



WEST END HOME CHILD CARE SERVICES

1411 Bloor Street West, Toronto, Ontario M6P 3L4 • Tel: (416) 537-4154 • Fax: (416) 537-2740

Home Child Care

COVID-19 EMERGENCY PROCEDURES

**June 22, 2020,
July 27, 2020
September 1, 2020
Updated October 1, 2020
November 9, 2020
November 25, 2020
February 2021
June 2021**



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COVID-19 Reopening Policies and Procedures

The purpose of this guide is to provide guidelines for operating home child care while reducing the risk of COVID-19 transmission. This guide will primarily focus on ensuring the health and safety of children, providers, home visitors and adults in the home, and parents/caregivers using home child care services. The advice and recommendations in this guide are based on currently known best practices and are subject to change as new information from health officials become available. The overarching goal is to provide high quality home child care services while taking precautions to reducing the spread of COVID-19.

This guide is intended to support the re-opening of licensed home child care in Toronto to support the broader community and all types of workers. The re-opening of home child care will provide a key service to support the community, especially as steps are taken to re-open the economy. Parents and caregivers will need a safe and high-quality educational setting for their children so that they can return to work.

This document outlines policies and procedures to ensure the safe reopening of Home Child Care during the Covid-19 pandemic. It includes enhanced health and safety guidelines (including Infection Prevention and Control 'IPAC') and restrictions required by Ministry of Education and Toronto Public Health to qualify for reopening.

The Agency currently has policies relating to IPAC that are outlined below. These policies continue to be in place and valid. Where the enhanced policies and procedures in this policy contradict the policies and procedures that already exist the measures in this document must be used.

As well, this document will be used as part of our ongoing communication with home provider's families to ensure that they are aware of the enhanced health and safety measures and how that may affect them.

As additional health and safety measures are made available, this guide will be updated to reflect the latest practice and evidence.

Licensing Requirements

Restrictions, Home Child Care Sizes and Capacity

There are no changes to the maximum group size for home child care which allows for a maximum of 6 children, not including the providers' own children who are 4 years or older.



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Home Child Care

The Home Child Care Supervisor, Home Visitors and Home Providers are required to meet all requirements set out by the Ministry, including First Aid and CPR and Vulnerable Sector Check (VSC). The Ministry has extended the 5-year renewal deadlines for VSC until 60 days after the emergency period ends.

New Health and Safety Protocols

We have developed the following written policies and procedures to outline our health and safety protocols as well as how our Home Child Care setting will operate during and through the recovery phase following the pandemic. All our Home Child Care original policies continue to be valid but where the new policies contradict the original policies the, new policies prevail. The new policies include:

- Parent Drop-off and Pick Up Procedure
- Health Screening Procedures for Home Visitors, Home Providers and their families, Children and their families and Resource Staff entering the home.
- Home Set-up and Physical Distancing
- Hand Hygiene and Respiratory Etiquette Policy and Procedure
- Environmental Cleaning and Disinfecting of Homes
- Toys, Equipment and Materials – Cleaning Disinfecting, Use

Drop Off and Pick Up Procedures

As much as possible, parents should not go past the screening area unless there is a specific need to do so.

The screener will wear appropriate personal protective equipment when a physical distance of 2 meters cannot be maintained in the screening areas as outlined in our Health Screening Policy and Procedure.

Personal belongings (backpack, clothing, toys) should be minimized. However, exemptions will be made on a case by case basis if a toy is required for a child to sleep or to be comforted during transition to home child care. If items are required, all belongings should be labelled and kept in the child's cubby or child's bin.



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Health Screening Procedure

Purpose

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

Application

This procedure applies to all Home Child Care Staff, Home Child Care providers, children, parents, resource staff and any other persons engaging in business with the Home Child Care. Everyone must be screened prior to entering the Home. The daily health screening checklist will be kept by the home provider.

This tool was developed to assist Home Child Care Providers in preparing and administering health screening for children who enter their home.

Prior to receiving children into care, Home Child Care Providers must conduct a daily screening of themselves and other people residing in their home, regardless of whether they participate in home child care activities. This will be done a minimum of an hour before they screen their first family coming into their home.

For Home Child Care Staff, an individual health assessment must start at home. Perform a screen on yourself prior to going to work, if you answer yes to any of the questions, do not go to work and contact the office and inform the Supervisor.

Preparation and Set up prior to Health Screening

- Complete the health screening training
- Set up screening location and table at the front entrance of your home where you will be accepting children, physically blocking entrance into the Home.
- Only ONE entrance/exit is to be used, to ensure that each person is screened
- Where possible, maintain a minimum of 2 metres distance between Home Provider conducting screening and the person being screened.
- Provide visual guides to assist with physical distancing (e.g., pylons, markers) in the event that a line-up forms while parents and their children are waiting to be screened prior to entering into the Home.
- Place front entrance signage identifying the screening process directly inside doors
- Place hand sanitizer on the screening table. Ensuring it is visible to everyone entering the home and ask them to hand sanitize
- Ensure all PPE and screening materials are accessible in the area (face shields, masks, gloves, thermometer, bleach solution, paper towel, and hand sanitizer).
- It is strongly recommended the Home Child Care Providers maintain a two-week supply of all PPE.
- Ensure Toronto Public Health resources are available for anyone who does not pass the screening



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- Ensure the health screening area is disinfected regularly throughout screening and the day
- The screener/provider is required to wear a medical mask and eye protection.

