

# COVID-19 REOPENING GUIDELINES

June 12th, 2020



*Kids Kingdom Orleans*

1290 Trim Road  
Ottawa, Ontario K4A3P7

## **TABLE OF CONTENTS**

Visitors.....	Page 3
Maximum “Cohort” Size & Ratio.....	Page 3
Staffing.....	Page 3
Working with Ottawa Public Health.....	Page 4
Health and Safety.....	Page 4
Sanitation, Space, Toys & Equipment.....	Page 4-5
Guidance for PPE.....	Page 5-6
Screening for Symptoms.....	Page 6
Attendance Records.....	Page 7
Testing Requirement & Reporting Illness.....	Page 7-8
Fees.....	Page 8
Serious Occurrence Reporting .....	Page 8
Updated waitlist policy in the event of requiring care.....	Page 8-9
Staffing Training.....	Page 9
Drop off and Pick up.....	Page 9
Space Set up and Physical Distancing.....	Page 9-10
Interactions with Infants and Toddlers .....	Page 10
Food Provisions .....	Page 10
Provisions for Special Needs.....	Page 10-11
Routine Practice for Putting on PPE.....	Page 12
Routine Practice for Removing PPE.....	Page 13

## **Visitors**

There will be no visitors to enter our facility, with the exception of:

- The program Advisor, under the Ministry of Education to complete inspections
- A public Health Officer, to complete inspections
- Cleaning staff
- Mandatory Maintenance
- SNR (Special Needs Resource)

These parties must be screened prior to entry, wear all required PPE and, follow any other protocols set out by us, the operators.

*There will be no students or volunteers in our facility until further notice.*

## **Maximum “Cohort” (child/adult groupings) Size Ratio**

A Cohort is defined as a total number of persons in 1 space. (Child and adult combined). There will be no More than 10 individuals per room, with the exception of special needs resource staff.

Each Cohort must stay together throughout the day, and are prohibited to mix with other cohorts.

Reduced Ratios will be permitted as set out under the CCEYA, as long as cohorts are not mixed with other cohorts.

Reduced ratios do not apply for the infant program.

Child to staff ratio will be as follows:

3 staff/6 children per 0 – 18 month program (infants)

2 staff/5 children per 18 month – 2.5 year program (toddler)

2 staff/8 children per 2.5 – 5 year program (preschool)

## **Staffing**

Staffing will be chosen prior to us reopening, and each staff will be designated to work in 1 consistent cohort or position (kitchen, screening, accompanying children to and from program), until further guidance is set out by Ottawa Public Health.

Staff will be placed based on demand/need, not by their regular position. Please expect change in this area. Specific staffing will be revealed prior to open to all families approved for care.

The supervisor will limit her own movement between rooms, and will only do so when absolutely necessary.

We will require a Vulnerable Sector Check completed and clear for any party/person interacting with the children.

## Working with Ottawa Public Health

Although Ministry provides guidance, we will follow the advice and direction of Ottawa Public Health when establishing and implementing safety protocols.

## Health and Safety

We have developed the following policies and they will be implemented as of July 2<sup>nd</sup>, 2020.

- Sanitization of Space, toys and equipment (reference Page 2)
- How to report an illness
- How to physical distancing will be implemented
- Shifts and scheduling
- Parental drop off and pick ups
- Rescheduling of in person events, meetings.

## Sanitization of Space, Toys and Equipment

While we already hold the obligation to maintain clean areas, our obligation is now under a sharper focus. We will follow, maintain and implement all Ottawa Public Health Guidelines for proper cleaning and Sanitization.

COVID-19 virus can survive for several days on different surfaces and objects. We are partnered with ECO Lab to ensure safe, yet effective cleaning products will be kept on site for cleaning of commonly touched surfaces and will be completed twice daily at minimum. Cleaning products used will have a drug identification number. In addition;

- Toys and equipment will be cleaned and disinfected at a minimum between cohorts
- We will provide only toys in which are made of materials that can be cleaned and disinfected easily. (no plush for example)
- Sensory tables are prohibited and will be removed from each play area and properly stored.
- Mouthed toys will be cleaned and disinfected immediately after the child is finished using it
- Sensory materials will be kept a minimum, and if used, will be provided for single use (available to a specific child for the day), and properly stored and labelled with the child's name on it.

