

York Professional Care & Education Inc.

Operations Binder 1	Policies and Procedures	Section:	4
	P&P Under the Local Medical Officer of Health	Sub-section:	4.3.2
Part 1	Infectious Disease and Pandemic Policy - Agency Continuity Process	Effective:	November 1/20
Issued by:	Executive Director	Replaces:	N/A

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Section 1 – Government Bodies and Responsibilities

1. **Childcare and Early Years Act 2014(CCEYA)** – Legislation that defines the requirements that must be met within Ontario early learning and care settings.
2. **World Health Organization (WHO)** – Primary role is to direct international health within the United Nations’ system and to lead partners in global health responses.
3. **Health Protection and Promotion Act 2007(HPPA)** – Legislation used to enhance the protection and promotion of the health of Ontarians and to contribute to efforts to reduce health inequities through the establishment of an agency to provide scientific and technical advice and support to those working across sectors to protect and improve the health of Ontarians and to carry out and support activities such as population health assessment, public health research, surveillance, epidemiology, planning and evaluation.
4. **Public Health Agency of Canada (PHAC)** – Provides recommendations on public health measures (see #7) to provinces and territories; develop and implement public health measures for populations under its jurisdiction e.g., First Nation communities. Implement travel and border related public health measures such as travel advisories and restrictions, quarantine measures and border closures at international entry points.
5. **Ministry of Health and Long-Term Care (MOHLTC)** – Consults with local, provincial and federal partners to develop and rollout the public health measures strategy. Develop and issue directives, orders and requests as per the HPPA. Communicate the provincial public health measure strategy to Public Health Units (see #6), other health system partners, provincial ministries and the public.
6. **Public Health Ontario (PHO)** – Provide scientific and technical advice to the MOHLTC and Public Health Units to support the implementation of public health measures.
7. **Public Health Units (PHUs)** – Develop and rollout local public health measures based on provincial strategy. Develop and issue orders as per the HPPA.
 Simcoe Muskoka District Health Unit (SMDHU)– 1-877-721-7520
 York Region Public Health (YRPH) – 1-877-464-9675
8. **Ministry of Labour (MOL)** – Provides Occupational Health and Safety advice to the MOHLTC. Enforce regulations under the Occupational Health Safety Act.
9. **Employers in non-health organizations** – Implement and role model PHMs, follow MOHLTC and PHU orders and requests.
10. **Public** – Any group or individual not part of the health care setting who learns about and follows PHMs, follow MOHLTC and PHU orders and requests.

Section 2

Definitions

1. **Covid-19** – is a new strain of the Coronaviruses. Coronaviruses are common and some cause illness in people and others cause illness in animals. Human coronaviruses are typically associated with mild illnesses, similar to the common cold. COVID-19 can cause mild to severe respiratory infections. The WHO declared Covid-19 a pandemic on March 11, 2020.
2. **Essential Functions** – the basic job functions required to perform a job or service.
3. **Public Health Measures (PHM)** - Implemented in non-health settings such as workplaces, homes, civic spaces, educational settings and community based social services organizations. PHM are individual and group behaviours intended to slow the spread of influenza pandemic in Ontario using non-pharmaceutical methods. When used in health settings, they are termed “infection prevention and control measures”. PHMs may be voluntary (without the force of legislation) or mandatory (with the force of legislation).
 - a. Voluntary PHM’s - include the following individual and group behaviours:
 - **Hand Hygiene** - One of several important measures in directly stopping the spread of illness. Using correct and effective handwashing techniques, washing hands frequently and not touching face: mouth, nose, eyes & ears is strongly recommended by the PHU.
 - **Respiratory Etiquette** consists of coughing or sneezing into a tissue or, elbow rather than the hand. Tissues are disposed of after one use and hands are washed.
 - **Environmental Cleaning** of spaces and frequently touched equipment and surfaces such as door handles. *Ops.S4,ss4.3.*
 - **Illness Isolation**, which includes children who become ill while in care and having individuals stay home when sick and implementing social distancing measures within the home when a household member is ill.
 - **Social Distancing**, involving separation of people to minimize transmitting illness.
 - b. Mandatory PHMs are extraordinary actions designed to address and counter specific public health threats. Mandatory measures include:
 - **Case and Contact Tracing** – PHU’s perform case & contact management during an influenza pandemic based on the strategy of provincial health measures.
 - **Case Tracing** is the formal protocol, where PHU employee follow-up with individuals who are ill to obtain information such as where have they been; who were they with and were those individuals symptomatic; and when did they start to feel ill.
 - **Contact Tracing** process used to identify, educate and monitor those who may have had close contact with infectious cases; with the goal of limiting further spread of the disease.
 - **Orders** imposed action with the force of legislation. For child care purposes, orders include the **closure** of programs.
 - **Travel Restrictions** are orders that may affect individuals and group and industry by limiting or halting travel; locally, nationally and internationally.

Section 3

Organizational Assumptions for Pandemic Planning

This section addresses identified operational assumptions on which planning continuity is based.

- **YPCE** will be provided with guidance and/or direction by Federal, Provincial or local governments regarding current pandemic status in its area.
- Continued fiscal responsibility by maintaining an adequate contingency fund to cover essential personnel and fixed operating costs in the event of an unprecedented decline in funding and income sources.
- Job security, including position, compensation and or benefits, may be dependent on government subsidies put into effect as a result of the pandemic.
- **YPCE** will have actionable plans and procedures to assist in the ability to remain operational during a pandemic. Plans and procedures may include social distancing protocols, personal protection equipment (PPE), and temporary suspension of some non-essential activities.
- **YPCE** will review its continuity communications process to ensure they are fully capable of supporting pandemic and other related emergencies, and give full consideration to supporting social distancing operations, including working from home and virtual office options.
- School Board controlled buildings may be accessible, but right of entry may be limited.
- Home Child Care providers are self-employed and may choose to stop services.
- **YPCE** may transfer certain employees and operations to alternate facilities to facilitate social distancing protocols and other PHM's.
- Essential functions, operations, and support requirements will continue to be people dependent. However, human interactions may be remote or virtual, necessitating approved social distancing protocols.
- Travel restrictions, such as limitations on mass transit, implemented at the Federal, provincial, and local levels may affect the ability of some employee to report to work.
- Funding will be budgeted for the acquisition of PPE and necessary equipment required to work from home or an alternate site.

Section 4

Purpose

YPCE performs **essential functions** in order to provide **essential services** to the community that may be adversely affected in the event of an outbreak or pandemic. Continuity in the ability to perform essential functions in order to provide services; is vital to the **Agency's** ability to remain a viable entity during and after an outbreak or pandemic.

An outbreak or pandemic may not directly affect the physical infrastructure of the organization but it may threaten our human resources and clientele for extended periods of time. While the **Agency** may be forced to suspend some or all operations, during an outbreak or pandemic; this continuity plan guides us in our efforts to remain operational, as well as strengthen the ability to resume operations.

This policy supports that during a pandemic: essential functions may be maintained using mitigation strategies at both the administrative and operational level; allowing for continuity of essential service and or a viable return to operations from a closure.

This policy and procedure supplements existing policies in place, such as Policies and Procedures under the Medical Officer of Health (Ops.4.3.2&3), the Human Resources policy for Civil Emergencies, Crisis Management and Business Interruption (HR 5.08) and the Emergency Management Policy (Ops.4.15).

Section 5

Approach

Monitor

YPCE shall monitor the impending health crisis to understand its level of severity and transmissibility. Information distributed by MOE, PHUs, MOL and partnered provincial and national government bodies shall guide or direct the full or partial implementation of this plan.

Communication and Direction

During an evolving pandemic, incoming information shall be reviewed, noted and communicated to employees, home childcare providers, families and external stakeholders through the Executive Director. Employees may expect guidance and direction based on the nature of the pandemic and its' effect on the Agency and work expectations; training on established and new PHM's and infection control policies and guidance on other matters falling under the scope of employment.

Maintain Engagement

Our operation shall continue throughout the pandemic stages. While our sites and head office remain open, employees are expected to work. Employees may expect to begin implementing established PHMs used for outbreak as well as mitigation strategies deemed appropriate by the **Agency**. Upon receiving an Order of Closure, work expectation continues through scheduled professional

development opportunities; employee meetings, wellness calls and social media engagement with families.

Implement

How the **Agency** implements continuity strategies, shall ultimately be determined by direction from MOHLTC &/or PHAC, based on the severity of the health crisis and the PHMs required. Environmental supports such as information & communication, supportive workplace policies and role modelling are in place to successfully implement voluntary PHMs required.

The **Agency** supports voluntary PHM's by distributing information explaining why these behaviours are important in helping to stop the spread of the health crisis. Role modelling PHMs supports their adoption by normalizing the desired behaviours. Personally, and publicly adopting these behaviours improves the success rate of reducing transmission for the childcare community and its partners.

Adapt

Emergency adjustments to policies and procedures may be appropriate in order to ensure viability of the **Agency** and help workers enact public health measures. Some adjustments may include: flexibility in sick leave policies as well as creating flexible work arrangements to support social distancing.

