care providers and visitors, and that the policy has been made available to parents. Please note that the Attestation Form can apply to multiple licences. However, if your attestation refers to multiple licences, you must provide a list of all applicable licence numbers and child care centre/home child care agency names.

Parent Fees / Prioritization

- In an effort to stabilize parent fees when re-opening, the ministry encourages child care operators to set fees at the level they were at prior to the closure, where possible. Home child care providers are also encouraged to hold parent fees to the level they were at prior to the COVID-19 outbreak (March 2020), where possible.
- Where a child who was receiving care in a child care centre immediately prior to the closure is offered a child care space for September 1, 2020, or later, parents will have 14 days to accept or decline the placement.
 - If the placement is accepted, child care operators may charge a fee to use or hold the space as of September 1, 2020, whether the child attends or not.
 - If the placement is declined, child care operators may offer the placement to another child.
 - Operators continue to be prohibited from charging or accepting fees or deposits to add families to a priority list for preferred access to spaces;
 - Per the operational guidance first released in mid-June, for children who received child care at a home child care premises immediately before the closure, licensed home child care providers are still required to give parents 30 days to indicate whether they want to keep their space. After the 30 days, payments would be required to secure the space, whether the child attends or not.
- Additional considerations and recommendations on prioritization policies will be discussed on an ongoing basis through Operator Update teleconferences and one-on-one meetings with the CMSM.

Pick up and Drop Off Policy

Licensees should develop procedures that support physical distancing and separate groups of children as best as possible (i.e., children of one room enter door A and children of another room enter door B, or staggered entrance times).

As much as possible, parents should not go past the screening area. All entrances should have alcohol-based hand rub. Consider using signage/markings on the ground to direct families through the entry steps.

Personal belongings (e.g., backpack, clothing, etc.) should be minimized. Belongings should be labeled and kept in the child's cubby/designated area. You may want to consider a specific policy/protocol for stroller storage if this typically takes place inside the child care setting (for example, designating a space outside of the child care setting so that parents do not need to enter the building to leave the stroller).

2. Before and After School Programs (K-GR.6)

With some exceptions, these protocols apply to child care centres, licenced home child care, and before and after school programs. **For easy reference, items referring explicitly to before and after school programs in other sections of this document will be marked in green.**

The following information is intended to provide clarification and best practices to operate before and after school programs with enhanced health and safety guidelines and/or restrictions in place for the 2020-2021 school year due to COVID-19.

All before and after school programs operated or contracted by the board should follow the health and safety requirements set out by the Ministry of Education for core-school program delivery as well as guidance provided by the school board and local public health unit.

Please refer to the Ministry of Education's documents for more information and guidance:

- <http://www.edu.gov.on.ca/childcare/child-care-guide-child-care.pdf>.
- <http://www.edu.gov.on.ca/childcare/before-and-after-school-programs-guide.pdf>
- [How Does Learning Happen?](#)

At this time, the Ministry of Education has provided direction that all before and after school programs may operate with pre-COVID-19 outbreak declaration ratios and maximum group size requirements beginning in September 2020.

COVID-19 Operational Requirements: Child Care Re-Opening

Date: _____

Facility Name: _____

Facility Address: _____

Operator Name: _____

Signature: _____

1.	Entrance	Y	N	N/A
1.1	<p>Passive Screening and Signage: There is signage at the entrance prompting staff, children parents/guardians, and essential visitors to self-identify if they/their children have signs and symptoms of COVID-19. There are also:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Reminders to perform hand hygiene. <input type="checkbox"/> Reminders to follow respiratory etiquette. <input type="checkbox"/> Access to 60% - 90% alcohol-based hand rub (not accessible to children) <input type="checkbox"/> Upon entry in the child care center, staff, essential visitors and children shall wash/disinfect their hands. 			
1.2	<p>Active Screening: There is a screener present at the entrance to actively screen all staff, children, parents/guardians, and essential visitors, for signs and symptoms (including temperatures) as they enter the building. Thermometers must not be used between children/staff without single use protective covers or disinfecting between uses.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Screening charts are printed from the most updated forms posted on the child care portal. <p>Do not permit children/staff who are ill to enter the childcare center.</p> <p>There are also:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Physical distancing (2m) in place through physical means or Plexiglas/other barrier. <input type="checkbox"/> Personal protective equipment (PPE) – if there is no physical barrier/distancing <ul style="list-style-type: none"> <input type="checkbox"/> Surgical mask <input type="checkbox"/> Eye protection (Face Shield or goggles) <input type="checkbox"/> All screening charts are to be kept as a log book of all individuals entering the facility. Including but limited to; delivery people, special needs support staff, cleaners etc. <input type="checkbox"/> A process for individuals who respond “yes” to one or more symptoms of COVID-19 <input type="checkbox"/> Screeners ask all staff if they are working at other child care facilities. Those who respond yes to working in another facility/location are NOT to enter the facility. <input type="checkbox"/> Supply/replacement staff should be assigned to specific groups. 			

1.3	<p>Ongoing Monitoring: Staff are to monitor their group of children and themselves for symptoms and signs of COVID-19. If a child or staff member becomes sick while in program, they are isolated and family members contacted for immediate pick-up – refer to the <i>Exclusion of Sick Children/Staff Policy and Procedures</i>.</p> <ul style="list-style-type: none"> <input type="checkbox"/> A written process for isolating sick children and staff <input type="checkbox"/> A designated location for isolation: _____ <input type="checkbox"/> A written process for cleaning and disinfecting items used by the sick individual <input type="checkbox"/> Staff are aware of reporting requirements. Child care centers have a duty to report suspected or confirmed cases of COVID19 by completing a Serious Occurrence. 			
1.4	<p>Drop-Off and Pick-up Procedures: Procedures support physical distancing and separate groups as best as possible (eg. staggered entrance times). Parents/guardians do not go past the screening area, unless necessary.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Hand Sanitizers available at the entrance. Verify that wall dispensers have material <input type="checkbox"/> Physical distancing of 2 meters (using signage/markings on the ground) <input type="checkbox"/> Personal belongings minimized. If brought, are labeled and kept in the child's designated area 			