*\*\*Increased staffing is going to allow for regular staff to child ratio, and to maintain cleaning procedures\*\*\**

We ask that parents keep to a minimum when sending items with their children and all items **must be clearly labelled** with their child's name. We prohibit any stuffed animals, dolls, or fabric items that cannot be easily sanitized.

In addition, we will implement, maintain and complete daily cleaning checklists and they will be kept on site at all times.

### **Guidance for PPE (personal protective equipment)**

Facial masks will not be required for children under the age of 12 in our facility; however we will follow the direction of parental preference for children over the age of 2.

Masks will be worn by staff under the following circumstances only:

- Screening area at all times (plus gloves, goggles and medical gown)
- When accompanying a child to and from program
- When cleaning or disinfecting blood, or bodily fluid spills, where risk of splashing
- When caring for a sick child or a child showing symptoms of illness (*reference Pages 7– 8*)

When wearing a mask, hands should be properly washed before donning the mask and after removing mask. (*See routine for properly applying and removing PPE on pages 11 and 12*)

Gloves are to be worn by staff when applying sunscreen or other lotions, and creams approved and directed by parents/guardians

We will secure and sustain proper amounts of PPE supplies for opening and ongoing operations. We will perform and promote frequent and proper hand hygiene. Staff will assist each child with hand hygiene and visuals are posted at each hand washing station.

#### ***Washing your hands***

1. *Wet hands under running water.*
2. *Apply liquid soap.*
3. *Lather and rub hands for at least 15 seconds.*
4. *Rinse hands.*
5. *Towel or air dry hands.*
6. *Turn taps off with a towel or your sleeve.*

#### ***Using hand sanitizer***

1. *Place a quarter-size drop of alcohol-based hand sanitizer in your palm.*
2. *Rub hands together, palm to palm.*
3. *Rub back of each hand with palm and fingers of the other hand.*
4. *Rub around each thumb.*
5. *Rub fingertips of each hand back and forth in the other hand.*
6. *Rub until your hands are dry (at least 15 seconds).*

### **Washing a young child's hands**

1. Wet a paper towel with water and a small amount of liquid soap.
2. Rub child's hands for 15 seconds.
3. Rinse under running water.
4. Dry hands with a paper towel.

### ***Using hand sanitizer with a young child***

1. *Clean your hands first using the method above.*
2. *Place a dime size drop of hand sanitizer on your own hands.*
3. *Rub child's hands until dry (at least 15 seconds).*

\*\*\*water and soap is recommended over the use of Alcohol-based hand rub for children\*\*\*

### **Screening for Symptoms**

All individuals including; children attending, staff, parents/guardians and approved visitors will be screened each day inside our front entrance, before entering the child care setting. This includes Temperature checks.

Visible signage will be posted at our screening area, as well as proper markings on the floor for designate to stand.

The designated staff for our screening area will greet you and your child. The staff will then ask the parent/guardian to give their children hugs and kisses, and then stand 6 feet back on a marked area while the screening measures are completed. If the child passes the screening measures, another designate staff will accompany the child to his/her cohort. The parent/guardian is not to touch the children once the screening measure is completed. The parent/guardian is not to access the child care setting, unless otherwise approved directly by the supervisor.

Shall the supervisor approval the request, the approval is based on a 1-time approval. The Parent/Guardian will then need to be screened, and properly apply PPE (provided by us), including a face mask, and gloves.

All alcohol based sanitizers will be kept out of reach of children at all times, by being placed in an out of reach area.

All screening results will be documented, maintained daily and kept on site for access when applicable.

## **Attendance Records**

We will create, maintain and keep daily records on site, of anyone entering the facility. Records will contain; length of stay, reason for entry, first and last name, contact information, time of arrival, time of departure and screening completion/result. It will be kept up to date and readily available for contact tracing in the event of a confirmed Covid-19 case or outbreak.

## **Testing Requirements and Reporting of Illness & Caring for a sick child**

We will follow the provincial testing guidance regarding the requirement for routine testing.