As part of our civic responsibility and to assist in the implementation of PHMs, **YPCE** is prepared to comply with mandatory PHM's such as **an Order to Close**. The **Agency** also understands that we may need to close as a result of other events such as: high rates of illness among children and employees, or significant interruptions to public transportation systems. Whether the closures affect one site or extend to all, our continuity shall adapt.

Section 6

a. Pandemic Response

The Executive Director, in cooperation with the Board of Directors, shall delegate either directly or through the management team, any direction or responsibility related to the evolution and management of the pandemic; development, training and implementation of the respective Health and Safety Plan with Covid-19 response. The team shall review the impact of the pandemic and assist with implementing existing or new strategies to manage its' effects. **YPCE** shall maintain the approaches described in S.5 and ensure that the evolution of the health crisis, and all expectations and directions surrounding continuity or closures is understood.

The **YPCE** Management Team is comprised of the following:

- Executive Director
- Accountant
- Operations & I.T. Manager
- Program Managers
- Human Resource Coordinator
- Supervisors

b. Orders to Close

Head Office Closure Procedure

1. Advise the Board of Directors of the direction to close down.
2. Update website with closure information as per: direction of, reason, timeframe, who is affected, a commitment to provide ongoing communication and direction to monitor the website.
3. Ensure employees collect all items required to work from home: cellphone, laptop, paperwork.
4. Ensure desktop computers are on Sleep Mode.
5. Change individual & office outgoing voicemail, to the message provided by the Executive Director.
6. Change individual email, autoreply to the message provided by the Executive Director.
7. Ensure a communication plan is established with all administrative employees. The plan includes employee phone numbers, their emergency contact information and frequency of check-ins.
8. Cancel expected deliveries.
9. Ensure all perishables are removed from the fridge/freezer, (fridge/freezer are emptied but remain operating due to their start up time).
10. Remove all garbage and compost waste from receptacles and place in the outside shelter.
11. Set security alarm.

Site/Program Closure Process

1. File a Serious Occurrence with MOE.
2. Collect all items required to work from home: cellphone, laptop, paperwork, daily written record and licensing binders.
3. Ensure confidential files are securely stored and inaccessible, ie., child and employee files.
4. Ensure all backpacks and classroom binders containing confidential information is locked up.
5. Disconnect internet router, stand-alone printers, small appliances, lamps, heaters, stereo etc.
6. Keep phone router connected.
7. Forward landline phones to YPCE cellphones.
8. Change outgoing voicemail to the message provided by head office.
9. Change email autoreply to the message provided by head office
10. Ensure a communication plan is established with all employees. The plan includes employee phone numbers, their emergency contact information and identified frequency of check-ins.
11. Cancel all permits.
12. Cancel food service and expected deliveries.
12. Post notice sent out by head office that explains closure: direction of, reason, timeframe, who is affected, a commitment to provide ongoing communication and direction to monitor the website.
13. Assemble all children's belongings and medications so they may go home for the duration.
14. Make care arrangements for animals and plants.
15. Ensure all perishables are removed from the fridge/freezer, (fridge/freezer are emptied but remain operating due to their start up time).
16. Remove all garbage and compost waste from receptacles and take to the school dumpster.

Section 7

Elements of Viable Pandemic Continuity Capability

Remaining viable during the pandemic is critical. Within the context of a pandemic, the elements of viable, continuity capability addresses 10 traditional elements of continuity:

1. Recognized Essential Functions
2. Employment
3. Hierarchy of Authority
4. Continuity Facilities
5. Continuity Communications
6. Records Management
7. Human Resources
8. Training and Audit
9. Adaptation of Control and Direction
10. Resuming Operations

1. Recognized Essential Functions

Agency capability to perform essential functions is instrumental for viable continuity. Essential functions do not stop during any stage of a pandemic including pre-pandemic, duration of initial pandemic, potential multiple waves of the pandemic and or return to operations from a closure. While they do not stop, they may be performed using mitigation strategies or PHM's to ensure safety. **YPCE** shall, continue to carry out essential functions and services in such a manner that mitigates pandemic affect, while simultaneously allowing the continuation of essential services.

YPCE identifies the following essential functions for its **head office** operation:

- Accounting and Administration
- Human Resources and Payroll
- Technology
- Purchasing
- Training
- Communication

YPCE identifies the following essential functions for its **childcare** operation:

- Communication
- Training
- Programming
- Feeding and Toileting
- Cleaning and Disinfecting
- Administration
- Purchasing

Head Office

Essential functions shall physically or virtually continue to offer a support structure for our employees and clients; for the physical continuity of our sites and their programs.

Pre-pandemic	Full or Partial Operational Closure
Accounting and Administration	
Oversee the completion of required tasks by H.O. and site employees.	Oversee the completion of required tasks by H.O. and site employees.
Human Resources and Payroll	
<ul style="list-style-type: none"> Continue with standard responsibilities. Support employees with questions surrounding benefits and pay. 	<ul style="list-style-type: none"> Continue with pre-pandemic approach. Review policies to ensure they are in line with MOL guidelines.
Technology	
<ul style="list-style-type: none"> Maintenance , security of IT equipment & information. Support and Training 	<ul style="list-style-type: none"> Continue with pre-pandemic approach.
Purchasing	
<ul style="list-style-type: none"> Maintain an extra 1month supply of cleaning, toiletry and PPE products at all times for both head office and sites. 	<ul style="list-style-type: none"> Ensure there is an extra 1month supply of cleaning, toiletry and PPE products at all times for both head office and sites. Reaffirm that essential suppliers can continue to supply essential materials. For partial shutdown, stock pile from closing sites.
Employee Training	
<ul style="list-style-type: none"> Direct supervisors to review policies and procedures regarding Outbreak and Sanitary practices with all educators. Cross-train to ensure a strong leadership hierarchy is prepared for added or new responsibilities. 	<ul style="list-style-type: none"> Direct supervisors to review policies and procedures regarding Outbreak and Sanitary practices with all educators. Cross-train to ensure a strong leadership hierarchy is prepared for added or new responsibilities.
Communication	
<ul style="list-style-type: none"> Maintain connections with board of directors, employees, home childcare and clients. Communicate updates and reinforce specific policies, measures and expectations to all employees and clients. Method - agency notices for posting, individual letters, agency newsletter, virtual meetings, phone calls, email, and website 	<ul style="list-style-type: none"> Continue with pre-pandemic approach. Share any new or revised policies, measures and expectations as pertaining to the infectious disease with employees and clients. The process of priority waitlist Electronic devices and IT available and functioning.

Childcare Sites

Essential functions support the children's needs for care and learning while meeting the operating practices required during a health crisis.

Pre-pandemic	Full or Partial Operational Shutdown
Communication	
<ul style="list-style-type: none"> Convey the Executive Director's message to employees and families. Daily engagement with families continues using PHMs. Ensure health crisis updates are communicated and visibly posted. Ensure any absent families are contacted regarding the health issue and new procedures in place at the childcare. 	<ul style="list-style-type: none"> Continue with pre-pandemic approach. Revise "Daily Engagement" to a suitable frequency. Update and maintain Agency website. Signage
Employee Training	
Review policies and procedures regarding outbreak and sanitary practices with all educators.	<ul style="list-style-type: none"> Further to the review, conduct regular checks to ensure proper practices and use of PPE. Ensure PPE is used/disposed of safely.
Programming	
Continue to deliver program following PHMs.	<ul style="list-style-type: none"> Continue with pre-pandemic approach. For closures: offer media engagement and learning opportunities
Feeding and Toileting	
<ul style="list-style-type: none"> Order as usual. Inquire about catering service during a pandemic and confirm continuity. Ensure hand hygiene is used for feeding and toileting. 	<ul style="list-style-type: none"> Cancel caterer if centre is closing down. Enforce hand and face PPE is used for feeding and toileting. If relocating, ensure required equipment is on site.
Cleaning and Disinfecting	
<ul style="list-style-type: none"> Adopt C&D concentration levels and frequencies used for Outbreaks. Face and hand PPE are recommended. 	<ul style="list-style-type: none"> Maintain C&D concentration levels and frequencies used for Outbreaks. Face and hand PPE are required.
Administration	
Ensure tasks relating to registration and child file upkeep, employee file upkeep, work schedules, payroll and MOE compliance are up to date.	Continue with pre-pandemic approach.
Purchasing	
Ensure sufficient supplies for cleaning, PPE, and toileting are available by stockpiling an extra 1month supply	Communicate and coordinate with H.O. any supplies proving difficult to obtain.

2. Employment

A pandemic may affect the regions in which the agency operates differently in terms of timing, severity, and duration. With that, some sites may close while others remain open; educators in open sites may fall ill creating a need for staffing support. **YPCE** will consider, upon the recommendation of the local medical officer of health, the following approaches, when addressing staffing issues:

- Assistant supervisors shall take on the role of a supervisor when a supervisor falls ill.
- Employees training for management roles may be called upon to support supervisory functions.
- Employees may be called upon to support various locations as appropriate.
- Available educators working as Casual Support may be called as needed.