2.	<p>Maximum Capacity, Group Size and Ratio:</p> <p>Child care and early years programs may return to maximum group sizes (as set out under the CCEYA) on Sept.1. Children are grouped by room and staff members are assigned to specific groups which stay together throughout the duration of the program for the week. Staff and students are not included in the maximum group size, but should be assigned to a specific group where possible. Children are permitted to attend on a part time basis, and as with children attending full time, should be included in one group and should not mix with other groups.</p> <p>Maximum group size rules do not apply to Special Needs Resource staff on site.</p> <p>BEFORE AND AFTER SCHOOL PROGRAMS AND GROUPS</p> <p>The ministry recognizes that in order for before and after school programs to be operational and viable, it may not be possible to limit students in the before and after school program to their groups from the core day. The ministry recommends that, in circumstances where students from different school day classes must interact to participate in the before and after school program, boards make efforts to limit interactions between students from different classes to the greatest extent possible.</p>	Y	N	N/A
2.1	<ul style="list-style-type: none"> <input type="checkbox"/> A separation between the child care groups is maintained <input type="checkbox"/> Groups are not mixed, ratios are maintained as set out under the CCEYA. <input type="checkbox"/> Children attending on a part time basis (e.g., half days, Mondays/Wednesdays) should be kept in the same group for that week. <p>Best practices to limit interactions between students from different classes may include: Making best efforts to group the before and after school program class with the same core day class (e.g. determining core day classes based on whether the child is enrolled in the before</p>			

	and after school program); and Making use of large, well-ventilated spaces (e.g. gymnasium) or outdoor spaces as much as possible for the before and after school programs.			
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3.	Use of Masks and Personal Protective Equipment (PPE): Child care centres and school age programs will be provided with PPE. The Safe Restart Funding (SRF) memo was released on August 14th confirming that staffing expenses to meet public health requirements and the ministry’s operational guidance for reopening, is an allowable expense under SRF.	Y	N	N/A
3.1	As of Sept. 1, all adults in a child care setting are required to wear medical masks and eye protection (face shield or goggles), children in grades 4 and above are required to use non-medical or cloth masks, and all school-aged children are encouraged, but not required to wear masks. Home-based child care providers must also operate with these health and safety measures in place. <input type="checkbox"/> Where masks are stored: _____ <input type="checkbox"/> Staff have access to masks, face shields/goggles, and gloves <input type="checkbox"/> Staff assess and monitor the rate of use <input type="checkbox"/> Staff are trained on and can demonstrate proper donning and doffing of PPE.			
3.2	Proper hand hygiene is preformed and promoted throughout the facility. <input type="checkbox"/> Appropriate number of hand washing sinks/sanitizing stations available			

4.	Cleaning and Disinfection	Y	N	N/A
4.1	Frequently touched surfaces are cleaned and disinfected at least twice a day (i.e., doorknobs, water fountain knobs, light switches, toilet and faucet handles, electronic devices, and tabletops). School boards are required to ensure that the classroom is cleaned and disinfected after the core day program ends and the before and after school program begins. Providers may consider scheduling outdoor play during the time that the cleaning and disinfecting takes place. <input type="checkbox"/> Designated/backup cleaning staff roster (Cleaning staff may also perform other duties) <input type="checkbox"/> A cleaning and disinfection log is used to track and demonstrate cleaning schedules.			
4.2	Facility uses approved, non-expired cleaning products that have a DIN number and a manufacturer’s recommended contact time of less than 5 minutes. Product used: _____			
4.3	Linens (infant blankets and single-use face/hand cloths) are laundered in between children. <input type="checkbox"/> Linens are laundered after each use <input type="checkbox"/> Cot covers are laundered weekly <input type="checkbox"/> Clean linens stored in sanitary condition <input type="checkbox"/> Laundry bin provided in each room <input type="checkbox"/> Linens immediately placed into laundry bin after use			

5. Space Set-Up and Physical Distancing	Y	N	N/A
5.1 Physical distancing of 2m maintained between groups (including during outdoor play). <input type="checkbox"/> No mixing of groups <input type="checkbox"/> Scheduled times for each group in common areas (gyms, outdoor playgrounds)			
5.2 Physical distancing is promoted within groups <input type="checkbox"/> Spreading children out <input type="checkbox"/> Incorporating individual activities or activities that encourage more space between children			
5.3 A physical barrier is in place to ensure physical distancing when groups are using the same indoor space.			
5.4 Physical distance is maintained between cots/resting mats/playpens or children are placed head to toe or toe to toe if space is limited.			
5.5 Shared spaces that cannot be cleaned and disinfected are not used. (Exception: outdoor sand boxes)			

6 Equipment and Toy Usage	Y	N	N/A
6.1 Toys and equipment are cleaned and disinfected at a minimum between groups (avoid toys/equipment that cannot be cleaned and disinfected). <input type="checkbox"/> A schedule is set for cleaning and disinfecting <input type="checkbox"/> Mouthed toys are cleaned and disinfected immediately after the child is finished using it. Mouthed toy bins are available in each room <input type="checkbox"/> Each group has designated toys and equipment, if applicable			
6.2 Sensory materials are single use (available to the child for the activity) and labelled with the child's name, if applicable. (Exception: large outdoor sandboxes)			
6.3 Play structures are used one group at a time. <input type="checkbox"/> Established schedule for each group Play structures are cleaned and disinfected at a minimum between groups. <input type="checkbox"/> Log documenting cleaning and disinfecting			

7 Interactions with Infants/Toddlers	Y	N	N/A
7.2 Avoid getting close to faces of children whenever possible (ie. activities that may result in droplet spread). Mask and eye protection must be worn at all times when within 6 feet of children.			

8 Food Provisions	Y	N	N/A
8.1 No self-serve or food sharing. Meals are served in individual portions, using utensils.			
8.2 Provision of food outside of the regular meals/snacks provided by the program is not permitted, except where required due to medical dietary needs (i.e. allergies, etc.). Food handling and serving practices must comply with the requirements stipulated by the CCEYA and the Ontario Food Premises Regulation (O. Reg. 493/18). https://www.earlyyears.edu.gov.on.ca/EYPortal/en/ChildCareLicensing/CCEYALicensingStandards/Nutrition/index.htm			

8.3	Hand hygiene is practiced by staff, food handler, and children. <input type="checkbox"/> Staff wash hands prior to serving food <input type="checkbox"/> Food handlers wash hands as needed during food preparation <input type="checkbox"/> Children wash hands before meals and snacks			
8.4	Where possible, children practice physical distancing while eating. <input type="checkbox"/> Adequate spacing in rooms for food service <input type="checkbox"/> Common dining areas have separate areas for groups or staggered schedules			

9	Staff Training	Y	N	N/A
9.1	Staff and students are provided training on health, safety, and other operational measures. <input type="checkbox"/> Instruction on cleaning and disinfection <input type="checkbox"/> How to safely conduct daily screening and keep daily attendance records <input type="checkbox"/> Proper mask use <input type="checkbox"/> Proper hand hygiene <input type="checkbox"/> What to do if someone becomes sick			
9.2	<input type="checkbox"/> Staff Training records are available and up to date.			