The protocols in which we will follow for when a child becomes sick, or in the event of a suspected case are as follows:

- Staff, parents, guardians and children must not enter the facility if they or someone in direct contact of them have travelled outside of Canada within 14 days. If they have, they must self-isolate for 14 days before entering our facility.
- Staff, parents, guardians and children must not attend the program if they are sick, even if symptoms resemble a mild cold. Symptoms to look for include but are not limited to:
  - Fever
  - Cough
  - Shortness of breath
  - Sore throat
  - Runny nose
  - Nasal congestion
  - Headache
  - And a general feeling of being unwell
- Children will be monitored for atypical symptoms and signs of COVID-19.
- If a child or staff member becomes sick while in the program, they will be isolated immediately and a family member will be contacted for pick-up.
- The sick person will be provided with tissues and reminded of hand hygiene, respiratory etiquette and proper disposal of tissues.
- If the sick person is a child, a designated staff person will remain with the child until their parent/guardian arrives. If tolerated and above the age of 2 years, the child will be encouraged to wear a mask. The staff designated to remain with the child will have to put on a mask, eye protection, and medical gown. The designated staff should also avoid contact with the child's respiratory secretions.
- Once the child has been picked up by his/her parent/guardian, the staff is to properly remove and dispose of the PPE and wash hands properly and thoroughly.
- All items used by the sick person must be cleaned and disinfected immediately. All items that cannot be cleaned (paper, books, cardboard puzzles), should be removed and stored in a sealed container for a minimum of 7 days.

- Public health will be notified and their advice for the specific incident will be followed. (this means each individual incident could be handled differently)
- Other children, including siblings of the sick child and staff in the program who were present while the child or staff became ill will be identified as a close contact and further separated until they can be picked up the parents/guardians to self-isolate at home. Ottawa Public Health will then provide any further direction on testing and isolation of these close contacts.

## **Fees**

Child care daily rates will remain the same at this time. For any families who wish not to utilize care at this time, and were previously registered with us on or before March 16<sup>th</sup>, you are NOT required to pay for the space to hold it, and your space will be safely held until further discretion by the Ontario Government. Any changes to this policy will be sent out to families immediately.

If you do choose to utilize our care, it must be understood and accepted that if closure of a cohort or the facility as a whole occurs due to a case or outbreak of COVID-19, that payment will still be required in full for the duration of the closure.

If your child cannot attend program due to illness, but you have committed to utilize our care during this phase, it remains your obligation to pay for your child's absence.

This comes as a result of staffing payroll.

## **Serious Occurrence Reporting**

If a child or staff is suspected of having or has a confirmed case of COVID-19, we will report this to the ministry of education as a serious occurrence, within 24 hours of becoming aware.

We as a child care Licensee have the duty to report suspected or confirmed cases of COVID-19 under the Health Protection and Promotion Act. We will contact our local public health unit to report a child suspected to have COVID-19. The local public health unit will provide specific advice on what control measures to implement to prevent the potential spread and how to monitor for other possible infected staff members and children.

Where a child, parent or staff is suspected (as symptoms and has been tested) of having, or has a confirmed case of COVID-19, we as the licensee will and must report this to the ministry as a serious occurrence.

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

We are required and will post the serious occurrence notification form as required under the CCEYA, unless local public health advises otherwise.

## **Updated Waitlist policy in the event of requiring care**

Under the circumstances of reduced ratio's and program sizes, we are unable to provide care to all of our current registered families.

In order to fairly place families requiring care, priority will be given to families of those who: were registered with us before the closure in March, work the front lines, must go to work and have no other child care options, special circumstances that would benefit from children returning to care, such as children with special needs, and other local circumstances.

### **Staff Training**

Alongside Ottawa Public Health, we will ensure that training is provided to all of our staff members, on health, safety and other operational measures outlined in this document, plus any additional local requirements in place prior to re-opening.

We will be utilizing resources from our Public Services Health and Safety association to stay up to date and current on measures to consider for our staff. This will include how to properly clean and sanitize commonly used areas, toys and the space of the cohort, including their outdoor space, how to conduct daily screening and ensure knowledge on how to keep daily attendance records and what to do in the case of someone falling ill.

### **Drop off and Pick up**

In addition to our screening measures outlined on page 3, in order to help with wait times and smooth transitions, we are going to provide blocks of time in which you can select to drop your child off and pick your child up. If you can commit to a blocked time, you will be guaranteed screening and entry at your designated time (based on approval). If you choose not to book a blocked time, we ask that you remain in line, on the marked areas outside our front doors and we will assist you as soon as we can. Please note, priority will be given to booked blocked times. If you are late for your booked block time, you will lose your space, and be asked to follow the protocols listed above. You will be asked to enter through door A (will be marked), and will be asked to exit through door B (will be marked). This will help keep a minimum 6 foot distance between yourself and those waiting to access care.