3. Hierarchy of Authority

YPCE shall continue to follow the established hierarchy of authority to help assure continuity of operations over an extended time period:

- Board of Directors
- Executive Director
- Managers
- Supervisors
- Health and Safety Representative

4. Continuity Facilities

The traditional use of our facilities, to maintain essential functions and services; may not be a viable option during a pandemic. Closure, relocation or modifying essential functions may be in order to continue with essential functions and safely provide services.

In the meantime, **YPCE** shall initiate voluntary PHMs such as social distancing procedures, hand and respiratory hygiene etiquette, use of PPE and cancellation of the Agency's non-essential activities to reduce the spread of the disease. When applicable, plans shall allow for relocation to an alternate facility, and for administrative employees to work from home.

5. Continuity Communications

- Frequent, daily contact is important to keep employees informed about developments in the organization's response, impacts on the workforce, and to reassure employees that the organization is continuing to function as usual.
- Workplace risk and the need for continued communication, can be minimized for employees and clients, through strategies not requiring or minimizing, one-to-one contact.
- Daily postings, and electronic communication such as email, newsletter, virtual meetings and website messages allow for social distancing and continuity of some essential functions.

Established methods supporting continued communication:

- All employee contact records are maintained and already uploaded to the ADP system.
- ADP is accessible by Management, Human Resources, the payroll administrator wherever an internet connection is available.

- Management and administrative contact information including emails and work cell numbers, are programmed in YPCE cell phones.
- Centre/supervisor contact lists including centre phone, cell and email are maintained and uploaded to the P-drive by the operations manager.
- Hardcopies of centre/supervisor lists are also distributed to each site, and administrative and management employees.
- Virtual supervisor and educator meetings are supported by Microsoft Teams.
- For family engagement, access to the client data base is available online and the binder for the child emergency contact sheets travels with the supervisor. The supervisor is responsible for generating a contact list to facilitate engagement by the educators.

6. Records Management

YPCE is prepared to perform administrative functions both on and offsite, to ensure records and their privacy are maintained. Identified administrative and management employees have access to electronic devices, operation drives, HR databases, accounting software and payroll services to ensure continuity.

7. Human Resources

The health threat to employees is the primary threat to maintaining essential functions and services during an outbreak or pandemic. **YPCE is committed to the health and safety of all employees and their families and shall follow the recommendations or direction given by local public health or MOL.**

The **Agency** shall ensure that:

- Requirements under Employment Standards and OHSA are met at all times.
- Communication and guidance are consistent and ongoing to keep employees up to date with the health crisis and its' impact on the agency.
- Job security, compensation and benefits shall be addressed as soon as possible.
- PPE is maintained for immediate and appropriate use.
- Mitigation strategies are assessed for appropriateness and put into effect.
 - For continued operation, enforcing social distancing and use of PPE; disallowing visitors; reducing the number of children in a program and implementing stricter arrival/departure routines that include health checks. Working from home may be appropriate and necessary for some roles.
 - For pandemic closures, employees shall continue to have access to the management team, direct supervisor, human resources and payroll. Regular connections shall be maintained in the form of virtual meetings, phone calls, and professional development and assigned tasks.

8. Training and Audit

- The organization conducts annual review of policy deemed "required" by the **Agency** and the MOE to ensure that all employees are prepared for emergencies and understand strategies used to mitigate risk and or continue operation during an outbreak or pandemic.
- Review and training on policy implementation is carried out at supervisor meetings, educator meetings and room meetings, in person or virtual.

- Audits are informal such as daily observation and follow-up and formal through recorded observations, made on the Program Statement Monitoring.
- In the event of closures, training shall continue through virtual meetings and specialized professional development to ensure a seamless resumption of full operations.
- Additional training will consist of: new policy and existing required policy review with emphasis on Policies and Procedures Under the Medical Officer of Health, risk assessment, use of PPE, WHIMIS and any other training deemed appropriate as a result of the health crisis.

9. Adaptation of Operational Control and Direction

Outbreaks may occur at different times, have variable durations, and may differ in severity in different demographics.

Scenario: Two of three sites in the same area are forced to close.

Adaptation: Employees from closed sites may be sent to operating ones in order to maintain or increase centre viability depending on services provided.

Supplies may be stockpiled from closing sites in order to be available for operating ones. Consider an alternate facility to accommodate displaced centres.

Should the **Agency** be required to partially or completely close operations; either voluntarily or through government orders of closure; required tasks shall be completed prior to leaving a site or head office. **YPCE** shall consider viability of adaptation and follow recommendations and direction from local public health, and government. *For required tasks pertaining to site closures please see appendix 1 and for sites, see appendix 2.*

10. Resuming Operations

In cooperation with local government and local public health; the Ministry of Education and the Ministry of Labour; the Agency shall resume and/or continue with operations contingent on meeting regulatory requirements. Resuming operations involves essential functions and implementation of operating guidelines directed by local public health and MOE.

York Professional Care & Education Inc.

Operations Binder 1	Policies and Procedures	Section:	4
	CCEYA Required	Sub-sect:	4.3.1
Part 2	Infectious Disease and Pandemic Policy - COVID-19	Effective:	September 1/21
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Section 1 Purpose

Part 2 of the Infectious Disease & Pandemic Policy - re: COVID-19 identifies the processes attached to required guidelines under the local PHU and the MOE. These sections are intended to mitigate the risk and spread of Covid-19 and apply to all Agency programs that includes: childcare settings, before and afterschool programs, summer camp programs, and home childcare settings (HCC).

Unless otherwise indicated, the procedures in this policy are applicable to all programs and shall be referred to as “all programs”.

YPCE is committed to maintain engagement with families and employees in every effort to alleviate concerns and keep information current. A copy of this policy and any amendments or addendums is available to all employees, HCC providers and parents or guardians through: the YPCE website, site posting and hard copy if requested.

Due to the evolving nature of a pandemic; operating guidelines from local PHU and the MOE may be subject to frequent revision that in turn affect Agency operations. Some revisions may not result in a policy change. Revisions shall be communicated to employees and families through any of the following: written amendment format, posting, meetings, electronic messaging, website update.

All employees, home childcare providers and students are trained on the policy and are prepared to implement the plan. All processes described herein are subject to revision as per the most current guidelines provided by the local PHU and the MOE.

When Agency directed procedures are overridden by higher authority; the following statement shall apply: ***At the very least, YPCE shall implement in all programs; the most current requirements as described in the recommendations from the local PHU and the MOE Operational Guidelines.***

Section 2 Licensing Requirements

s.s.1 Licensing Readiness (Ministry of Education)

- Complete and submit any required information such as an attestation and/or a copy of this policy.
- Confirm reopening with the MOE on the date that services resume.
- Arrange for Director Approvals as permitted and needed.
- Educator files are complete and up to date.
- Ensure Standard First Aid certification of employees and students meets the latest requirements.
- Update pre-existing Serious Occurrences or ones that were filed as a result of the pandemic.
- Ensure sites are prepared for inspections: MOE, Fire, Public Health.

s.s.2 Maximum Cohort/Group Size and Ratio

At the very least, YPCE shall implement in all programs the maximum group size requirements as described in the most, current MOE Operational Guidelines.

- A cohort/group is defined as a group of children and the educators assigned to them. A cohort/group usually remains together for a determined period of time and does not mix with other cohort/groups, when possible.
- Licensed age groups and child to educator ratios set out in the CCEYA are followed.
- Mixed age grouping may be permitted, when already Director Approved on a current license and according to the most, current MOE Operational Guidelines.
- Reduced ratio may be used as set out under the CCEYA or according to current, MOE Guidelines.
- Reduced ratios for infants continue to not be permitted at any time.
- Maximum group sizes may be reduced according to operational guidance.

s.s.3 Staffing

At the very least, YPCE shall implement in all programs; the most current requirements as described in the recommendations from the local PHU and the MOE Operational Guidelines.

- Supervisors/designates, employees and students, may be required to limit their movement between age groups and or locations.
- Employees are notified of return to work including date of return and a work schedule that meets child ratios and attempts to stagger employee arrival, to decrease potential risk.
- The required number of qualified employees shall be in each group as set out in the CCEYA.
- Returning employees complete required training for COVID-19, sign off on policies and complete any required declarations. Ensure pre-existing medical conditions and or symptoms are documented for each employee.
- In order to organize cohort/groups prior to reopening; educators from other sites may be brought in for permanent employees who are unable to return to work.
- Supervisors ensure that the following is current in each employee file:
 - Certification in Standard First Aid Training, including Infant and Child CPR
 - Vulnerable Sector Checks (VSCs)
 - Review Individual Support Plans, Individual Medical Plans, Anaphylactic Plans and Allergy/Food Restriction lists.