10	Visitors	Y	N	N/A
10.1	No non-essential visitors at the program. No volunteers at the program. Students on field placements are allowed and should be assigned to a specific group.			
10.2	Ministry, public health officials and essential visitors are screened prior to entering the premises, wear the prescribed PPE, and follow any other protocols.			

12	Health and Safety protocols			
12.1	Every licensee must ensure that there are written policies and procedures outlining the licensee's health and safety protocols. Licensees must submit an attestation to the Ministry that confirms new policies and procedures have been developed and reviewed with employees, home child care providers, home child care visitors and students. These policies and procedures must be consistent with any direction of a medical officer of health and include information on how the child care setting will operate during and throughout the recovery phase following the COVID-19 outbreak including: <input type="checkbox"/> Disinfection of the space, toys and equipment <input type="checkbox"/> How to report illness <input type="checkbox"/> How physical distancing will be encouraged, how meetings, parent orientation and training sessions are held <input type="checkbox"/> How shifts and break coverage is organized and how break rooms are set for social distancing <input type="checkbox"/> Rescheduling of group events and/or in-person meetings <input type="checkbox"/> Parent drop off and pick up procedures.			

Comments / Notes:

4. Enhanced Environmental Cleaning & Disinfection

From what is currently understood about COVID-19, commonly used cleaners and disinfectants are effective against the virus that causes COVID-19. In order to prevent the spread of respiratory illnesses including COVID-19, licensed child care centres will be required to maintain their routine cleaning and disinfection schedules, and also provide enhanced cleaning and disinfection of high-touch surfaces, and mouthed objects and toys.

All products including cleaners and disinfectants must be out of reach of children, labelled and must have Safety Data Sheets (SDS) that are up to date and stored in WHMIS binder on site. Each classroom and washroom should have its own designated detergent and disinfectant. Ensure cleaning and disinfectant products are not expired, and follow manufacturer's instructions.

Cleaning: is done with soap and water removes dirt and grease that can hide and protect germs from disinfectants. Cleaning with soap and water will also substantially reduce the number of germs that may be on surfaces.

Disinfecting: after cleaning will kill most of the germs that were left behind. A routine housekeeping schedule is necessary to ensure these duties are completed (a checklist is useful).

Selection of Disinfectants

It is important to choose an approved disinfectant with a drug identification number (DIN). It must be appropriate for the surface it is being used on and the contact time (time the surface stays wet) must be achievable. Public Health recommends a product with a shorter contact time of between 1 and 5 minutes.

Record Keeping

The child care centre must produce a specific cleaning and disinfecting schedule for each group, washroom, kitchen, common areas, indoor/outdoor play areas, and other areas accessed by the program. A cleaning and disinfection log must be used to track and demonstrate cleaning schedules (indoor and outdoor).

The child care centre must designate staff to clean and disinfect. These individuals will be responsible for keeping cleaning and disinfecting records, which should include the date, time, product used, the name of the staff responsible, etc. These staff may also perform other duties.

Enhanced cleaning frequencies:

Toys & Play Structures:

- Increase frequency of cleaning and disinfecting to daily (not weekly)
- Centres are encouraged to have designated toys and equipment for each room/group and clean as needed (or after each use). If shared, must be cleaned and disinfected at a minimum between groups.
- Any mouthed toys must be cleaned and disinfected immediately after each use. After disinfecting, the toy must be rinsed with potable water prior to returning to play.
- Soft fabric toys and items that cannot tolerate regular cleaning and disinfection must not be used.
- Indoor sensory play is discouraged unless items are single use and dedicated to one child (e.g. water table, etc.). Avoid indoor or outdoor water play.
- Outdoor play areas, including sand boxes, should only be used by one group of children at a time, while maintaining physical distance as much as possible between children, and focus on hand washing before and after play.
- Play structures can only be used by one group at a time. Play structures must be cleaned and disinfected in between groups. The operator of the child care centre must establish what product will be used to clean and disinfect play structures. If play structures are made of materials that cannot be cleaned and disinfected, they must not be used (i.e. wooden play structures). These requirements may change for outdoor play structures based on seasonal use.

Frequently touched areas:

- High touch surfaces such as door handles, hand rails, door knobs, water fountain knobs, light switches, tabletops, electronic devices, toilet and faucet handles, etc. should be cleaned and disinfected at least twice per day and more often as needed.
- Staff must adhere to diapering and toileting steps and ensure proper cleaning and disinfecting between diaper change or toileting processes.

Other areas:

- Large equipment and shelving must be cleaned and disinfected every week
- Floors must be swept and mopped daily or more often if necessary.
- Carpeted floors to be vacuumed at least once per day
- Tables and chairs are to be cleaned and disinfected twice daily and between each group or more often if needed
- 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
- Washrooms are to be cleaned daily and between each group usage
- Low touch surfaces must be cleaned and disinfected daily and between groups. These include window ledges, doors, sides of cabinets, furniture, etc.

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- Potty chairs and diaper changing surface to be cleaned and disinfected after each use
- Cots and cribs must be cleaned and disinfected after each use, with bed linens being laundered between children
- Cots and cribs must be labelled and assigned/designated to a single child per use, 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, high touch surfaces on cots and cribs must be disinfected after each use.
- The cleaning equipment itself requires careful and regular cleaning and disinfection to avoid inadvertent cross-transmission of microorganisms during subsequent use.
- Fabric furniture coverings and throw rugs to be laundered weekly, or more often as needed
- Any shared items must be disinfected between users (phones, binders, tablets, etc.)
- Any hard surfaces such as water bottles, containers, travel mugs, cell phones, lunch containers need to be cleaned and disinfected upon entry to child care (staff)
- Children's clothing and personal belongings that are required on a daily basis i.e. diapers, diaper cream, bottles, soothers, indoor and outdoor clothing and electronic devices can be included, provided they are labelled and can be disinfected easily
- Toothbrushes and pacifiers must be individually labelled and stored separately (not touching each other), they must not be shared among children. The plastic handle of the toothbrush and the pacifier must be washed in soap and water upon arrival to the centre
- For creams and lotions during diapering, never put hands directly into lotion and cream bottles, use a tissue or single-use gloves
- Upon arrival to the centre, wipe the cream/lotion container with a disinfecting wipe

Items that cannot be properly cleaned and disinfected must not be used by children in the facility.

All items used by a symptomatic individual should be cleaned and disinfected. If the items cannot be cleaned (e.g. books) should be removed and stored in a sealed container for a minimum of Seven days.