### **Space set up and Physical Distancing**

It is recognized that physical distancing will prove challenging for children in a child care setting. Our staff will encourage children to keep distance, by implementing individualized activities, and placing them strategically around the program.

If a child is to enter another child's space, they will be encouraged to regain space between them. We strive to use a teachable and trust building technique, one in which is understood and accepted by the child. Our staff will ensure the programs are kept calm, and children are not redirected in a stressful manner when distancing is limited.

Cohorts however must and will keep at least 2 meters between each cohort at all times.

Children's eating areas will be spaced out, by removing one half of the chairs, and spacing the children accordingly around the tables. Staff will sit with the children to monitor and ensure distancing is kept during meal times.

Dressing to go outside will be done inside the cohorts designated area. Staff will gather the children's items from their cubbies and strategically place them on the program floor, to help ensure physical distancing is kept during dressing periods.

Many visual cues will be developed and implemented to help promote distancing within the programs.

***Our indoor play facility (Playside) will NOT be used under any circumstances.***

Outdoor time will be scheduled to ensure 2 cohorts are not placed beside each other in the outdoor yards. 1 outdoor yard must remain empty between 2 cohorts. More outdoor time may be permitted when planning requires it to do so. It must be approved by the supervisor to avoid an overlap between cohorts.

Sleeping cots will be strategically placed and the head to toe pattern will continue to be implemented.

## **Interactions with Infants and Toddlers**

We will continue to encourage staff to supervise and hold bottles for infants who are not yet able to hold their own bottle, to reduce the risk of choking. When holding infants and toddlers, staff are advised to use blankets or cloths over clothing, between staff and child, and change blankets and cloths between children.

Infants will be placed in every other crib for sleep, and cribs will be clearly labelled with the child's name. Cribs in which will not be in use will be clearly labelled "not for use"

In order to promote physical distancing, staff will plan and implement activities that promote distance, and when possible moving outside to allow for more space.

Children will not share food, feeding utensils, soothers, bottles, sippy cups, etc. Mouthed toys must be removed immediately for cleaning and disinfecting and must not be shared with other children.

All items specific to a child **must** be labelled.

## **Food Provision**

We will amend our meal practices slightly, by not allowing self-serve or sharing of food at meal times. Utensils of course will be used to serve all foods, and meals will be served in individual portions to the children. No items can be shared (Example, ketchup bottle, serving spoons). No food should be provided by parents/guardians outside the regular meal provisions of the program (except where required and special precautions for handling and serving the food will be followed). The children will not partake in preparing food or helping staff in serving food, or partake in clean up after eating.

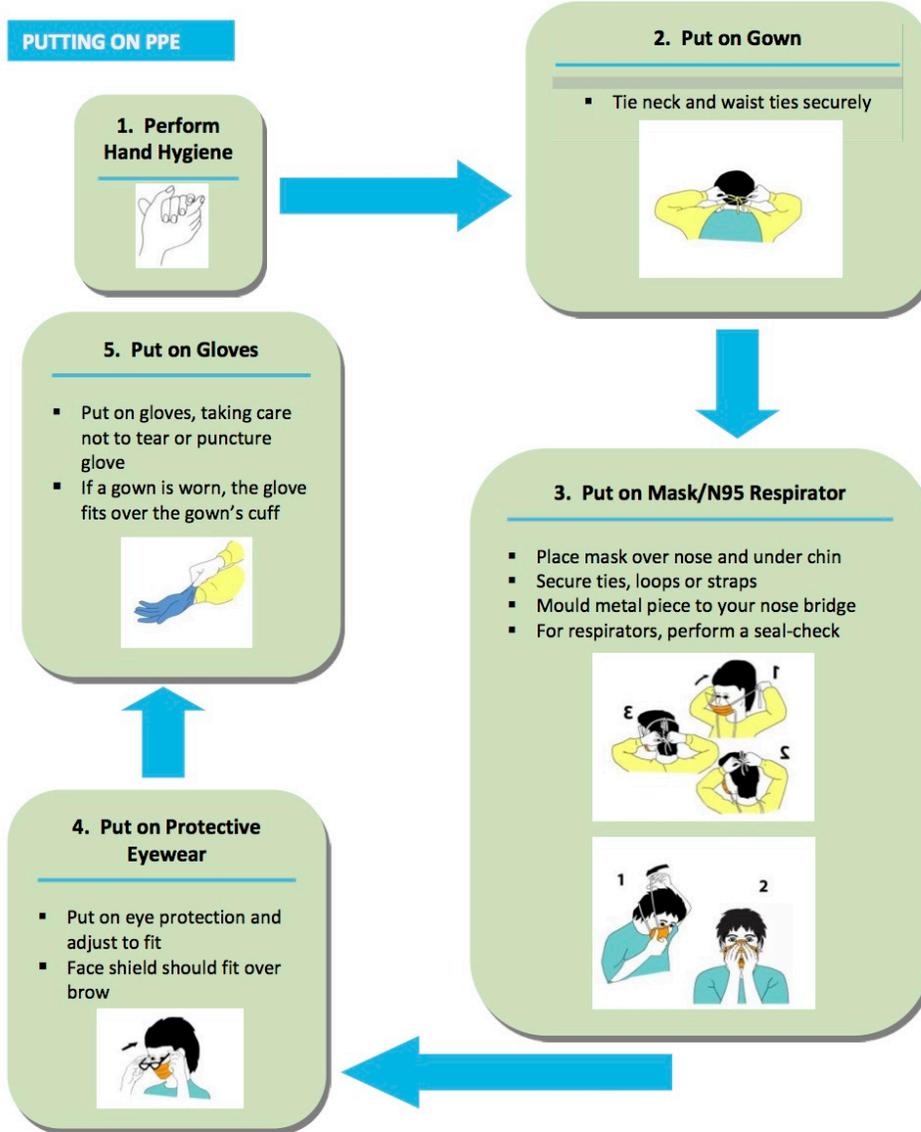
## **Provision of Special Needs Resources Services**