Section 3 Operational Guidance for Reopening
Part A Pre-Program Consideration

s.s.1 Communication and Signage

Families shall be made aware of the Agency’s Infectious Disease and Pandemic Policy re: Covid-19, its’ amendments or addendums via any of the following: website, electronic messaging and posting. Informative signage recommended by the local PHU shall be visible in all our sites and head office. Some examples of signage include, but is not limit to:

Donning/Doffing Personal Protective Equipment	Cover Your Cough or Sneeze
Lower Your Risk of Respiratory Illness	Hooray for Handwashing
COVID-19 How to Self-monitor	Proper Cleaning and Disinfection
Practicing Physical Distancing	How to Correctly Use Hand Sanitizer
COVID-19 Self-isolation Advice	Washroom Cleaning and Disinfection (COVID-19)

s.s.2 Facilities and Buildings – Occupational Health and Safety Inspection

- A risk assessment has been completed including a physical walk through to ensure that power is connected; plumbing is functioning with potable water; heating is available.
- Sites and equipment have been cleaned, and disinfected.
- Flushing for lead has been completed prior to children returning to care.
- Outdoor spaces have been checked for unsafe objects, garbage and debris.

s.s.3 Ventilation

While ventilation is important, it must be used along with other public health measures. There is not one public health measure that can guarantee protection from COVID-19; multiple strategies are needed such as symptom screening and self-isolation for people with symptoms, practicing physical distancing, wearing a mask, and practicing good hand hygiene and respiratory etiquette.

- Best practices and measures to optimize ventilation may be found in Public Health Ontario’s guidance: Heating, Ventilation and Air Conditioning (HVAC) Systems in Buildings and COVID-19).
- Adequate ventilation should be provided by opening windows, moving activities outdoors when possible, and through mechanical ventilation including HVAC systems.
- Ensure HVAC systems are in good working condition.
- Keep areas near HVAC inlets and outlets clear.
- Arrange furniture away from air vents and high airflow areas.
- Avoid re-circulating air unless otherwise advised.

s.s.4 Registration

- Connect with all previous families who have not already withdrawn.
- Distribute Parent Surveys to determine care needs; establish selection process.
- Refer to re-opening guidelines from MOE.
- Coordinate schedules and daily rates for families receiving subsidies.
- Confirm existing information regarding child’s personal information and needs such as: contact information, allergies, ISP’s etc. Document pre-existing medical conditions/symptoms.

- Prepare attendance and Emergency Contact Information records.
- Manage waitlist accordingly.

s.s.5 Services and Purchasing

- Resume catering services.
- Resume cleaning services if feasible.
- Ensure stock of PPE and consumables needed for program, cleaning, disinfecting, toileting.

s.s.6 Deliveries

- Childcare sites – may be required to leave parcels outdoors at a designated entrance until safe to return to indoor delivery.
- Individuals handling deliveries shall wash hands before and after handling.
- Before & After School programs may be required to develop site specific procedures for entry with their school.

Part B - In-Program Considerations

s.s.1 Arrival and Departure

- May be required to take place outdoors.
- Managed by a designated employee who greets families and confirms that the Daily Health Screen has been completed for any child attending program. A child may only be accepted into program upon confirmation of a clear health screen.
- An arrival station shall be equipped with: 60-90% alcohol-based hand sanitizer, infrared or single-use cover thermometers, disinfectant, PPE, tissues & no touch waste receptacle.
- Informative signage is available for families.
- To support minimal exposure, only employees and children may be allowed entry in the childcare.
 - At departure, a child is taken by an employee, to the parent or guardian waiting outside.
- Essential visitors typically allowed entry are: YPCE management, Special Needs Resource, MOE, PHU, local fire and school board. Essential visitors complete a health screen and a log is maintained to facilitate case tracking.
- Child's personal items are reduced to essential items i.e. back-up clothing or a backpack. Items are labelled and kept in their cubby avoiding the back & forth of home to childcare.
- Child attendance procedures continue as required. Health check box indicates health screen has been completed.

s.s.2 Physical Activity

- Limit high-contact physical activities to outdoor settings.
- Low contact activities may be permitted indoors. Masking may be required in children of a specified age when social distancing cannot be maintained.

s.s.3 Field Trips and Special Events

The Agency may be required to cease all field trips or special events to include employees, children, parents/guardians etc., until the risk of contagion is over.

s.s.4 Visitors and Students on Placement

- Essential visitors may be permitted according to the most, current MOE Guidelines or guidelines from the local PHU and a record maintained; with the name, phone number, date and time of arrival, and reason for the visit.
- Volunteers and/or students shall be permitted according to the most, current MOE Guidelines or guidelines from the local PHU.

s.s.5 Space Set up and Physical Distancing

At the very least, YPCE shall implement in all programs; the most current requirements as described in the recommendations from the local PHU and the MOE Operational Guidelines.

Physical Distancing may involve but is not limited to:

1. Maintaining a physical distance of two metres, whenever possible:
2. Applies to cohorts/groups, and individuals in those cohorts/groups both indoors and outdoors.
3. Designating indoor space/room for each group of children.
4. Using a floor to ceiling, physical barrier when cohorts/groups, must share the same indoor space at the same time.
5. Planning activities that do not involve shared objects or toys whether inside or outdoors.
6. Rearranging classroom and sleeping equipment.
7. Spreading children out into different areas, particularly at meal and dressing time.
8. Incorporating more individual activities and/or ones that encourage more space between children;
 - using visual cues to promote physical distancing:
 - avoid indoor singing activities when physical distancing cannot be maintained.
9. Moving activities outside to allow for more space.
10. Using PPE outdoors when physical distancing cannot be maintained.
11. Identified outdoor space for family strollers or wagons.
12. Meetings: limited to virtual or outdoors; or in-person wearing PPE and physical distancing.

s.s.6 Equipment and Toys

- Equipment and toys should be limited to materials that are easy to clean and disinfect.
- Mouthed toys must be cleaned and disinfected immediately after use.
- It may be required to designate equipment and toys for each cohort/group.
- When necessary, equipment and toys may need to be shared between cohorts/groups. In such cases all items shall be cleaned and disinfected prior to sharing with another cohort/group.
- If sensory materials (e.g., playdough, water, sand, etc.) are offered, they may be required to be single-use and/or dedicated for the same child for the day, each day, and labelled with child's name. Emphasis is placed on hand hygiene both before and after use.
- It may be required to limit the use of on-site play structures to one cohort/group at a time.

s.s.7 Program Statement/Activities

The ministry has recognized that certain approaches outlined in the program statement may not be possible due to PHM such as physical distancing. Modification to our Program Statement may be

required. YPCE shall monitor approaches that may need modification due to physical distancing. Refer to resources such as ***How does learning happen? to support children's mental health during Covid-19.***

s.s.8 Outdoor Play

- Programs shall plan for more outdoor play in a manner to facilitate physical distancing.
- Where the outdoor play area is large enough to accommodate multiple cohort/groups, it may be required to divide the space with physical markers to ensure separation by at least 2 metres.
- When required, shared play structures may only be used by one group at a time.
- When possible have designated toys and equipment for each cohort/group.
- It may be required to clean and disinfect equipment/toys that are shared between cohorts/groups.
- Consider alternate outdoor arrangements (e.g. community walk), where there are challenges securing outdoor play space that allows for physical distancing practices.
- It may be required to don masks and or face covering while outdoors.
- Children continue to bring their own sunscreen that is not shared. Employees may aid with sunscreen application, to any child provided that proper hand hygiene is performed when doing so.
- Community or public playgrounds shall be accessed upon approval of the local PHU.

s.s.9 Food

a. Preparation

- Ensure daily delivered, food items are managed safely and in accordance with Food Premises regulation Ontario Regulation 493/17.
- Limit the number of employees in the kitchen to maintain physical distance.
- Food handlers:
 - Must be in good health.
 - Practice hand hygiene and respiratory etiquette.
- If a dedicated employee is required for food service, they shall not be assigned other duties.

b. Provision

- Children may be required to sit at tables positioned to allow for physical distancing requirements.
- Extra tables may be required to increase the space between them.
- Hand hygiene is practiced both before and after meals; and during when necessary.
- Stagger or alternate lunchtime if equipment and space is an issue.
- No sharing of food and utensils (e.g., serving spoon, water jugs) at meal times.
- Multi-use utensils must be cleaned and sanitized between uses as per requirements outlined in Food Premises Regulation 493/17.
- Discontinuing self-service or family style eating may be required according to PHM. In this case, each child is served their individual meal or snack portion.
- No food is provided by the family/outside of the regular meal provision of the program (except where required and special precautions for handling and serving the food must be put in place).
- Children neither prepare nor provide food that will be shared with others.
- Hand hygiene is practiced by all individuals including food preparation and before and after eating.
- Tables and chairs cleaned and disinfected at least twice daily or as recommended by LPH.
- Employee and home child care providers supervise and hold bottles for infants not yet able to hold their own bottle to reduce the risk of choking.