***Kids' Stuff has developed the following checklists to aid in record keeping.**

- **Enhanced Cleaning and Disinfecting for Outdoor Play Equipment and Spaces**
- **Enhanced Cleaning and Disinfecting for Washroom Areas**
- **Enhanced Cleaning and Disinfecting for Items Twice Daily**
- **Enhanced Cleaning and Disinfecting for Items Once Daily**
- **Enhanced Cleaning and Disinfecting Upon Arrival**
- **Enhanced Cleaning and Disinfecting for Kitchen**
- **Enhanced Cleaning and Disinfecting After Every Use**
- **Enhanced Cleaning and Disinfecting for Nightly Cleaners**
- **Enhanced Cleaning and Disinfecting for offices, Lobby Areas and Meeting Room (where applicable)**

5. COVID-19 Outbreak Response

Triggering an outbreak assessment: Once at least one child or staff has presented with new symptoms compatible with COVID-19, the child care centre should immediately trigger an outbreak assessment and take the following steps:

- 1) Child care centre licensees and home care licensees have a duty to report suspected or confirmed cases of COVID-19 under the Health Protection and Promotion Act.

Definition of a confirmed case:

The person has undergone a COVID-19 test and has received positive results.

Definition of a suspected case:

The person has one or more symptoms and has been tested for COVID-19.

When you become aware of any suspected or confirmed case of COVID-19 for any child, staff, or parent/guardian immediately follow the direction below:

- Report as a **Serious Occurrence**.
 - The local public health unit will be automatically notified and will provide 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.
 - Public Health will perform contact tracing and make the necessary notifications.
- 2) Where there is a confirmed case of COVID-19 in a child, parent, or staff, the licensee must report this to the ministry as a Serious Occurrence. Where a COVID-19 outbreak is declared and a room/centre/home is closed, the licensee must report this to the ministry as a Serious Occurrence.
 - 3) Enforce enhanced screening measures among children and staff. Such as, screening upon arrival and more frequent monitoring of staff/children throughout the day. Please refer to [Child Care Centre Health Screening](#) portion of this document.
 - 4) For home-based programs: if a person who resides in the home becomes symptomatic, they are to immediately contact their health care provider for next steps. If they test positive for COVID-19, the local public health unit will connect with them and their advice on next steps must be followed (including closing the program and notifying all families if necessary).
 - 5) If the child care program is located in a shared setting (for example in a school), follow public health advice on notifying others using the space of the suspected illness.

- 6) Other children, including siblings of the sick child, and child care staff/providers in the program who were present while the child or staff member/provider became ill should be identified as a close contact and further grouped together until they can be picked up by parents/guardians to self-isolate at home. The local public health unit will provide any further direction on testing and isolation of these close contacts.

Individuals who are tested:

- Children/staff who test negative for COVID-19 must be excluded until 24 hours after symptom resolution or as directed by the Public Health Unit.
- Children/staff who test positive for COVID-19 must be excluded from child care centre for 14 days after the onset of symptoms and clearance has been received from the local Public Health Unit

Individuals who are not tested:

- Ill children/staff, if not tested, they must be excluded for 14 days from onset of their symptoms.

Management of a Single Case in a Child/Staff. A single positive case in a child/staff results in an outbreak being declared at the child care centre. All members of the group are to be excluded from the child care centre for 14 days. In consultation with Public Health, group members may be referred for testing.

Required Steps in an Outbreak. If an outbreak is declared at the child care centre, the following measures must be taken:

- 1) Consult with and follow directions from Public Health.
- 2) Notify all family, staff, and essential visitors of the facility's outbreak status. (i.e. letters and signage)
 - Notify the Municipality of Chatham-Kent, Child Care and Early Years Division 519-351-1228 ext. 2103 or 519-350-3546
- 3) Enhanced cleaning and disinfecting procedures
- 4) Enhanced screening procedures (i.e. increased frequency of health checks)
- 5) More frequent hand hygiene with children and staff.
- 6) Review staff training on proper PPE use.

Management of cases in multiple groups. If there are additional positive cases in other groups, the facility will close. In consultation with Public Health, all staff and children in the child care centre may be referred for testing.

Declaring an Outbreak Over. In consultation with Public Health, the outbreak can be declared over if no new cases have occurred in 14 days from the last day of attendance of the most recent COVID-19 positive staff/child

Serious Occurrence Reporting

- Child care centre licensees have a duty to report suspected or confirmed cases of COVID-19 under the Health Protection and Promotion Act. The 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.

Definition of a confirmed case:

The person has undergone a COVID-19 test and has received positive results.

Definition of a suspected case:

The person has one or more symptoms and has been tested for COVID-19.

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

Serious Occurrence posting:

Recommendation from Chatham-Kent Public Health:

Do not post the serious occurrence documents related to suspected/confirmed COVID-19 cases.

Please continue following all other serious occurrence procedures, and continue to post serious occurrences that are not related to COVID-19.

6. Exclusion of Sick Children/Staff Protocols

The Municipality of Chatham-Kent wants to ensure that all licensed child care centres are providing a safe and healthy environment for children, families and providers. Licensed child care providers must be aware of and adhere to established exclusion criteria.

In response to COVID-19, it is critical for licensed child care providers to properly screen and exclude ill children and staff.

When Children are ill and or exhibit COVID-19 related symptoms, the provider will ensure the following:

- Ill children will be separated from the other children into a designated exclusion room (see *How to Exclude* below) to be monitored by staff until parent/guardian pick-up
- Symptoms of illness will be recorded in the child's daily record and in a daily log as per the CCEYA
- The parent/guardian of the ill child will be immediately notified to take them home. Emergency pick up contacts should be readily available to pick up an ill child if required
- If the child is unresponsive, having trouble breathing, having a convulsion, or whose condition is deteriorating rapidly and must receive immediate medical attention, staff will call 911

When to Exclude:

A child/staff should be excluded when displaying any signs or symptoms of illness or if the child is unable to participate in regular programming because of illness.

Common symptoms that may be due to COVID-19 infection include one or more of the following:

- Fever (temperature of 37.8C or greater)
- New or worsening cough
- Shortness of breath

Other symptoms include:

- Sore throat
- Difficulty swallowing
- New olfactory (lack of smell) or taste disorders
- Nausea/vomiting, diarrhea, abdominal pain
- Runny nose or nasal congestion (except seasonal allergies, nasal drip, etc.)

- Unexplained fatigue/malaise/myalgia
- Chills
- Headache
- Conjunctivitis
- Lethargy, difficulty feeding in infants

Atypical symptoms are also listed in this document:

http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019_reference_doc_symptoms.pdf

Children or staff who have been exposed to a confirmed case of COVID-19 must follow Public Health direction, e.g. being excluded from the child care setting for 14 days, etc.