Screening Procedure

When conducting the active screening, it is recommended that Home Providers remain 2 metres or 6 feet away from those being screened.

The provider must wear a mask and face shield.

When the parent/caregiver drops off their child (ren), providers should actively screen parents/caregivers by asking the following questions:

- Does the child or any member of your household have any of the following symptoms: fever/feverish, new or existing cough and difficulty breathing? Yes/No
- Has the child travelled outside of Canada within the last 14 days? Yes/No
- Has the child had close contact with a confirmed or probable COVID-19 case? Yes/No
- Has the child had close contact with a person with acute respiratory illness who has been outside Canada in the last 14 days? Yes/No
- Has the child been given fever reducing medicine in the last 5 hours? Yes/No

Responses to all questions should be documented daily.

- Individuals who do not pass the screening are not permitted to attend the program and must stay home.
- All ill individuals who have a known alternative diagnosis provided by a health care provider may return to child care if they do not have a fever, are well enough to participate in the program and their symptom is improving in the last 24 hours. A cold or a respiratory infection is not considered an “alternative diagnosis”
- Staff/visitors who have an existing health condition identified by a health care provider that gives them the symptoms should not answer YES, unless the symptom is new, different, or getting worse. Look for changes from your normal symptoms.
- If the staff/visitor has a mild headache, tiredness, sore muscle, or joints within 48 hours after getting a Covid-19 vaccine, they should select “No” on the screening chart and wear a medical mask when at childcare. If symptoms last longer than 48 hours or worse, they are to stay home, self-isolate and get tested.
- If the household member received a Covid-19 vaccine in the last 48 hours and is experiencing mild headache, fatigue, muscle aches and /or joint pain that only began after vaccination, select “No” on the screening chart.

If parents/caregivers reply "NO" to all questions, the provider should then take the temperature of the child (ren). Providers should take the following steps to safely take temperature:



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- Wash hands or use hand sanitizer
- Take temperature, record, remove and discard gloves, and complete hand hygiene (hand washing or hand sanitizer). Note: temperatures of 37.8 degrees Celsius or higher is considered a fever.
- Disinfect thermometer and materials used to record temperature and wait appropriate contact time.

The temperature should be documented each time it is taken.

Anyone who answers "YES" to any of the above questions, refuses to answer the questions, and/or has a fever of 37.8 degrees Celsius or higher must not be allowed into the home. The following script may be used to explain the situation to parents/caregivers:

- "Thank you for your patience. Unfortunately based on these answers, I'm not able to let you enter the Home Child Care. Please review the COVID-19 Screening Tool for Children in Schools and Child Care on the Ministry of Health website or the Toronto Public Health website to determine what further action or care is required"
- Providers should contact the Home Care Agency to seek advice and next steps from Toronto Public Health.

If the child and parent/caregiver do NOT have a fever AND answers "NO" to any of the above questions, the child is permitted to enter the home. The child should immediately be taken to wash their hands under the supervision of the provider.

Questions for Home Visitors, Resource Consultants and Families

1. Greet everyone with a friendly, calm manner.
2. Request that only ONE parent enters the screening area with the child, and request they both use hand sanitizer.
 - "Good morning/afternoon. As you are aware COVID-19 continues to evolve, as a result we are conducting active screening for potential risks of COVID-19 for everyone who enters the location. The screening will ensure the safety and well-being of staff, children and families"
3. Ask the questions on the Health Screening Checklist
4. Home Providers must complete hand hygiene and have appropriate PPE on (refer to screening procedure above)
5. Take temperature with touch less thermometer, record and complete hand hygiene (hand washing or hand sanitizer). Disinfect thermometer and wait appropriate contact time.
 - "We are required to take your temperature. The thermometer has been disinfected.



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How to respond

If the individual answers NO to all questions, and does not have a fever (37.8 degrees C and above), they have passed the screening and can enter the building:

- “Thank you for your patience. Your child is cleared to enter my Home”

If the individual answers YES to any of the screening questions, refuses to answer, and/or has a fever (37.8 degrees Celsius and above), they have failed the screening and cannot enter the Home

- “Thank you for your patience. Unfortunately based on these answers, I’m not able to let you enter the Home Child Care. Please review the self-assessment tool on the Ministry of Health website or the Toronto Public Health website to determine if further care is required”

Notes

- ◆ Ensure that door handles, and any other surfaces the individual has touched are disinfected immediately.
- ◆ Personal protective equipment (PPE), gloves, must be worn for this, with hand hygiene performed before and after donning and doffing the gloves.

Attendance Records

Unplanned Absences

The Home Provider will maintain daily records of children or unplanned absences. They will follow up with the parents to determine the reason for the absence. If the absence is due to illness the Provider should note the symptoms and report this to their Home Child Care Visitor. The Provider will encourage the parents to seek testing if there are Covid-19 symptoms.