- Water is available at all times and is dispensed according to PHM and MOE Operational Guidance.
 - Disposable cups may be required for children in childcare if water bottles are not permitted.
 - If water bottles are permitted they shall go home daily for washing.

s.s.10 Provision of Special Needs Resources (SNR)

- Employ Agency discretion to determine essential supports and services for identified children.
- Work with the service provider to consider alternative methods of supporting children if necessary and at the recommendation of the local PHU.
- Maximum capacity rules for cohort/groups continue to not apply to SNR employee (consultants and enhanced employee) on site (i.e., they are not counted towards employee to child ratios).
- All SNR employees shall complete a health screen prior to entering a site.

Families are advised of SNR employee.

s.s.11 Diapering and Washroom Routines

- Proper PPE is used for diapering and toileting.
- Limiting the number of children in the washroom, at one time may be required.
- Ensure each child has their own personal wipes and diapers and that they are labelled.
- Disinfect contact surfaces after each child's use.
- Perform proper hand hygiene (including assisting children with hand hygiene)
- Toilets and/or potty chairs and seats are thoroughly cleaned and disinfected between children. Proper diaper change procedure as recommended by the local PHU is followed.
- No communal skin products used. Change gloves and wash hands after each application.
- For school age programs, a designated washroom may be required for each cohort/group or room.
 - When washrooms must be shared by cohorts/groups, only one may use it at one time.
 - Washroom is cleaned and disinfected between cohort/group use.
 - When washrooms must be shared by cohort/groups, stalls may be identified for each group to facilitate cleaning and disinfection and physical distancing.

s.s.12 Sleep Routines

- To facilitate physical distancing, increase the distance between resting children by:
 - removing cribs or cots not in use or;
 - mark and use cribs or cots not in use as a spacer between children and;
 - enforce head-to-toe or toe-to-toe positioning.
- Cribs and cots are designated, labelled with child's name and not shared.
- Personal bedding/linens from home are labelled with the child's name.
- Disinfect sleeping equipment according to LPH recommendations.
- Linens are laundered weekly or between children and immediately and separately if soiled.
- Implementing an added temperature check, for each child, at sleep/rest time may be prudent when tracking illness. The additional check is recorded on the Direct Visual Check.

s.s.13 Laundry

- All laundry shall be handled in a manner that minimizes spreading the disease/virus.
- Wash with regular laundry soap and hot water (60°C - 90°C) and dried thoroughly.

- Clean and disinfect laundry hamper/container that comes in contact with heavily soiled laundry.
- Contaminated items belonging to the program are washed separately.
- **Contaminated (e.g., fecal) items belonging to the child (including soiled clothing) are sent home immediately for cleaning. Place item(s) in a securely tied plastic bag and send home with the child. Soiled personal items must not be rinsed and or washed at the centre.**

s.s.14 Animals on Site

The Agency may be required to remove animals from our sites or at our camps until the risk of contagion is over. Aquariums shall continue to be permitted.

Part C – Head Office Considerations

- A risk assessment has been completed.
- All employees have reviewed the policy and have been trained on procedures and PPE.
- Health screens shall be conducted as per recommendations provided by the local PHU.
- Daily visitor logs are kept.
- Follow the local PHU cleaning & disinfection direction for indoors, outdoors and outbreak.
- Implement PHMs:
 - Perform proper hand hygiene frequently and keep hand sanitizer readily available.
 - Model respiratory hygiene.
 - Physical Distance:
 - Pre-position material & equipment to minimize handling.
 - Follow established traffic protocols for common areas indicated on risk assessment.
- Rotate amongst employees the cleaning and disinfection of high contact surfaces.
- Clean and disinfect personal work spaces and washroom after use.
- Wear PPE when required.

Section 4 Health and Safety Response Plan

YPCE shall follow the advice of the local PHU to establish health and safety protocols. Those protocols may result in regional, operating differences within the agency. Given the varying impact of the disease, in different communities, the advice of the local PHU shall be followed at all times.

s.s.1 Cleaning and Disinfecting

- Ensure all infection prevention and control practices described in *Ops.S.5* are adhered to for Non-outbreak and Outbreak status.
- All common areas and high touch surfaces (e.g., door knobs, hand rails, light switches, toilet handles, on-site playground equipment) are cleaned at a minimum of twice daily and as needed.
- Only disinfectants with a Drug Identification Number (DIN) are used; following manufacturer's instructions: contact time, expiry date; and containers are labelled and locked away from children.
- Follow 2-step method to clean and disinfect when required:
 - Clean with detergent and water, use friction
 - Apply disinfectant, following instructions.
- Sufficient cleaning and disinfecting supplies shall be readily available to all employees at all times.

- A designated employee may be required for cleaning and disinfecting the space, toys and equipment of their cohort/group as per the local PHU and current, MOE Guidelines. If a designated employee is recommended, they may be required to wear PPE.
- Centres keep a cleaning and disinfection log to track and demonstrate daily cleaning.
- Clean and disinfect sleeping equipment (e.g. cribs, cots, mats) between children.
- All rooms and toys within the centre, where a symptomatic child was present are cleaned and disinfected (outbreak level disinfection) immediately. All items that cannot be cleaned (paper, books, cardboard puzzles) are removed and stored in a sealed container for a minimum of 7 days.
- Garbage cans are easily accessible, lined with plastic, hands free and emptied regularly.

s.s.2 Hand Hygiene and Respiratory Etiquette

The Agency shall ensure that:

- Employees/children/essential visitors are educated on practices:
 - Frequent reminders to wash hands are given throughout the day.
- Signage is posted throughout centre:
 - In washrooms, food preparation/eating areas, and other commonly shared spaces
- Adequate supplies are available:
 - Liquid soap, paper towels/air dryers and/or alcohol-based hand sanitizer (60% alcohol).
 - Tissues and hands-free garbage cans.
- Educators supervise hand hygiene for children upon arrival and throughout the day.
- Hand hygiene is performed for donning and doffing personal protective equipment.
- Incorporate additional hand hygiene opportunities into the daily schedule.

a. Hand Washing

- Enforce frequent hand washing, using soap and water, that is over and above the instances usually recommended below:
 - Upon arrival by all persons entering the site.
 - Before and after preparing food;
 - Before and after eating;
 - After using the toilet;
 - After disposing of waste or handling dirty laundry;
 - After blowing your nose, coughing, or sneezing;
 - After interacting with other people at a distance of less than 2 metres/6 feet;
 - Whenever hands look dirty, are visibly soiled or contaminated with blood.
- Use an Alcohol-based Hand Rub (ABHR) before and/or after any activity, when handwashing is not available.
- **Avoid touching eyes, nose and mouth with unclean hands.**

b. Respiratory Etiquette

- Maintain respiratory hygiene by coughing/sneezing into a sleeve, elbow or tissue and wash hands immediately afterwards.
- Encourage the practice of proper respiratory etiquette amongst employee and children:
 - Despite using PPE, cough or sneeze into your sleeve and wash hands afterwards.

- Cover your mouth and nose with a tissue and dispose immediately. Wash hands afterwards.
- **Avoid touching eyes, nose and mouth with unclean hands.**

s.s.3 Personal Protective Equipment (PPE)

At the very least, YPCE shall implement in all programs; the most current requirements regarding PPE; as described in the recommendations from the local PHU and the MOE Operational Guidelines as relating to employees, providers and enrolled children.

- Adequate supplies of PPE that is Canada Safety Association (CSA) approved, shall be maintained.
- Families are responsible for providing masks to children in age groups required to wear them along with a storage option when not in use.
- Children shall be provided a mask in the event that they arrive to program without.
- HCC may be subject to different requirements than listed above.
- PPE includes any or all of the following: medical mask, goggles/face shield, medical gown & gloves.
- Full PPE as listed above, may be required by centre employees and students when:
 - Conducting a full daily health screen.
 - When taking care of a symptomatic child who is isolating prior to pick up.
 - When coming in contact with blood or body fluids.
 - When cleaning and disinfecting area/room of a suspected or confirmed COVID-19 case.
- PPE such as medical mask, face shield or goggles may be required by employees, providers and students:
 - When greeting families and/or confirming the virtual, daily, health screens.
 - While indoors, including hallways.
 - When providing transportation to children.
 - When working closely with children who are not able to tolerate a mask.
- PPE may be required outdoors, especial when physical distancing cannot be maintained.
- PPE maintenance:
 - Masks should be changed when they become damp or visibly soiled.
 - Used PPE is sealed in a bag and discarded with other waste.
- All individuals are trained on the proper use of PPE including how to don and doff PPE.
The following donning and doffing sequence shall be followed to ensure maximum protection:

Donning PPE		Doffing PPE	
1	Perform hand hygiene	1	Gloves
2	Gown	2	Gown □ perform hand hygiene
3	Mask	3	Eye protection (e.g., goggles or face shield)
4	Eye protection e.g., goggles or face shield	4	Mask
5	Gloves	5	Perform hand hygiene

- Reasonable exceptions to a requirement to wear masks and eye protection are accommodated, for individuals who cannot tolerate them or have a medical condition. A record is kept of accommodations.