How to Exclude:

- If a child or child care staff becomes sick while in the program, they should be isolated and family members contacted for immediate pick-up. If the sick person is a child, a child care staff should remain with the child until a parent/guardian arrives and not interact with others.
- If tolerated and above the age of 2, the child should wear a surgical/procedure mask.
- The child care centre should specify where the isolation room will be and who will be responsible for monitoring the child. The isolation room should have a handwashing sink or hand sanitizer available.
- If possible open windows in the room for added ventilation.
- As soon as the child is isolated from others, the staff member caring for the child should perform hand hygiene and continue wearing surgical mask and eye protection.
- The child care staff should also avoid contact with the child's respiratory secretions.
- Staff member must perform hand hygiene after any contact with the ill child.
- If a separate room is not available, the ill child should be kept at a minimum of 2 metres from others. This may be achieved by using physical barriers, floor markers, etc.
- The ill child should be provided with tissues and reminded of hand hygiene, respiratory etiquette, and proper disposal of tissues.
- Anyone who is providing care to the ill child should maintain a distance of at least 2 metres and wear appropriate PPE (surgical/procedure mask and eye protection, gloves and gown if there is risk of exposure to infectious droplets).
- All items used by the ill person should be cleaned and disinfected by the cleaning staff designated for that group. Any items that cannot be cleaned (paper, books, cardboard puzzles) should be removed and stored in a sealed container for a minimum of 7 days.
- Clean and disinfect the area immediately after child has been sent home
- CK Public Health will provide directives.

Reporting:

- Contact Chatham-Kent Public Health COVID-19 Line 519-355-1071 ext.1900, who will provide infection control guidance.
- Child care centers must consider a single, symptomatic, laboratory confirmed case of COVID-19 in a staff member or child as a confirmed COVID-19 outbreak in consultation with the local public health unit.

Surveillance:

Children or staff who have been in contact with a suspected COVID-19 case should be monitored for symptoms and grouped together until laboratory tests, if any, have been completed or until directed by the CK public health unit. Avoid other high-risk settings and vulnerable persons during this time.

End of exclusion

- Ill children/staff, if not tested, must be excluded for 14 days from symptom onset
- Children/staff who test negative for COVID-19 must be excluded until 24 hours after symptom resolution.
- Children/staff who test positive for COVID-19 must be excluded from child care centre for 14 days after the onset of symptoms and clearance has been received from the local public health unit.

7. Child Care Centre Health Screening

Upon arrival at the child care setting, all individuals including children, parents/guardians and staff must be screened including daily temperature checks prior to entry, with one exception: the screener, as the first to enter the building, will screen themselves and take their own temperature, logging their information on the Staff screening sheet. Children should be monitored for signs and symptoms of COVID-19.

Home child care providers and residents must also be screened each day before receiving children into care.

Parents and guardians should be reminded of this requirement when children are first registered for the program and through visible signage at the entrances and drop-off areas.

Deny entry to any individual who fails the screening procedure. Where an individual does not pass the screening and is not permitted to attend the program, this does not need to be reported to the local public health unit.

Entry into the child care centre, past the screening area, must be limited only to staff, children, and essential visitors. Entry into the home, past the screening area, must be limited only to provider, residents, children, and essential visitors only.

Before and After School Programs:

- All individuals including children attending before and after school, staff, parents/guardians, and visitors must be screened each day before entering the program.
- An individual who has been screened for symptoms prior to the before school program would not need to be re-screened for the core day program. Similarly, an individual that has been screened prior to the before school program or core day program, would not need to be re-screened for the after school program.
- Where possible, daily screening should be done electronically (e.g., via online form, survey, or e-mail) prior to arrival. Additionally, protocols should be in place to allow for communication between school/core day and before and after school providers regarding screening.
- If students are screened at the school/program location, screeners should take appropriate precautions when screening and escorting students to the program, including maintaining a distance of at least 2 meters (6 feet) from those being screened, or being separated by a physical barrier (such as a Plexiglas barrier). If a 2 meter distance or a physical barrier is not available, PPE (i.e., medical mask and eye protection (i.e., face shield or goggles) should be worn.

- All before and after school program providers must maintain daily records of screening results, and keep these records on the premises.

Screening Reception Area

Each facility is to designate a single entrance where screening will take place. The child care centre is to designate a screener who must be trained on the screening procedure.

The screening area must have signage identifying the screening process, must be set up at the entrance of the facility, blocking access to the building and meeting the following criteria:

- Location and use of a screening table (if space permits) must be identified.
- Child care centres must have one of the following:
 - Space allowing for a minimum of 2 metres distance between provider conducting screening and the person being screened, or
 - Separation by a physical barrier (such as Plexiglas barrier) for the screener, or
 - Screener must wear personal protective equipment (PPE) i.e. mask and face shield/goggles.
- Signage regarding proper hand hygiene and respiratory etiquette are to be displayed at the screening area and outside the building.
- Where possible, signage should be posted instructing parents to keep children home if they have symptoms (fever, cough, difficulty breathing, etc.), and encouraging good respiratory and hand hygiene
- Ensure the health screening area is disinfected regularly throughout screening and the day
- Where possible, stagger drop offs to ensure physical distancing requirements can be met.
- The child care centre must have a plan in place to:
 - Assess the number of people that need to be screened
 - Handle the volume while maintaining physical distancing (i.e. floor markers)
 - A contingency plan for inclement weather
- Alcohol based hand rub containing at least 60% alcohol content must be provided at screening table or upon entry to the facility.
- Anyone entering the facility must perform hand hygiene upon entering.
 - Staff to assist child with hand hygiene upon entering program
- Thermometers must not be used between children/staff without single-use protective covers, glove use, or disinfecting between use.
 - Screener, with surgical mask and eye protection, to perform temperature check and ask screening questions of all parents, children, staff, and essential visitors, or parents/staff/visitors can take their own temperature and that of their child.
 - Screener to record screening results on screening sheet

Health Screening Procedure

All individuals entering the child care centre will be screened with the indicated questions on each of the screening sheets (Staff, Parents/Guardians, Child, and Essential Visitors)

- Health screening questions are for the parent/guardian to answer on their and their child's behalf. Staff and essential visitors are to use the main entrance and be screened by the screener as well.
- Only one parent/guardian is permitted into the screening area
- Parents/guardians are not permitted past the screening area
- Staff are not permitted past the health screening line until they have been cleared to enter the child care centre
- For anyone failing the screening process, direct them to contact their health care provider. (See **Info for Screeners** document for further instructions.)
- Staff must follow the screening checklist for each person and record the outcome (pass or fail).