The Providers will monitor attendance records for patterns and trends (e.g. children sick at the same time or over a few days)

Visitors

The Home Provider will maintain daily records of anyone entering the building such as people doing maintenance work, people providing supports for children, Home Visitors, Ministry and Toronto Children Services Oversight. The records will include name, contact information, time of arrival and departure and screening result). The daily record will be kept on the premises and available to facilitate contact tracing.

Both daily attendance records are sufficient to facilitate contact tracing, will be provided to the local health unit within 24 hours of a Covid-19 case or outbreak and will be kept on the premises for a minimum of 12 months.



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Outbreak Management

An outbreak may be declared by TPH when:

- Within a 14-day period, there are 2 or more laboratory confirmed Covid-19 cases in children, Home provider and their family with an epidemiological link (cases in the same house) where at least one case could have reasonably acquired their infection in the child care setting.

The agency will work with TPH to determine whether epidemiological links exist between cases and whether the transmission may have occurred in the Home.

If TPH declares an outbreak, they will determine what happens next which could include closure of the Home. Serious Occurrence Report(s) will be revised according to these developments.

Home Set-Up and Physical Distancing

Physical distancing between children in a child care setting is difficult but Home Provider will remind and encourage it while still maintaining a welcoming and caring environment for all children. Physical distancing must not compromise supervision or children's safety and their emotional and psychological well-being.

Home Providers will encourage physical distancing by:

- removing extra chairs and rearranging furniture
- encourage children to greet each other from afar (i.e. wave, nod or a verbal "Hello") and to avoid close greetings (i.e. hugs, kisses or handshakes)
- reminding children to "hands to yourself"
- reminding children of "no sharing" policies and procedures (not sharing food, water bottles and personal items)
- spreading children out into different areas, particularly at meal time, dressing and sleep time
- incorporate more individual activities or activities that encourage more space between children
- suspend all communal sensory play and all group cooking learning experiences
- using visual materials (signs, tape or visual markers) to promote physical distancing.
- avoid activities involving singing, shouting or speaking loudly indoors
- increase the distance between cots and if space is limited, place children head-to-toe



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Hand Hygiene and Respiratory Etiquette

Policy

Home Child Care is committed to providing a safe and healthy environment for children, families, Home Child Care Providers and employees. West End Home Child Care Services will take every reasonable precaution to prevent the risk of communicable diseases within our Homes.

Definitions

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 (70-90% isopropyl alcohol based). Hand washing with soap and running water must be performed when hands are visibly soiled.

Procedures

Hands carry and spread germs. Touching your eyes, nose, mouth or 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 hand hygiene (hand washing/hand sanitizing), is enhanced during the operation of Home Child Care. Ensure that Home Visitors/Home Providers/Families and children are always practicing good hand hygiene when hands are visibly dirty and before and/or after:

- Entering the Home
- Eating
- Sneezing, coughing, or blowing your nose
- Using the washroom
- Handling garbage
- Handling raw foods
- Outdoor play
- 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
- Preparing handling and serving food
- Toileting/diapering routine
- Handling animals
- Touching a cut or open sore
- Glove use
- Dispensing/handling expressed breast milk
- Giving medication
- Entering the Home Child Care



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

- Wet hands
- Apply soap
- Lather for at least 15 seconds. Rub between fingers, back of hands, fingertips, under nails
- Rinse well under running water
- Dry hands well with paper towel
- Turn taps off with paper towel

When hands are not visibly soiled, follow these steps for cleaning hands:

- Apply hand sanitizer (70-90% isopropyl 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 Sanitizing Information

When your hands are not visibly dirty, a 70-90% isopropyl 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.

Hands must be clean, dry and not sweaty in order for the sanitizer to work effectively.

Adults must ensure that the product has completely evaporated from the child's hands before allowing the child to continue their activity. Parents' consent is required to use hand sanitizer on children. 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. Nitrite gloves are single use only.

Gloves and Hand Hygiene

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

To reduce hand irritation related to gloves:



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- Wear gloves for as short a 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 for diaper changes and dishwashing-like gloves for disinfecting toys

Gloves when Cleaning/Disinfecting

When Home Providers are mixing chemicals into bottles or buckets, they must wear thicker dishwashing-like gloves. These gloves can be reused; each Home Provider should have their own pair. Also, Home Providers must wear these gloves when immersing toys in diluted disinfectant when toy washing, as their hands are more frequently immersed.

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.

Attempt to keep your distance (preferably more than 2 metres/6 feet) from people who are coughing or sneezing. Follow these steps to stop the spread of germs:

- If you have a tissue, cover your mouth and nose when you cough, sneeze or blow your nose
- Put used tissues in the garbage
- If you don't have a tissue, cough or sneeze into your sleeve, not in your hands

Clean your hands with soap and water or hand sanitizer (70-90% isopropyl alcohol-based) regularly and immediately after using a tissue on yourself or others.

Supplies

The Home Provider will monitor hand hygiene supplies to ensure that there are adequate supply of liquid soap, paper towel, hand sanitizer, tissues and waste receptacles lined with plastic bags available.