- Individuals required to wear a mask but who are unable to, shall be encouraged to work with the supervisor to develop a safety plan listing protocols that shall be followed to ensure safety for all. Consideration for the plan include:
 - State medical reasons;
 - Attempt wearing different masks (other than recommended) or other forms of face coverings;
 - For inability to tolerate a mask for long periods of time; consider developing a schedule of when a mask or face covering is required;
 - For inability to wear a mask at all, consider how physical distancing may be heightened.

The Agency reserves the right to impose face covering requirements over and above those recommended.

s.s.4 Daily Health Screen

All individuals entering the child care premises must self-screen every day before attending the program using the most current provincial screening tool or a screening tool designated by LPH. All individuals shall follow the monitoring and isolation advice outlined in the screening tool.

All locations shall maintain on a daily basis the electronic tracking record of completed e- screens and in the case of hard copy screens– those screens shall serve as the record.

a. Childcare Sites Before and After School Programs

All employees, children, students and essential visitors self-monitor for symptoms and complete an electronic health screen prior to arrival.

b. Before and After School Programs

All employees, children, students and essential visitors self-monitor for symptoms and complete an electronic health screen prior to arrival.

- For children, the electronic screen is completed each morning whether attending before school, after school or before and after school.

c. HCC

- HCC providers / residents complete a hard copy, daily health screen, before the arrival of children.
- Providers complete a hard copy, health screen, for each child, upon arrival.

e. Electronic Health Screen General Procedure

- When symptoms develop at home, individuals are asked to advise the program.
- The greeter at the arrival station shall maintain physical distancing and ensure that a daily health screen has been completed with every individual before entering a program.
- When an individual has completed an electronic health screen prior to arrival, the greeter shall also confirm with the family that the screen was clear. The health check box on the daily attendance is checked off that the electronic health screen has been completed and was clear.
- When **NO** electronic screen has been completed prior to arrival, the greeter completes a hardcopy.
- The greeter dons full PPE (*medical mask, gloves, gown and eye protection*), for the health screen.
- Infrared thermometers and thermometers with single-use covers are used.
- Equipment and supplies provided at screening station are: 60-90% alcohol-based hand sanitizer, infrared or single-use cover thermometers, disinfectant, PPE, tissues & no touch waste receptacle.

- Dispose of single-use protective covers after each use and disinfect thermometer before re-use.
- Passive health screening for covid-19 continues throughout the program.
- Signage and the screening checklist are posted indicating the signs and symptoms of COVID-19.

s.s.5 Transportation

- For any program involving the transportation of children, all requirements pertaining to PPE shall be followed by children and adults while being transported.
- All vehicles used for transportation for the purposes of delivering our programs shall be scheduled from an approved service provider that can prove implementation of safety measures for Covid-19.
- Children may be assigned seats and a record of the seating plan shall be kept to assist with contract tracing in the case of a child, employee, student or driver becoming ill.
- Children from the same household should be seated together.

s.s.6 Attendance Records

- In addition to attendance records for all children receiving child care, an attendance record shall also be maintained for any visitors to the site.
- Records include:
 - names of parent/guardian, cleaner, maintenance worker, SNR services, delivery person;
 - role
 - date & time of entry and time of departure
 - health screen completed.

s.s.7 Response Plan for Outbreak Management

a. Symptomatic Individual While in Care

- A symptomatic individual at the centre is immediately separated from others.
 - For a child, they are supervised by an adult at all times.
 - A parent or guardian is contacted for **immediate** pick-up. Advise parents/guardians are advised to use health screening tools (MOH) and follow instructions.
 - Siblings of a symptomatic/asymptomatic child who attend the same location but different program, multiple locations, or school are managed as per local PHU.
 - For an adult, the individual shall go home, self-screen and follow directions from the screen.
- Symptomatic individuals do not require a medical note or proof of a negative test to return to care.
- A designated room or space may be required as an isolation room.
 - The room or space may be required to have a handwashing sink with hot and cold running water, liquid soap and single-use paper towels and or hand sanitizer with 60% alcohol content.
- A symptomatic child shall be provided with tissues and shall practice hand hygiene, respiratory etiquette, and proper disposal of tissues.
- If possible, ensure windows and doors are open to generate fresh air.
- Employees may be required to wear full PPE while supervising a symptomatic child, while maintaining physical distancing, if possible. If tolerated and above the age of 2, the child should wear a mask; employee does not interact with others.

- Immediate cleaning and disinfecting, using outbreak level disinfection is required for all rooms and toys used by the symptomatic individual. For items such as books or cardboard puzzles, remove from use and store in a sealed container for a minimum of 7 days.
- Contaminated personal articles of a symptomatic child (ie.: soiled clothing) are sent home immediately for cleaning. Items are **NOT** rinsed or laundered at the centre. Items are sealed in a plastic bag.
- All program linens used by the symptomatic child, at the centre, are laundered immediately.
- Follow local PHU advice on notifying others about using the space of the suspected illness and communicate with necessary stakeholders within the child care community while maintaining confidentiality of the ill individual, e.g., school, service system manager, MOE as applicable.
- For home-based programs: if a person who resides in the home becomes symptomatic and/or tests positive for COVID-19, the local PHU unit is notified and their advice on next steps is followed (including closing the program and notifying all families if necessary).
- Local PHU may request that an outbreak line list (template and instructions available from the local PHU) be maintained to monitor for illness rates that are higher than the baseline of the program.

s.s.8 Testing

Testing of an individual shall take place upon the direction of a health care provider or local PHU. An individual who tests positive shall follow the guidance of their LPHU and health care provider regarding isolation and return to program.

Individuals not getting tested when suggested to do so, complete an isolation period, as directed by LPH.

Returning to child care after testing **Negative** may involve an exclusion period. Follow direction from LPH or a healthcare provider. A note provided by a healthcare practitioner is not required.

Individuals returning to child care after testing **Positive** for COVID-19 follow direction about isolation and/or testing of others provided by the local PHU. A medical note confirming testing outcomes is not required.

s.s.9 Outbreak Management

Respiratory outbreaks are declared by the local PHU based on established criteria. An outbreak in a childcare setting may be defined as two or more laboratory-confirmed COVID-19 cases within 14 days; in children, employees/providers or other visitors with an epidemiological link, where at least one case could have been infected in the childcare setting.

The local PHU guidelines may differ regionally and those differences shall be followed.

- Contact Follow - Further risk assessment of close contacts will be assessed by the local PHU once a person in the child care centre is known to be COVID-19 positive.
- The local PHU shall provide direction regarding an outbreak line list to monitor confirmed cases.
- The local PHU shall provide direction regarding the length/duration and declaring an outbreak over, depending on laboratory results, evidence of continued spread and resolution of illness.
- The local PHU shall provide direction regarding any closures, for a room, centre or HCC.

- Families shall be advised of a confirmed case(s) or a declared outbreak as per local PHU direction and may include a letter from the PHU, agency email, and/or centre posting.

s.s.10 Reporting Illness

a. Local Public Health

- A report shall be made for all confirmed and suspected cases of COVID-19.
- Reportable to: **YRPH: 1-877-464-9675 x 73588 SMDHU: 1-877-721-7520.**
- When an individual in HCC becomes symptomatic or ill, the agency shall report to the local PHU. Where PHU advises, closing the home and notifying all families may be necessary.

b. MOE - Serious Occurrence

- A report shall be made for confirmed cases of COVID-19 amongst children and employees.
- Revise an open Serious Occurrence to include additional cases or closures deemed required by LPH.
- Submit a new serious occurrence if the first has already been close.
- Post the notification form in a visible location, as required under the CCEYA and usual practices.

c. School Boards

Notify school principals, the school board’s childcare liaison as per their directive.

d. CMSM’s

- Notify the local CCMS child case worker as per their directive regarding MOE Serious Occurrence.

s.s.11 Vaccination

At the very least, YPCE shall implement in all programs and head office; the most current requirements regarding vaccination, as put forward by the Ministry of Health and/or described in the recommendations from the local PHU and the MOE Operational Guidelines.

This includes implementation of a COVID-19 Vaccination Disclosure Policy for all employees, home child care providers, home child care visitors, every person who is ordinarily a resident of the premises or regularly at the premises, volunteers, students on educational placements, Special Needs Resources and frequent visitors. Individuals may be required to provide proof of one of three things:

- Full vaccination against COVID-19;
- A medical reason for not being vaccinated against COVID-19; or
- Completion of a COVID-19 vaccination educational session.

Complete details may be found the **Part 3-IDPP re: Covid-19 -Vaccination Disclosure Policy.**

York Professional Care & Education Inc.			
Operations Binder 1	Policies and Procedures – CCEYA Required	Section:	4
Part 3	Infectious Disease and Pandemic Policy re: Covid-19	Sub-section:	4.3.1
	Vaccination Disclosure Policy	Effective:	September 7, 2021
Issued by:	Executive Director	Replaces:	N/A

1. Purpose

York Professional Care & Education Inc. (the “Agency”) is committed to safeguarding the health, safety and wellbeing, of our employees, home childcare providers, and individuals ordinarily residing in or regularly present at a home child care premises, volunteers, placement students, children and their families, and service providers. The purpose of this policy is to outline the Agency’s expectations and requirements with respect to vaccinations during the COVID-19 pandemic, as well as in the event that there is any other outbreak, epidemic, or pandemic of a serious infectious disease in Ontario and/or Canada in the future.