If the answer to any of the questions is yes, or if a fever is identified, this individual has failed the screening process and will be refused entry into the child care centre. The screener will deny entry and the licensee will support and if necessary, enforce the decision. Any individual who fails the screening process must be advised to contact their health care provider.

The child care centre must keep records of each person entering the facility on the screening forms. The supervisor of the centre will be responsible for overseeing these forms. Records must include name, contact information (if not already on file), time of arrival/departure, and the screening results. These records must be kept up to date and available to facilitate contact tracing in the event of a confirmed COVID-19 case or outbreak.

Surveillance:

Providers must monitor for an increase in above normal amount of illnesses among children. Ensure surveillance includes the following:

- Observe children for illness upon arrival
- Record symptoms of illness including any complaints of sore throat, headache or stomach ache
- Record date and time symptoms occur
- Record attendances and absences

Any increases in the number of ill children, must be reported to Chatham-Kent Public Health

Note: Any children returning from absence due to illness from COVID-19 or contact with a confirmed case must do so under the guidance of Chatham-Kent Public Health in conjunction with the provider of the child care centre.

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

Pick up and Drop Off Procedures for Before and After Programs

If the before and after school program is located off school premises and transportation is being provided by the school board, the school board should work with the provider to explore transportation considerations using relevant health and safety protocols, including the recently released *Guidance for Student Transportation*.

<https://www.pshsa.ca/resources/health-and-safety-guidance-during-covid-19-for-student-transportation-employer>

8. Mandatory Staff Training

As part of the Ministry of Education’s Child Care Reopening Guidelines, the Municipality of Chatham-Kent must ensure that training is provided to all child care staff/providers on health and safety measures prior to reopening.

The following videos are to assist staff with understanding our role in stopping the spread of COVID-19 in our community. Links to important information are provided below and all child care staff/providers must complete this training prior to reopening.

Centre: _____

Staff Name: _____

Topic	Link	Completed
7 Steps of Hand Hygiene	https://www.publichealthontario.ca/en/videos/7-steps-handhygiene	<input type="checkbox"/>
Putting on Gloves	https://www.publichealthontario.ca/en/videos/ipac-gloves-on	<input type="checkbox"/>
Putting on Mask and Eye Protection	https://www.publichealthontario.ca/en/videos/ipac-maskeyes-on	<input type="checkbox"/>
Taking off Mask and Eye Protection	https://www.publichealthontario.ca/en/videos/ipac-maskeyes-off	<input type="checkbox"/>
Taking off a Gown and Gloves	https://www.publichealthontario.ca/en/videos/ipac-gowngloves-off	<input type="checkbox"/>
Taking off Full Personal Protective Equipment	https://www.publichealthontario.ca/en/videos/ipac-fullppe-off	<input type="checkbox"/>
Putting on Full Personal Protective Equipment	https://www.publichealthontario.ca/en/videos/ipac-fullppe-on	<input type="checkbox"/>
Video: Screening	https://www.dropbox.com/s/etd1ld0ilv6biir/Screening2.mp4?dl=0	<input type="checkbox"/>

Note: The WSIB has indicated that all certifications that expire after March 1, 2020 are automatically temporarily extended until December 31, 2020

Staff Signature

Date

Supervisor Signature

Date

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Staff Safety

Protecting Yourself and Co-Workers

The virus typically spreads through coughing and sneezing, personal contact with an infected person, or touching an infected surface and then face – mouth, nose or eyes.

Here is some general guidance and helpful tips to help prevent the spread of germs:

- Wear PPE at all times when in the child care centre
- Maintain physical distancing of at least 2 metres (6 feet)
- Staff are to not work at more than one child care location, though they may work at another job outside of child care.
- Supervisors and/or designates should limit their movement between rooms, doing so when absolutely necessary
- Supply/replacement staff should be assigned to a specific group so as to limit staff interaction with multiple groups.
- Promote good hand washing and respiratory hygiene
- Minimize contact with people who are sick, and stay at home if you are sick
- Where possible, wear gloves when interacting with high-touch areas, using proper donning/doffing procedures.
- Change out of work clothing at the end of each shift and wash them. Do not store your street clothes and work clothing in the same space unless both are clean
- Limit the amount of face-to-face contact during work activities, and limit any casual interactions that normally occur at work.
- Lunchrooms and break rooms must be arranged to follow physical distancing practices. Consider staggered lunch and break times to reduce the number of employees gathering.
- ***Kids' Stuff requests that all staff living within the city of Chatham take their lunch breaks at home, to reduce the number of people congregating in staff rooms.***

*Staff Support

COVID-19 is a new virus and we are still learning about it. The uncertainty about the virus and the changes that are unfolding can make most people feel a bit anxious. This is normal, and it actually can help motivate us to take action to protect ourselves and others, and to learn more about the pandemic.

Seek credible information

Stay informed by checking information provided by experts and credible sources. A lot of information is disseminated about COVID-19 every day, but not all of it is accurate. See credible resources in the links below.

Avoid unfamiliar websites, or online discussion groups where people post information from non-credible sources or share stories which may or may not be true. Be wary of what is posted on social media, and always consider the reliability of information you see on Facebook, Instagram and Twitter.

Find a balance: Stay tuned in, but know when to take a breather

While staying informed is helpful, too much information may not provide extra benefit. Limit checking sources to once per day or less if you can. This includes reading or listening to news stories about COVID-19. Even though things are shifting rapidly, daily changes are not likely to affect how you should manage your risk.

Bring an intentional mindset to unplugging

- Set aside some time to unplug from all electronics, including phone, tablets and computers. Disconnect for a while from social media outlets. You may need to schedule this to make sure it happens.
- Do something fun and healthy for yourself instead (e.g., read, work, exercise).

Deal with problems in a structured way

All the issues you might need to address during this pandemic situation may feel overwhelming. It can be useful to identify which things are actually problems that need to be solved or addressed, and which are just worries that are not necessarily grounded in reality.

Remember that you are resilient and be careful with the "What ifs"

Our stress and anxiety generally cause us to focus on negatives and trigger "What if" questions, such as "How will I cope if I get sick?" They can also drive us to think about worst case scenarios.

In stressful situations, people often overestimate how bad the situation can get, but underestimate how well they will be able to cope. People are resilient and have coping skills they use every day.

- Think of difficult or challenging situations you have encountered that you were able to manage. Even if things weren't perfect, what did you do to cope with the situation?
- Remind yourself that you can handle stress and that if you feel you need support, you can reach out to family, friends, colleagues or professionals.
- Remember our collective resources – from excellent health care and public health response systems to strong and resilient communities. Try to replace catastrophic thoughts with something like, "This is definitely a difficult time, but we will get through it together."
- Don't underestimate what you are able to do when faced with challenges.