Cleaning the Child Care Home Enhanced Environmental Cleaning and Disinfecting

Policy Statement

West End Home Child Care is committed to providing a safe and healthy environment for children, families and Home Providers. Management will take every reasonable precaution to prevent the risk of communicable diseases within our Home locations.



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Purpose

To ensure that all Home Child Care staff and Home Providers are aware of, and adhere to, the directive established by Toronto Public Health (TPH), and Children's Services regarding cleaning and disinfecting of Home Child Care spaces.

Definition of Cleaning

Refers to the physical removal of foreign material (i.e. dust, soil) and organic material (i.e. blood, secretions, microorganisms). Cleaning removes, rather than kills, microorganisms. Warm water, detergent and mechanical action (i.e. wiping) is required to clean surfaces. Rinsing with clean water is required to complete the cleaning process to ensure the detergent film is removed.

Procedures

All products including cleaning agents and disinfectants must be out of reach of children, labelled.

Cleaning

- Use detergent and warm water to clean visibly soiled surfaces
- Rinse the surface with clean water (warm temperature preferred) to ensure detergent is removed
- Let the surface dry

Disinfecting

Bleach and water solution mixed at a level is approved by TPH for use in Home Child Care as a disinfectant.

- 1 teaspoon (5mL) bleach per cup (250ml) of water, or
- 4 teaspoons (20mL) bleach per litre (1000mL) of water.

Disinfectant wipes such as "Lysol Wipes" is considered a high-level disinfectant which is defined as the complete elimination of all microorganisms in or on a surface.

- For general environmental disinfection of high touch surfaces large toys and equipment that cannot be immersed in a disinfectant solution, use, the disinfectant wipes. Contact time for disinfecting is 1 minute.
- For all other toy cleaning & disinfecting use bleach and water solution, which has to be mixed and tested before use, the contact time is 2 minutes.
- Refer to Toy Disinfection Procedures for further guidance.

Procedures



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Disinfecting using Bleach solution or disinfectant wipes:

- Put on rubber or heavy-duty nitrile gloves and mask, if the employee has scent sensitivities
- Wipe on bleach solution and leave on the surface for the appropriate disinfecting contact time (**2 minute**). Disinfectant wipes residue must remain moist on surface for 1 minute
- Once the disinfecting contact time has elapsed, the surface has now been disinfected
- Any surface children may come in contact with requires a final rinse with a single-use paper towel (i.e. lunch tables, high chair tray, floor, toy shelves)
- If the surface continues to be wet, you may wipe it dry with a single-use paper towel

Frequency Requirements for Cleaning and Disinfecting

Clean and Disinfect upon children's ENTRY into Home

- Any hard surfaces such as water bottles, containers, etc.

Clean and Disinfect Frequencies for other surfaces and items

Cleaning and disinfecting routines must be increased as the risk of environmental contamination is higher:

- **Tables and countertops:** surfaces used for food preparation and food service must be cleaned and disinfected before and after each use.
- **Highchairs:** must be cleaned and disinfected before and after serving food.
- **Spills:** must be cleaned and disinfected immediately.
- **Hand wash sinks:** providers and children washroom areas must be cleaned and disinfected at least two times per day and as often as necessary (e.g., when visibly dirty or contaminated with body fluids).
- **Floors:** cleaning and disinfecting must be performed as required (i.e., when spills occur, after children leave the home).
- **Floor mats:** cleaning and disinfecting must be performed throughout the day, and at minimum twice daily.
- **Outdoor play equipment:** must be disinfected before each group uses it, and additionally as required (e.g., when visibly dirty). Any outdoor play equipment that is used must be easy to clean and disinfect.



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- **High-touch surfaces:** any surfaces that are frequently touched (e.g., light switches, shelves, containers, hand rails, door knobs, sinks, toilets, etc.) should be cleaned at least twice a day and as often as necessary (e.g., when visibly dirty or contaminated with body fluids).

Clean and Disinfect Daily

- Low-touch surfaces (any surfaces at your Home Child Care location that has minimal contact with hands), must be cleaned and disinfected daily (e.g. window ledges, doors, sides of furnishings etc.)

Clean and Disinfect as Required

Blood/Bodily Fluid Spills: Using the steps below, the surface must be cleaned first then disinfected:

1. Isolate the area around the spill so that no other objects/humans can be contaminated
2. Gather all supplies, perform hand hygiene, then put on single-use Vinyl gloves
3. Scoop up the fluid with disposable paper towels (check the surrounding area for splash/splatter) and dispose of in separate garbage bag
4. Clean the spill area with detergent, warm water and single-use towels
5. Rinse to remove detergent residue with clean water and single-use towel
6. Discard used paper towels and gloves immediately in a tied plastic bag
7. Disinfect surface with high level bleach solution and a single-use towel, ensuring a 10-minute contact time.
8. A final rinse is required if children come into contact with the area
9. Remove gloves as directed and discard them immediately
10. Perform hand hygiene as directed

Notes

- ◆ If the spill includes broken glass, ensure a brush and dustpan is used to pick it up and discard. Disinfect the brush and dustpan after use. **NEVER** use your hands to clean up the glass
- ◆ If the spill occurs on a carpet, follow the above steps along with professional steam/wet cleaning the carpet.
- ◆ Please refer to the TPH 'Blood and Bodily Fluids Spills' poster for further guidance.