This Policy is intended to promote the health and safety of the Agency’s employees, home childcare providers, and individuals ordinarily residing in or regularly present at a home child care premises, volunteers, placement students, children and their families, and service providers by reducing the risk of the transmission of COVID-19 and other serious infectious diseases at the Agency to the greatest extent possible, in addition to the various other health and safety measures and precautions that the Agency has implemented or will implement from time to time.

2. Background

Childcare organizations are identified as being at high risk for COVID-19 transmission due to the close proximity of employees to children, parents, and others. Moreover, COVID-19 associated variants are known to be highly transmissible, particularly in schools and childcare settings where children under the age of 12 may not be able to get vaccinated.

Under the Occupational Health and Safety Act, the Agency is obligated to take all reasonable precautions to protect the health and safety of all employees in the workplace, which includes minimizing the hazards posed by infectious diseases such as COVID-19 and associated variants.

The contents of this policy are based on the guidance, recommendations, and/or requirements of the Ministry of Health, the Ministry of Education, the Chief Medical Officer of Ontario, and local Public Health Units.

3. Application

This policy applies to all of the Agency’s employees, home childcare providers, and individuals ordinarily residing in or regularly present at a home child care premises, volunteers, placement students, and service providers (“Covered Individuals”). The Agency reserves the right to amend, replace, and/or modify this policy from time to time, in its sole discretion. All Covered Individuals are

required to abide by the requirements, terms, and conditions set out in this policy, as applicable, and as amended, modified, or replaced from time to time.

This policy must be reviewed by all Covered Individuals promptly once it comes into effect, and at the outset of any Covered Individual's employment, volunteering, placement, or engagement with the Agency, as applicable, and annually thereafter. Covered Individuals must also sign an acknowledgment that they have read, understand, and will abide by this policy. For the first review, Covered Individuals will sign the Acknowledgment Record and thereafter, upon revision and for annual review the Policy Review and Sign off Record.

Failure to abide by this policy may result in progressive discipline, up to and including termination of employment, in the case of employees, or termination of volunteering, student placement, or services engagement.

4. Policy

If there is an outbreak, epidemic, or pandemic of a serious infectious disease in Ontario and/or Canada, including but not limited to the COVID-19 pandemic ("Identified Contagion"), and there are one or more vaccines available for the Identified Contagion which have been approved by Health Canada and/or the World Health Organization ("Vaccines"), the Agency strongly encourages all Covered Individuals to be vaccinated against the Identified Contagion, subject to the exception set out below.

The Agency will assist employees to get vaccinated by permitting them to use any paid time off to which they are entitled (e.g., paid sick days or personal days) to get vaccinated and/or while they are recovering from any side effects from a Vaccine.

The Agency considers Vaccines to be a very safe and effective way to protect its employees, home childcare providers, and individuals ordinarily residing in or regularly present at a home child care premises, volunteers, placement students, children and their families, and service providers in the event of an outbreak, epidemic, or pandemic of an Identified Contagion. Accordingly, all placement students, volunteers, new employees, and providers who begin with the Agency after this policy comes into effect will be required to provide proof that they have been fully vaccinated against any Identified Contagion, or reasonable evidence that they are unable to be vaccinated with such Vaccines for reasons related to protected grounds under the Ontario Human Rights Code, ("the Code") the form of evidence required for these purposes is set out below in the Accommodation section of this policy. Any Covered Individual beginning with the Agency after this policy comes into effect must provide such proof within one week of the date on which they are hired.

To be clear, employees whose employment began prior to this policy coming into effect, who have been continuously employed by the Agency since that time, will not be required to receive such Vaccines as a term for continued employment, unless required by applicable legislation, regulations, guidelines, and/or public health guidance.

Further, during an outbreak, epidemic, or pandemic, all Covered Individuals are required to disclose to the Agency, through their supervisor, whether they have been fully vaccinated against the Identified Contagion, and if they are vaccinated, they must provide proof of vaccination to their supervisor. The type of proof required will be determined by the Agency from time to time, in its discretion.

Although Covered Individuals are free to disclose their vaccination status to others, such individuals are prohibited from asking others if they have been vaccinated.

The Agency will not tolerate any Covered Individual treating any other individual disrespectfully or adversely because they have or have not been vaccinated. All Covered Individuals are required to treat others with dignity and respect, regardless of their vaccination status, as required by the Agency's Workplace Harassment: Workplace Sexual Harassment, Discrimination & Bullying Policy. As such, harassment of others based on their vaccination status and discrimination towards those who cannot be vaccinated for reasons related to protected grounds under the Code is strictly prohibited.

Should any vaccination that is not currently required under the Child Care and Early Years Act, 2014 ("CCEYA") become mandatory under the CCEYA, then all employees will be required to receive the vaccine in question unless they are subject to a specific exemption. Employees can be exempted from the requirement of immunization under the CCEYA for religious or conscience reasons by submitting an affidavit that is signed by a commissioner of oaths, notary public or justice of the peace attesting to their sincerely held convictions based on religion, creed, or conscience. Employees can also be exempted from the requirement of immunization under the CCEYA for medical reasons by submitting supporting documentation from a legally qualified medical practitioner that indicates why the employee should not be immunized.

The Agency reserves the right to impose work-related measures for legitimate health and safety reasons upon Covered Individuals who have not been vaccinated against an Identified Contagion. Such work-related measures could include being subject to more stringent health and safety requirements, such as wearing additional PPE, subject to the Code.

a. Requirements Specific to the COVID-19 Pandemic

With respect to the COVID-19 pandemic, in accordance with the instructions of Ontario's Chief Medical Officer of Health, which constitute legal requirements under applicable legislation, all individuals subject to this policy must provide the following:

1. Proof of full vaccination against COVID-19 (i.e., having received the full series of a COVID-19 vaccine or combination of COVID-19 vaccines approved by Health Canada and/or the World Health Organization, and having received the final dose of the COVID-19 vaccine at least 14 days ago); **OR**
2. Written proof of a medical reason, provided by either a physician or nurse practitioner that sets out:

a. That the person cannot or should not be vaccinated against COVID-19 for medical reasons;

AND

b. *The effective time period for the medical reason (i.e., permanent or time-limited);*

AND

c. *Proof that the individual has completed an educational session approved by the Agency, as set out below.*

With respect to COVID-19 in particular, we strongly recommend that all employees receive the first dose of a Vaccine against COVID-19 by September 30, 2021, and become fully vaccinated on or before November 30, 2021. However, this does not apply to those who are unable to be vaccinated for reasons related to protected grounds under the Code, as amended from time to time, or any successor legislation (the “Code”).

Proof of full vaccination includes, but is not necessarily limited to, the date of each vaccine and the original record of vaccination which will be copied and added to the employee’s file, where applicable. Where an individual was vaccinated outside of Ontario, the Agency will ensure that the proof of vaccination that they provide from another jurisdiction is valid, and that the vaccine(s) that they received are approved by Health Canada and/or the World Health Organization.

Both vaccinated and unvaccinated Covered Individuals are still required to wear appropriate PPE until such time as the Agency is directed otherwise by public health, the Ministry of Education and /or the Provincial Government.

In the event that fully vaccinated individuals are no longer legally required to wear PPE, any Covered Individuals who choose to remain unvaccinated or who are unable to be vaccinated for Code-related reasons, will be required to continue to wear at minimum a medical mask and eye protection until the Agency determines otherwise, in its discretion.

i. Educational Session

It is the Agency’s policy that all unvaccinated individuals covered by this policy must complete an educational session that has been approved by the Agency, regardless of the reason why they cannot be vaccinated, which must address all of the following learning components:

- how COVID-19 vaccines work;
- vaccine safety related to the development of the COVID-19 vaccines;
- the benefits of vaccination against COVID-19;
- the risks of not being vaccinated against COVID-19; and
- possible side effects of COVID-19 vaccination.

Where an individual is required to complete such an educational session which is not provided by the Agency directly, they must promptly provide proof of successful completion of the educational session to their supervisor. The type of proof required will be determined by the Agency, in its discretion.

ii. Testing Requirements

As required by law, individuals subject to this policy who are not fully vaccinated against COVID-19 must regularly complete antigen point of care testing for COVID-19 and provide proof of a negative/positive result prior to attending the workplace in the following manner:

- the frequency of this testing is at the discretion of the Agency based on recommendations from local public health and is subject to change;
- currently such individuals must be tested at least two (2) times per week;
- written verification of an individual's negative/positive test result must be provided to their supervisor;
- tests must be completed within forty-eight (48) hours before proof of a negative result is due;

Individuals who fail to provide a **negative** result before a shift as required by this policy may not be permitted to attend the workplace until they provide written verification of a negative test result, as determined by the Agency, in its discretion.