Challenge worries and anxious thoughts

High levels of anxiety and stress are usually fueled by the way we think. For example, you might be having thoughts such as "I am going to die" or "There is nothing I can do" or "I won't be able to cope." These thoughts can be so strong that you believe them to be true.

However, not all our thoughts are facts; many are simply beliefs that we hold. Sometimes we have held these beliefs for so long that they feel like facts. How do we know if our thoughts are true or are just beliefs we've grown used to?

Decrease other stress

COVID-19 is probably not the only source of stress in your life right now. Consider addressing other sources of stress to reduce your overall level of anxiety. You can use problem solving steps outlined above, challenge your thinking, practicing relaxation and meditation or other strategies you may have used in the past that have helped.

Practice relaxation and meditation

Relaxation strategies and meditation can help reduce or manage your levels of stress and anxiety. There are many options to consider:

- formal meditation practice such as yoga or mindfulness meditation
- informal or self-help approaches such as books and online videos
- relaxation through any activity that you find enjoyable and relaxing.

Choose an activity that works for you and that you are likely to continue doing. Start slowly and gradually work toward a regular practice.

Seek support

Social distancing does not mean you should break off all contact from loved ones. Being alone can lead to spending too much time thinking about the current situation, resulting in increased stress and anxiety. It can be helpful to connect with people who are a positive influence when you are feeling stressed.

- Reach out and get support from these people – through phone or video calls or text messaging.
- Look for formal support, either online or by phone, that can help you during high-stress times. For example, you may turn to distress lines, online support groups, or resources in your community.

Try to avoid people who are negative when talking about current affairs or events, or who generally increase your stress and anxiety.

Be kind to yourself

The strategies mentioned here can take some time to work. We need to practice them regularly and in different situations. Don't be hard on yourself if you forget to do something or if you are not feeling better right away.

Eat healthily

Eating healthily can help us feel better. When we are stressed, many people might choose comfort foods that are not actually good for stress and overall health. As much as is possible, choose more fruits and vegetables, and drink lots of water.

Avoid substance use – including smoking, vaping and alcohol

Some people use substances, including smoking or vaping, to cope with stress, anxiety and depression. This may appear to help reduce stress initially, but in the long run can make things worse. The brain and body develop a tolerance to the numbing effects of these substances, and people have to compensate by using more and more. That leads to additional harms and often delays the recovery from the stress. Moreover, in those at risk, substance use can lead to an addiction or a relapse in those who are in recovery. If you are in recovery and experiencing stress, it is important to reach out for help before a relapse occurs. In general:

- Reduce or stop using any non-prescribed substance if you can do so safely.
- Take prescription medications as prescribed.
- Try to reduce or avoid alcohol.
- Seek out professional help if you cannot do it alone.

Moderate caffeine intake

Caffeine may be an important part of our daily routine, but too much can make your heart race and interfere with sleep. This can make anxiety worse. Try to stop intake before the evening so you get proper sleep.

Get proper rest and sleep

Getting enough sleep can both help reduce the amount of stress we experience and prepare us to better manage stress. Here are some quick strategies to help you get a good night's sleep.

- Keep a consistent sleep schedule. This going to bed and getting up at the same time each day (including weekends).
- Practise relaxation or meditation before bedtime.
- Schedule physical activity for earlier in the day.
- Practice sleep hygiene: keep your bedroom cool, avoid any light in your room, use your bed for sleep (not reading, watching TV, using your phone, etc.), and get out of bed if you don't fall asleep after half an hour).
- Talk to your doctor if these strategies don't work — there may be other issues affecting your sleep.
- If you drink caffeine or alcohol, avoid them late in the day.
- Avoid naps during the day if these interrupt your sleep at night.

Stay active

Physical activity is a great way to reduce stress and anxiety, and improve our mood and overall health. If you are self-isolated, find ways to exercise in your home. For example, use your stairs or follow an exercise video on YouTube.

I still can't cope. Now what?

Sometimes, even after trying to reduce our stress and anxiety, we may continue to struggle. If you still feel significant distress around COVID-19 and feel you are not coping well, you may need extra support from someone like your family doctor or a psychologist, psychotherapist, social worker or other health professional.

If you are a full-time Kids' Stuff employee (and meet the criteria for benefits) you will have access to these services as part of your employee benefits package.

(Above suggestions provided by CAMH)

Relevant resources -Self-care and more

[Wellness Together Canada](#)

[CMHA Ontario offers tips to support mental health amid concerns of COVID-19 pandemic
Pandemic pushing your anxiety buttons?](#)

[‘Social distancing’ is a misnomer: we should be physically distancing, but remain as social as ever](#)

[I’m feeling stressed due to the pandemic](#)

[MHCC – Resources Hub: Mental Health and wellness during the COVID-19 pandemic](#)

[McGill – Dr. Turecki’s COVID-19 stress management tips](#)

[Social connection is the cure](#)

[Your Social Distancing Survival Guide](#)

[Listening: how to make your social interactions real](#)

[Kindness is contagious. Not just fear](#)

[More than simply “fine”](#)

[Grieving](#)

Workplace Mental Health

[6 tips to respond to employee anxiety about COVID-19](#)

[Why working from home is so exhausting and how to reinvigorate](#)

[Zoom Exhaustion is Real. Here Are Six Ways to Find Balance and Stay Connected](#)

[Working from Home During COVID, With and Without Children](#)

[How to cope with social distancing and working from home](#)

Caring for others

[Caring for children in the COVID-19 crisis](#)

[Discovery College Kelowna – Coping with Current Events: A Parent, Family and Caregiver Toolkit](#)

[Tools for people aged 70 and over and caregivers](#)

[Screens and your child: the inside scoop](#)

[Tips on how to really listen](#)

Here are some credible sources of information recommended by the Canadian Mental Health Association:

- [Chatham-Kent Public Health](#)
- [Your provincial/territorial public health authority](#)
- [The Government of Canada’s COVID-19 web page](#)
- [World Health Organization](#)

(provided by the Canadian Mental Health Association)

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9. Recommendations for the use of PPE