Play pens and Cot Cleaning and Disinfecting

- Play pens and cots must be labelled and assigned/designated to a single child per use



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- Play pens and cots must be cleaned and disinfected before being assigned to a child
- Cots, Cribs and playpens assigned to an individual child must be cleaned and disinfected weekly and as often as necessary (e.g. when soiled or after use by a symptomatic child).
- Bedding/linens must be laundered weekly on the "hot" setting, and when soiled or wet

Additional Infection Prevention and Control Practices (IPAC) for Hygiene Items

- Pacifiers must be individually labelled and stored separately (not touching each other), they must not be shared among children. The pacifier must be washed in soap and water upon arrival to the centre
- Label individual hygiene items and store them separately
- For creams and lotions during diapering, never put hands directly into lotion or cream bottles, use a tissue or single-use gloves. Upon arrival to the centre, wipe the cream/lotion container with a disinfecting wipe
- Home Providers can identify personal child care clothing which they can leave at the Home Child Care.

Toy, Equipment and Materials – Cleaning, Disinfecting, Use

Policy

The disinfection of toys is vital to ensuring the health and safety of children as it reduces and mitigates the potential spread of germs and viruses among children and those who may come into contact with them.

All toys that are plush must be removed and not used in play, these include, stuffed animals, hand puppets, cloth toys etc. In addition, all sensory play is suspended, this includes (play dough and slime). All porous toys or materials that cannot be effectively cleaned and disinfected must be removed and not used in play.

Procedures

The number of toys and play materials should be limited.

- Create toy kits for each child (e.g., one bin for the morning and one for the afternoon for *each* child) that can be removed from play after use and cleaned later in the day;
- Toys that have many pieces (i.e. LEGO) may be split into separate bins to facilitate individual play among children. After play, toys should be returned to bins, removed from the play area, and sanitized before being used again;
- Children can be assigned separate areas in which to play and provided with a select number of play materials.



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Toys should be cleaned and disinfected daily and as often as necessary (e.g. when soiled, contaminated or if the toy has been used by a symptomatic individual).

Otherwise, toys should be cleaned or removed from the play area if they cannot be immediately cleaned and disinfected.

Toys and items such as electronic devices should be cleaned and disinfected before being passed on to another child.

Where possible, a dishwasher may be used:

- The normal rinse cycle may be used as long as it reaches 82 degrees Celsius.
- Only use the dishwasher in the kitchen when it is not being used for any other purposes (i.e. washing dishes, food preparation, and serving).
- Toys are placed evenly on the dishwashing racks and are an appropriate size to ensure they will not fall into the basin as this may create a fire risk.
- Toys are removed carefully once the wash cycle is complete as they may be hot or contain hot water.
- Toys are air dried in a designated area that is separate from bathrooms or change tables and protected from sources of contamination.
- The kitchen is clean and tidy when you have completed toy washing.

For toys that require manual cleaning and disinfection, the three-sink method should be used with bins (if three sinks are not available):

1. First sink/bin: Wash in clean water and dish detergent.
2. Second sink/bin: Rinse with clean water.
3. Third sink/bin: Sanitize using 2 mL (approximately 1/2 teaspoon) of household bleach (5.25% chlorine) with 1 litre (4 cups) of water, leave for at least 45 seconds.
4. Air dry before storing.

For large toys or equipment, take the following steps:

1. Clean with soap and water using a cloth.
2. Wipe with a clean wet cloth to rinse.
3. Disinfect by spraying the bleach and water mixture and let it sit for a 1-minute. Do not spray product to toys and surfaces when children or other adults are nearby.
4. A final rinse is required using a single-use wet paper towel.
5. Allow toys to air dry.

Frequencies and Toy Cleaning Schedules

- Toys, including large toys should be cleaned and disinfected daily and as often as necessary (e.g. when soiled, contaminated or if the toy has been used by a symptomatic individual).



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- High touch items will be cleaned and disinfected at least two times per day and as often as necessary.
- Toys and items such as electronic devices should be cleaned and disinfected between users prior to redistributing.

Handling Used Toys

- Toys that have become visibly dirty or that have come into contact with body fluids (e.g., toys that have been mouthed) should be taken out of circulation immediately and cleaned and disinfected immediately. Toys that cannot be cleaned and disinfected immediately should be placed in a designated dirty toy bin. The bin should be clearly labelled and inaccessible to children.

Use of Masks and Personal Protective Equipment (PPE)

Purpose

West End Home Child Care is committed to providing a safe and healthy environment for children, families and home provider. Management will take every reasonable precaution to prevent the risk of communicable diseases within our location.

Policy

The Provincial Covid-19 Website does not recommend the use of masks for children under the age of two years old.

Home Providers will maintain a one to two-week supply of PPE at all times during the pandemic.

All adults in a child care setting (i.e., home child care providers, home child care visitors) are required to wear medical masks and eye protection (i.e., face shield) while inside in the child care premises. Mask should be replaced when they are damp or visibly soiled or at a minimum twice a day.