Those who are required to regularly complete antigen testing for COVID-19 under this policy must do so outside of work hours. Test kits may be at a cost to the Covered Individual.

If an individual receives a positive result on an antigen test, they will be required to isolate (e.g., not attend the workplace) and submit to a laboratory-based PCR test to confirm the results as soon as possible (ideally within 48 hours).

5. Accommodation

Individuals who are unable to be vaccinated for reasons related to protected ground under the Code, such as for medical or religious reasons, must provide documentation to support that they are not able to be vaccinated. The Agency, upon receiving the appropriate documentation, will provide them with reasonable accommodation up to the point of undue hardship, as required by the Code.

Please note that accommodations may result in changes to duties (including location) and/or hours of work, should the Agency be unable to find a position that can be safely performed. To be clear, every accommodation shall be determined on a case-by-case basis in light of all the relevant circumstances, including but not limited to the Agency's ability to maintain the health and safety of others in the workplace and the operational needs of the Agency.

Employees in need of accommodation in relation to this policy must submit a completed Employee Accommodation Request form as per the Agency's Infectious Disease and Pandemic Policy section found in Operations S4.3.2.1.

In the case of employees who are unable to be vaccinated for medical reasons, the Agency requires documentation from a duly qualified physician or nurse practitioner which indicates they cannot or should not be vaccinated for medical reasons.

Please note that the Ontario Human Rights Code does not require the Agency to accommodate the personal preferences of employees who choose not to be vaccinated for reasons that are not related to a protected ground under the Code.

In all cases, the Agency will provide employees with reasonable accommodation for any work-related limitations arising from protected grounds under the Code, up to the point of undue hardship.

6. Personal Information, Privacy, and Confidentiality

As noted above, Covered Individuals must disclose and/or provide certain personal information and related documentation under this policy to their direct supervisor. Such documentation must be provided in its original form. Original documentation shall be copied, and the original will be returned to the Covered Individual. Copies of documents must be securely stored at the child care, home child care, and head office. Internal tracking of vaccination status shall be recorded for the centre on the Vaccine Tracking Record. This information shall be made available for licensing purposes to the extent required by law.

The personal information that must be disclosed under this Policy, as set out above, is required so that the Agency can make informed decisions with respect to the health and safety measures that may need to be implemented in the workplace for the duration of the outbreak, epidemic, or pandemic, and so that it can ensure compliance with any applicable legislation, regulations, guidelines, and/or public health guidance that may differentiate between vaccinated and unvaccinated individuals.

In accordance with the Agency's Confidentiality and Non-disclosure Policy individuals' personal health information will be kept confidential to the greatest extent possible, and shall not be disclosed to anyone, other than supervisors, program managers, human resources and the executive director unless absolutely necessary to implement health and safety requirements, as determined by the Agency, in its discretion, or as required by law.

a. COVID-19 Specific Privacy Requirements

The Agency is required by law to report certain statistical information to the Ministry of Education related to the matters addressed by this policy. No identifying information will be provided to the Ministry in relation to this policy; all statistical information will be provided in de-identified/aggregate form.

7. Questions

Anyone who has any questions regarding this policy should speak with their supervisor, program manager, human resources or the executive director.

ACKNOWLEDGEMENT

I acknowledge that I have been provided with a copy of the Agency's **Infectious Disease and Pandemic Policy re: Covid-19 - Vaccination Disclosure Policy** (the "Policy"), and that I have read and fully understand the Policy.

I understand that, from time to time, the Agency may, at its sole discretion, change, amend, modify, rescind, or replace the Policy.

I agree to abide by the Policy as amended from time to time, and I understand that such compliance is a condition of my employment, volunteering, engagement, or student placement with the Agency, as applicable.

I understand that violating the Policy may result in discipline up to and including the termination of my employment for cause, or the termination of my volunteering, student placement, or engagement with the Agency, as applicable.

Name: _____

Signature

Dated

York Professional Care & Education Inc.

Operations Binder 1	Policies and Procedures	Section:	4
Revision summary as per MOE & MOH (LPH)	CCEYA Required	s.s:	4.3.1
	Infectious Disease and Pandemic Policy - COVID-19	Effective:	September 1, 2021
Issued by:	Executive Director	Replaces:	January 20, 2021

Change*= redirected practice that is directed by MOE, MOH or YPCE

Index		Change*	Revision
Section 1	Purpose		
Section 2	Licensing Requirements		
s.s.	1 Licensing Readiness	No	
s.s.	2 Maximum Cohort/Group Size & Ratio	No	
s.s.	3 Staffing	Yes	Movement of supervisors and/or designates, educators & students is now permitted between licensed age groups.
Section 3	Operational Guidance		
Part A	Pre-Program Consideration		
s.s.	1 Communication and Signage	No	
s.s.	2 Facilities & Building-OHSA Inspection	No	
s.s.	3 Ventilation- <i>NEW</i>	Yes	Although permitted, ensure to follow LPH recommendations surrounding circulating fans such as not blowing directly onto individuals etc.
s.s.	4 Registration	No	
s.s.	5 Services and Purchasing	No	
s.s.	6 Deliveries	No	
Part B	In-Program Consideration		
s.s.	1 Arrival and Departure	Yes	<ul style="list-style-type: none"> Although families are now permitted to enter the childcare sites; the Agency will continue with current safety practices of only children entering the premises. Educators continue to escort children in & out of site.
s.s.	2 Physical Activity	Yes	<ul style="list-style-type: none"> High contact activity can take place outdoors only and without the use of masks. Low contact activities are permitted indoors with masking in place according to guidelines.
s.s.	3 Field Trips and Special Events	Yes	Select and approved field trips will gradually resume in September.
s.s.	4 Visitors and Students on Placement	YES	<ul style="list-style-type: none"> Although visitors are now permitted to enter the childcare sites to the extent that physical distancing can be maintained; the Agency will continue with current safety practices of NOT allowing visitors. Students are allowed entry for college placements.

s.s.	5	Space Set-up and Physical Distancing	YES	In shared outdoor space mixing between groups and other individuals is now permitted but social distancing is still encouraged. Physical distancing continues to be strongly emphasized.
s.s.	6	Equipment and Toys	YES	Although no longer required, the Agency will continue with individualized sensory activities.
s.s.	7	Program Statement/Activities	YES	<ul style="list-style-type: none"> Singing is now permitted indoors. Masking is not required if physical distancing can be maintained. Use resources such as <i>How does learning happen?</i> to support children's mental health during C-19.
s.s.	8	Outdoor Play	Yes	<ul style="list-style-type: none"> Masking is no longer required outdoors unless physical distancing cannot be maintained. Shared play structures may now be used by more than one group provided social distancing can be maintained.
s.s.	9	Food	Yes	Follow regular food preparation guidelines unless directed otherwise by LPH.
s.s.	10	Provision of Special Needs Resources	No	
s.s.	11	Diapering and Washroom Routines	No	
s.s.	12	Sleep Routines		<ul style="list-style-type: none"> Disinfect sleeping equipment after each use in COS . Disinfect sleeping equipment weekly in YR.
s.s.	13	Laundry	No	
s.s.	14	Animals on Site	Yes	Animals may be reintroduced.
Part C Head Office Considerations				
Section 4 Health and Safety Response Plan				
s.s.	1	Cleaning and Disinfecting	No	But continue to clean and disinfect high touch surfaces at least twice daily.
s.s.	2	Hand Hygiene and Respiratory Etiquette	Yes	<ul style="list-style-type: none"> As a result of lighter restrictions in the guidance; handwashing and respiratory etiquette is emphasized more. Implement more frequent and routine handwashing throughout the day.
s.s.	3	Personal Protective Equipment	Yes	<ul style="list-style-type: none"> Masking is no longer required outdoors when physical distancing can be maintained. Eye protection in addition to masking is required when working in close contact with children who are unable to wear a mask. Eye protection is not required when children can wear a mask.
s.s.	4	Daily Health Screen	Yes	<ul style="list-style-type: none"> 2nd temperature check of children during sleep time is removed. Revised DHS eff: August 26, 2021

s.s.	5	Transportation - NEW	Yes	When securing transportation for program purposes, the service provider must provide confirmation of their safety measures re:C-19.
s.s.	6	Attendance	Yes	The Visitor Sign-in Record for essential visitors is an attendance record and must therefore be maintained.
s.s.	7	Response Plan for Outbreak Management	Yes	Isolation rooms no longer required. Instead an isolation space away from the group is necessary.
s.s.	8	Testing	Yes	Follow directions given in the Daily Health Screen.
s.s.	9	Outbreak Management	No	
s.s.	10	Reporting Illness	No	
s.s.	11	Vaccination - NEW	Yes	New mandated policy in place for September 7, 2021 is located in Ops S.4 as Part 3 of IDPP re:C-19