- All adults in a child care setting (i.e., child care staff, home child care providers, home child care visitors, and students) are required to wear medical masks and eye protection (i.e., face shield/goggles) while inside in the child care premises, including in hallways.
- All children in grades 4 and above are required to wear a non-medical or cloth mask while inside in the child care premises, including in hallways.
- All school-aged children are encouraged but not required to wear a mask while inside in the child care premises, including in hallways (see information about the use of masks on the [provincial COVID-19 website](#) or the [Public Health Ontario factsheet on non-medical masks](#)). Parents/guardians are responsible for providing their school-aged child(ren) with a mask(s).
- The use of masks is not required outdoors for adults or children if physical distancing of a least 2-metres can be maintained between individuals.
- Reasonable exceptions to the requirement to wear masks are expected to be put in place by licensees. Exceptions to wearing masks indoors could include circumstances where a physical distance of at least 2 metres can be maintained between individuals, situations where a child cannot tolerate wearing a mask, reasonable exceptions for medical conditions, etc.
- Licensees should document their requirements and exceptions related to masks.
- Masks are not recommended for children under the age of two ([see information about the use of masks on the provincial COVID-19 website](#)).
- Child care licensees and home child care providers will be supplied face shields and medical masks, but will need to secure and sustain other necessary PPE and cleaning supplies that can support their current and ongoing operations.
- The [Ontario Together Portal has a Workplace PPE Supplier Directory](#) lists Ontario businesses that provide personal protective equipment and other supplies.
- When wearing a medical mask, you should wash your hands before putting on the mask and before and after removing the mask. Refer to [Public Health Ontario resources](#) for how to properly wear and take off masks and eye protection.
- 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. [Refer to Public Health Ontario's How to Wash Your Hands fact sheet.](#)

How to properly use face coverings

When wearing a face covering, you should:

- wash your hands immediately before putting it on and immediately after taking it off (practice good hand hygiene while you are wearing the face covering)
- make sure the face covering fits well around your nose and mouth
- avoid moving the mask around or adjusting it often
- avoid touching the covering while using it
- not share it with others
- Face coverings should be changed when they get slightly wet or dirty.

Remove or dispose of face coverings

When removing a face covering, you should:

- throw it out into a lined garbage bin
- wash your hands
- Do not leave any discarded face coverings in shopping carts or on the ground.

Cleaning

If the face covering **can be cleaned**, you should:

- put it directly into the washing machine or a bag that can be emptied into the washing machine
- wash with other items using a hot cycle with laundry detergent (no special soaps are needed), and dry thoroughly
- wash your hands after putting the face covering into the laundry
- All face coverings **that cannot be cleaned** should be thrown out and replaced as soon as they get slightly wet, dirty or crumpled.

For more information, please read the [Public Health Ontario \(PHO\) fact sheet](#).

Summary Dos and Don'ts

Do:

- wash your hands immediately before putting on and immediately after taking off a face covering or face mask
- practice good hand hygiene while you are wearing the face covering
- make sure the face covering fits well around your nose and mouth
- avoid moving the mask around or adjusting it often
- avoid touching the covering while using it
- change the face covering or face mask when it gets slightly wet or dirty

Do not:

- share face coverings or face masks with others
- place on children under the age of two years or on anyone unable to remove without assistance or who has trouble breathing
- use plastic or other non-breathable materials as a face covering or face mask

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10. Hand Hygiene

Hand Hygiene is a general term referring to any action of hand cleaning. Hand hygiene relates to the removal of visible soil and removal or killing of transient microorganisms from the hands. Hand hygiene may be accomplished using soap and running water or a hand sanitizer (at least 60% alcohol based). Hand washing with soap and running water must be performed when hands are visibly soiled. **Hand washing using soap and water, wherever possible, is recommended over alcohol-based hand rub.**

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.

Hand Hygiene Procedure

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

Ensure that employees and children are always practicing proper hand hygiene (including assisting children with 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
- *Also incorporate additional hand hygiene opportunities into the daily schedules

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

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

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

- Wet hands and 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 and a hand-washing station is not accessible, follow these steps for cleaning hands:

- Apply hand sanitizer (at least 60% alcohol-based)
- 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 employees 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 at least 60% 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. Adults must ensure that the product has completely evaporated from the child's hands before allowing the child to continue their activity. Parent consent is required to use hand sanitizer on children. If consent is not provided the child may not be permitted. Children under the age of 2 are not permitted to have hand sanitizer applied, instead perform hand washing frequently and gently.

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. Nitrile gloves are single use only.

Gloves and Hand Hygiene

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

To reduce hand irritation related to gloves:

- Wear gloves for as 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

Gloves when Cleaning/Disinfecting

Employees must wear thicker dishwashing-like gloves when immersing toys in diluted disinfectant when toy washing.

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. 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

Applying Lotion

If applying lotion, sunscreen, etc. to a child, gloves are not necessary. Staff will use proper hand hygiene before and after each application.

11. Space Set-Up and Physical Distancing

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 groups and should be encouraged, where possible, between children within the same group. Recognizing that physical distancing is difficult with small children and infants, additional suggestions include:

- Planning activities that do not involve shared objects or toys
 - When possible, moving activities outside to allow for more space
 - Avoiding singing activities indoors
 - Spreading children out into different areas, particularly at meal and dressing time;
 - Staggering, or alternating lunchtime and outdoor playtime
 - Stacking cots in a manner in which there is no contact with the sleeping surface of another cot
 - Increase the distance between cots/resting mats/playpens or place the children head to toe or toe to toe if the space is limited.
 - Incorporating more individual activities or activities that encourage more space between children
 - Using visual cues to promote physical distancing.
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- Where two groups are using the same indoor space (e.g. gym), each group must have their own assigned indoor space, separated from all other groups by a temporary physical barrier. Licensees must ensure that a physical barrier is in place to ensure that physical distancing of at least 2 meters between groups is maintained. The physical barrier must begin at the floor and reach a minimum height of 8 feet to ensure it will always be 12 inches taller than the tallest person in the facility. The purpose of the barrier is to reduce the spread of respiratory droplets and reinforce physical distancing requirements between groups.
 - In shared outdoor space, groups must maintain a distance of at least 2 metres between groups and any other individuals outside of the group.

12. Provision of Special Needs Resources (SNR)

- Meeting the needs of children who require these services in a safe manner remains the priority. The Ministry of Education guidance document does not stipulate that SNR staff must limit their work to one site. Direction from local public health:
 - SNR consultants who are strictly observing behaviour and can maintain 2 m physical distance during their visits can move between sites.
 - Because DSWs provide direct care support without physical distancing, movement between sites must be limited. Schedules must be structured such that movement of each DSW is limited to **two sites**. All SNR staff must be screened prior to entry into childcare, and they must wear medical masks and eye protection during visits.
 - Movement of all SNR staff must be diligently documented.
- 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 group size rules do not apply to SNR staff (consultants and enhanced staff) on site.
- 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.