Exemptions from wearing a mask or eye protection indoors include medical conditions that make it difficult to wear a mask (e.g. difficulty breathing, low vision), a cognitive condition or disability that prevents wearing a mask, hearing impairments or when communicating with a person who is hearing impaired and where the ability to see the mouth is essential for communication. The Home Provider does not require doctor's notes for Covid-19 exemptions as it is discouraged by the Ministry at this time.



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When wearing a mask, Home Provider will wash their hands before donning a mask and after removing the mask. The mask should be placed in a plastic bag until it is washed.

- All children in grades 1 and above are required to wear a non-medical or cloth mask while inside in the child care premises.
- All Jk/Sk children are encouraged but not required to wear a mask while inside in the child care premises. Parents/guardians are responsible for providing their school-aged child (ren) with a mask(s).
- 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.
- The use of masks and face shields is not required outdoors for adults or children grade 1 or above if physical distancing of least 2-metres can be maintained between individuals. Consistent with the Hand Hygiene and Respiratory Etiquette Policy, gloves must 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.

Suspected or Positive COVID-19 Case Policy and Procedure

Purpose

The purpose of this procedure is to take all reasonable precautions in the protection of the staff, child (ren), Home Providers and families when there is a positive or suspected COVID-19 case in the providers home.

Staff, providers, children and parents must not attend the Home Child Care Program if they are sick, even if the symptoms resemble a mild cold. Symptoms to look out for include but are not limited to: fever, cough, and shortness of breath, Sore throat, runny nose, nasal congestion, headache and a general feeling of being unwell. Children in particular should be monitored for atypical symptoms and signs of Covid-19.

There are established processes in regards to communication, reporting and business continuity when a staff, child or close contact of a child or Home Provider members tests positive for COVID-19

Application



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This policy applies to all Staff and Home Child Care Providers, and any others persons engaged in Home Child Care.

Procedure

When there is a suspected or positive case of COVID-19 in the Home, the following procedures must be followed:

Suspected Child COVID-19 Case

The following procedure should be followed if the child has any signs and/or symptoms that are greater than normal, or if the child is unable to participate in regular programming because of illness:

- If a child had one or more of the following symptoms: fever, cough, muscle aches, and tiredness or shortness of breath; or
- Additional symptoms appear beyond what is considered normal.
 - For example, a child that has diarrhea consistent with teething is normal; but if another symptom such as tiredness presents itself, the exclusion procedure should be followed).

In the event a child starts to show symptoms while at the home child care, take the following steps:

1. The child should be isolated from the other children (i.e., kept at least 2 metres or 6 feet away).
2. Provider should wear mask and gloves.
3. Children should wear a mask if they are able to use the mask properly (e.g. can follow donning and doffing procedures correctly, avoiding touching while on) and are more than 2 years old.
4. Take temperature and document the temperature and time along with any other symptoms.
5. Hygiene and respiratory etiquette should be practiced while the child is waiting to be picked up.
6. Tissues should be provided to the child for proper respiratory etiquette, with proper disposal of the tissues and proper hand hygiene (while waiting to be picked up).
7. Parent/guardians should be notified and required to pick up their child immediately.
8. Environmental cleaning of the space the child was separated should be conducted once the child has been picked up.



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9. Contact the home visitor who will then notify Toronto Public Health at 416-338-7600 of a potential case and seek input regarding the information that should be shared with other parents of children in the childcare centre.

Providers and children should follow the advice given by TPH regarding when children can return to the home child care.

Suspected Home Provider COVID-19 Case

If the provider experiences COVID-19 symptoms, they should take the following steps:

1. Provider should wash their hands and put on a mask and gloves.
2. Contact parents/caregivers to ask them to pick up their children immediately.
3. Take the temperature of the children and document. If the provider is not well enough to do so, or does not feel safe doing so, the provider's back-up may perform these checks.
4. If the provider is not well enough to supervise the children, the back-up may watch the children while waiting for parents/caregivers to pick up the children.

Contact the home visitor who will then notify Toronto Public Health at 416-338-7600 of a potential case and seek input regarding the information that should be shared with other parents of children in the childcare centre.

Symptomatic Home visitors and children will be excluded from the Home Childcare and referred for testing. While awaiting test results, symptomatic Home Visitors and children will be directed to self-isolate.

Children, Home Providers or staff who have been in contact with a suspected COVID-19 case should be identified as a close contact, monitored for symptoms. Toronto Public Health (TPH) will provide any further direction on testing and isolation of these close contacts.

During this period of time they should avoid contact with vulnerable persons or settings where there are vulnerable persons (i.e., long-term care homes)

Those who test negative for COVID 19 must be excluded for 24 hours after symptom resolution. If there is a positive COVID-19 case, refer to *Positive cases of COVID -19* procedures below.

If a Home Provider, child or staffs has been excluded due to symptoms related to COVID-19 (suspected COVID-19 case)

- The supervisor will inform the Director immediately



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- Ensure that close contacts (staff, Home provider and children who are in Home Care) are monitored for symptoms.