The ministry of education recognizes that children with special needs and their families continue to require additional supports and services in our child care setting.

Special needs services can continue in person when required. We will consult with our Ottawa Public Health before allowing any services to enter the facility. If SNR services are required, parents of the cohort in whom the child attends, will be notified of the SNR plan to visit, and record of attendance will be completed for contact tracing purposes. All SNR staff will be screened before entering the child care setting, as per our protocol in the Screening section on page 3.

Routine Practices and Additional Precautions  
(November 2012)

This is an excerpt from *Routine Practices and Additional Precautions in All Health Care Settings (Appendix L)*



For more information please contact Public Health Ontario's Infection Prevention and Control Department at [ipac@ohpp.ca](mailto:ipac@ohpp.ca) or visit [www.publichealthontario.ca](http://www.publichealthontario.ca)

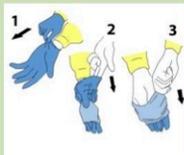
**Routine Practices and Additional Precautions  
(November 2012)**

This is an excerpt from *Routine Practices and Additional Precautions In All Health Care Settings (Appendix L)*

**TAKING OFF PPE**

**1. Remove Gloves**

- Remove gloves using a glove-to-glove/skin-to-skin technique
- Grasp outside edge near the wrist and peel away, rolling the glove inside-out
- Reach under the second glove and peel away
- Discard immediately into waste receptacle



**2. Remove Gown**

- Remove gown in a manner that prevents contamination of clothing or skin
- Starting at the neck ties, the outer, 'contaminated', side of the gown is pulled forward and turned inward, rolled off the arms into a bundle, then discarded immediately in a manner that minimizes air disturbance



**6. Perform Hand Hygiene**



**3. Perform Hand Hygiene**



**5. Remove Mask/N95 Respirator**

- Ties/ear loops/straps are considered 'clean' and may be touched with hands
- The front of the mask/respirator is considered to be contaminated
- Untie bottom tie then top tie, or grasp straps or ear loops
- Pull forward off the head, bending forward to allow mask/respirator to fall away from the face
- Discard immediately into waste receptacle



**4. Remove Eye Protection**

- Arms of goggles and headband of face shields are considered to be 'clean' and may be touched with the hands
- The front of goggles/face shield is considered to be contaminated
- Remove eye protection by handling ear loops, sides or back only
- Discard into waste receptacle or into appropriate container to be sent for reprocessing
- Personally-owned eyewear may be cleaned by the individual after each use



For more information please contact Public Health Ontario's Infection Prevention and Control Department at [ipac@ohpp.ca](mailto:ipac@ohpp.ca) or visit [www.publichealthontario.ca](http://www.publichealthontario.ca)