Positive Cases of COVID-19

For all cases of a positive COVID-19 in the Home (once a positive test result has been received), the following steps must be taken:

Home Provider:

- Inform West End Home Child Care Services office staff of the positive test results.

Supervisor:

- Inform Director immediately
- Send out any communication provided by TPH and provide letters for the following groups:
 - Families of children who are in direct contact with a confirmed COVID-19 case
 - Staff who are direct contacts with a confirmed COVID-19 case
- Ensure Serious Occurrence in CCLS is completed and/or updated and notification form is posted.

Steps when staff members, children or household/close contacts test positive for COVID-19:

Staff Member

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

- The employee should inform their supervisor immediately and self-isolate immediately.
- The employee will cooperate with management and Toronto Public Health (TPH) to identify close contacts and follow the direction from TPH and their supervisor.
- All other staff and families affected shall receive communication from the Supervisor. The supervisor will send out communications, as applicable.

Child

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



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- The parent must inform the West End Home Child Care Supervisor/Home Visitor immediately
- The Child's medical condition will be managed by Toronto Public Health.
- Prior to returning to Home Child Care, the family must provide a letter from their case contact at TPH confirming the child's approval to return to Home Child Care.
- Home Child Care Provider and children who are in the same Home as the child who has tested positive will be excluded for 14 days, unless indicated otherwise by TPH

Close Contacts of Children or Staff or Home Child Care Providers

In the event that a household member of the Home Child Care Provider or close contact of a child or Home Child Care Provider tests positive for COVID -19:

- The staff or Home Child Care Provider who is a close contact of a positive COVID-19 case attending the Home should inform the supervisor immediately
- TPH Case and Contact team will be contacting the individual to assist with the isolation period for the family.
- The staff member, Home Provider or child will be required to isolate and the Home will remain closed for a minimum of 14 days to monitor for symptoms, unless indicated otherwise by TPH

Surveillance

Ensuring that all environmental conditions are constantly monitored is essential in prevention and reducing illness. Home Providers must monitor for illnesses among other children. This includes the following:

Includes the following:

- Observe children for illness upon arrival
- Record symptoms of illness for each child including signs or complaints the child may describe (e.g., sore throat, stomach ache, head ache etc.)
- Record the date and time that the symptoms occur
- Record attendances and absences

Isolation and Exclusion of Sick Children, Providers and Staff

Purpose



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The Agency is committed to providing a safe and healthy environment for children, families and employees. We will take every reasonable precaution to prevent the risk of communicable diseases.

Procedures

Any Provider/staff/child that displays symptoms of illness will leave the program as soon as possible and will follow the procedures set out in

Suspected or Positive COVID-19 Cases Policies and Procedures

When children are ill and/or exhibit COVID-19 related symptoms, child care providers will ensure the following:

- Ill children will be separated from all other children to the designated exclusion area or kept at a minimum of 2 meters from others, and will be supervised and monitored by the provider until they are picked up from care.
- If possible, a mask should be placed on the ill child, but only if the child is more than 2 years old, and is able to understand that they cannot touch it and if tolerated.
- Parents or emergency contacts will be notified to pick up the child immediately
- The designated exclusion area will have hand sanitizer (70-90% alcohol), tissues and a garbage receptacle available
- If sneezing, coughing or runny nose the provider will provide tissue and will support respiratory etiquette
- Providers will increase ventilation by opening a window when appropriate.
- Provider will maintain a two-meter distance and as best as possible and should wear PPE including an eye protection, surgical mask and consider use of gloves and a gown.
- Clean and disinfect the home where the child was as soon as possible after the child is sent home.
- Item used by the sick child that can't be cleaned or disinfected (paper a book, cardboard puzzles) will be removed and stored in sealed container for 7 days.
- Symptoms of illness will be recorded in the child's daily record and in a daily log
- Providers, Staff and children who were in the same home with the ill child will be grouped together and not mixed with other care groups
- Providers and Staff should self-monitor for symptoms. During this period, they should avoid contact with vulnerable persons or settings where there are vulnerable persons (i.e., long-term care homes)
- Children who are being managed by TPH should follow their instructions to determine when to return to the child care centre
- If it appears that the child requires immediate medical attention, the child will be taken to the hospital by ambulance and examined by a legally qualified medical practitioner or a nurse registered under the Health Disciplines Act. R.R.O. 1990, Reg. 262, s. 34 (3)



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If a child develops symptoms and their self-screening indicates they should stay home, siblings will also need to stay home and self isolate until the child test is negative. If the child is not tested siblings need to stay home and self isolate for 10 days.

Monitoring and Responding to Reports of Covid-19 Symptoms in a Home Child Care Setting

Our Home Care Agency will work closely with the Ministry of Health and Public Health to monitor and respond to reports of Covid-19 symptoms.

Anyone who is symptomatic, does not pass current screening provided by the local health unit, or has been advised to self-isolate by the local health unit is not permitted to attend the program and must stay home.

Return to care for children with symptoms who are not tested for COVID-19

For children who do not go for testing and do not have an alternative diagnosis (i.e. a new or worsening symptom not related to an existing medical condition).

- Your child must stay home & self-isolate for 10 days from the day the symptoms started
- After 10 days, they can go back to Home care program if their symptoms are improving.
- The child's siblings will also need to stay home and self-isolate for 10 days.
- Adults in the home, including parents, will have to self-isolate for 10 days and may not go to work.
- If a health care provider has diagnosed a condition that isn't related to Covid-19, your child can return to childcare 24 hours after their symptoms improve. Their siblings are then not required to self-isolate for 10 days.

Role of the Home Visitor

Regular Virtual Check-Ins

Home visitors will play an important role in ensuring health and safety guidelines are being followed. To the extent possible, it is recommended that virtual platforms be used instead to connect with providers. Where virtual (e.g., video conference, email) technologies are not available, home visitors may connect with providers over the phone.

Home visitors will check in weekly with providers. Home visitors will ask about the Home provider's general questions or concerns and also have an open-ended conversation to ensure guidelines are being followed properly. Example of open-ended discussion questions include:



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- Tell me about how you're doing physical distancing in your home?
- What does the health screening look like each day?
- What's working well? What are you finding challenging?
- If a child gets sick, how are you handling (or how would you handle) that situation?
- Other key questions?

Home visitors will provide frequent reminders of the importance of following health and safety procedures, the risks of failing to follow health and safety procedures, and helpful tips and reminders on health and safety practices.

In person visits

Home visitors will also make monthly in-person visits provided they wear a mask, face shield and gloves and conduct a self-screen for COVID-19 symptoms and document their responses one hour prior to entering the home.

Home visits should also be scheduled to ensure visits occur at a time that is less busy that is convenient for the provider. Home visitors should only make one in-person visit per day and should not return to the office after making the visit. Accordingly, home visitors may wish to schedule their visits in the afternoon where possible.

Home Visitor Responsibilities if Provider or Child is Sick or Fails Screening

In the event a provider, child, or resident of the home exhibits symptoms or fails the screening, providers should contact the home visitor. The home visitor will be responsible for contacting Toronto Public Health to seek additional advice and ensure the provider receives the appropriate advice.

Parent Fees

We will continue to follow the policies and procedures for fees as set out in our Parent Handbook.

Consistent with the Provincial Guidelines, parents must secure their Home Child Care space within 14 days after the Home Child Care reopens. Parents should secure their spot by confirming through email. After the confirmation, the Home Child Care will refund or apply credit to future care. After the 14 days, payment would be required to secure the space, whether the child attends or not.

- Returning children served through emergency child care to their original placement and continuity of service for these families. We currently are not aware of any families that are serviced through these centres.



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- Care for families where parents must return to work and that work outside of the home.
- Families with special circumstances that would benefit from children returning to care, such as children with special needs

Where spaces are not enough to cover current needs of the families, the Home Child Care will utilize the 'date of enrolment' to determine priority.

Home Provider and Staff Training

All staff/Home Providers have been trained on all new health, safety and operational procedures outlined in this document as well as the webinar-based training required by Toronto Public Health.

This includes but is not limited to, instruction on how to properly clean the space and equipment, how to safely conduct daily screening and keep new daily attendance records (where applicable) and what to do in the case someone gets sick.

Interactions with Infant/Toddlers

- Home Providers will continue to hold bottles for infants not yet able to hold their own bottles.
- We will create physical distancing between cots and play pens by keeping them 2 metres apart from each other during nap times.
- Recognizing that physical distancing is generally difficult with small children and infants we will:
 - Plan activities that do not involve shared objects or toys, and
 - where possible, move activities outside to allow for more space
- We will continue to ensure that children do not share food, utensils, soothers, bottles, Sippy cups etc. Please label any of these items with your child's name to discourage accidental sharing.
- As always, mouthed toys will be removed immediately for cleaning and disinfecting to avoid sharing.

Outdoor Play



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This has not changed from our regular outdoor play schedule. Used outdoor toys and equipment will be cleaned and disinfected between groups (cohorts). Providers will encourage physical distancing through activities and visual markers.

Food Provision and Kitchen

All children should be provided with their own designated cutlery, plates, dishes, cups, and other tableware items for each meal.

After use, tableware and cutlery should be washed using a dishwasher or the three-sink method (using bins if needed). Air drying is the only acceptable method of drying, including pots and pans used to prepare meals. The use of tea towels is not recommended.

After cleaning tableware, cutlery, and food preparation materials, it is advised that providers wash their hands or use hand sanitizer.

As required by the guidelines, the Home Child Care will no longer encourage self-serve skills. Serving utensils will only be used by the Home Provider and meals will be served in individual portions to the children. Home Provider will encourage and ensure proper hand hygiene before and after eating.

Provision for Resource Consultant (previously SNR)

The Ministry recognizes that children with special needs and their families continue to require additional support and services in the home child care setting and therefore they have set out that these services continue.

The maximum capacity rules do not apply to the Resource Consultant. If, and when, they are required, we will inform all families and will record their attendance for contact tracing purposes. The Consultants will be screened before entering the Home as per the Homes screening protocol.

Procedure Review

This policy and procedure will be reviewed and signed off by all Staff/Home Providers prior to commencing Home Child Care.

