

COVID-19 Operational Requirements: Child Care Re-Opening

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1. Entrance

1.	Entrance	Υ	N	N/A
1.1	Passive Screening and Signage : There is signage at the entrance prompting staff, parents/guardians, and essential visitors to self-identify if they/their children have signs and symptoms of COVID-19.			
	There are also: Reminders to perform hand hygiene. See poster:_ https://www.hamilton.ca/sites/default/files/media/browser/2020-05-28/covid-handwashing-sign.pdf Reminders to follow respiratory etiquette. See poster:_ https://www.publichealthontario.ca/-/media/documents/C/2013/clincial-office-cough-signage.pdf?la=en Access to alcohol-based hand rub (ABHR) in an alcohol concentration of at least 70% (not accessible to children) Signage for proper mask use. See poster: https://www.publichealthontario.ca/-/media/documents/ncov/ipac/ppe-recommended-steps.pdf?la=en Upon entry in the childcare center, staff, essential visitors and children shall wash their hands			
1.2	Active Screening: There is a screener present at the entrance to actively screen all staff, children, parents/guardians, and essential visitors, for signs and symptoms (temperature taking not mandatory but operators may choose to) as they enter the building. Thermometers must not be used between children/staff without single use protective covers or disinfecting between uses. Symptoms of COVID19 include:			

	Common symptoms:		
	- Fever (37.8C or higher)		
	- New or worsening cough		
	- Shortness of breath		
	Other symptoms include:		
	- Sore throat		
	- Difficulty swallowing		
	- New olfactory or taste disorders		
	- Nausea/vomiting, diarrhea, abdominal pain		
	- Runny nose/nasal congestion (except seasonal allergies, nasal drip etc.)		
	- Unexplained fatigue/malaise/myalgia		
	- Chills		
	- Headache		
	- Croup		
	- Conjunctivitis		
	- Lethargy / difficulty feeding in infants		
	Do not permit children/staff who are ill to enter the childcare center.		
	There are also:		
	Physical distancing measures in place - through physical means (2 metres)		
	or plexiglass/other barrier. See Poster:		
	https://www.hamilton.ca/sites/default/files/media/browser/2020-05-28/covid-		
	physical-distance-sign.pdf		
	Personal protective equipment (PPE)		
	Surgical/procedure mask		
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	☐ A log book of all individuals entering the facility		
	Name		
	Contact information		
	Time of arrival/departure		
	Screening results		
	A process for individuals who respond "yes" to one or more symptoms of		
	COVID-19		
	☐ Supply/replacement staff should be assigned to specific groups		
1.3	Ongoing Monitoring: Staff, and children, are monitored for symptoms and signs of		
1.5	COVID-19. If a child or staff member becomes sick while in program they are isolated		
	and family members contacted for pick-up – refer to the center's COVID19 Response		
	Plan for managing ill staff/children.		
	A designated person is responsible for ongoing monitoring and related documentation.		
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	There is also:		
	A written process for isolating sick children and staff		
	A designated location for isolation:		
	A written process for cleaning and disinfecting items used by the sick		
	individual		
	,		
	Staff are aware of reporting requirements. Childcare centers have a duty to		
	report suspected or confirmed cases of COVID19 under the Health Protection		
	and Promotion Act (HPPA)		

	☐ Public Health Hotline – (905) 974-9848, option 6		
1.4	Drop-Off and Pick-up Procedures : Procedures support physical distancing and separate groups as best as possible (i.e., each group enters through a different door, or staggered entrance times).		
	Parents/guardians do not go past the screening area, unless necessary.		
	 △ ABHR available at all entrances. Verify that wall dispensers have material △ Physical distancing of 2 metres (using signage/markings on the ground) △ Personal belongings minimized. If brought, are labeled and kept in the child's designated area 		

2. Maximum Capacity and Ratio

2.	Maximum Capacity and Ratio: As of September 1, 2020, child care settings may return to maximum group sizes as set out under the CCEYA. Each group should stay together throughout the day and as much as possible should not mix with other groups.	1	N	N/A
2.1	 If more than one child care program or day camp is offered per building, a separation between the programs and groups is maintained ☐ Groups are not mixed 			

3. Use of Masks and Personal Protective Equipment (PPE)

3.	Use of Masks and Personal Protective Equipment (PPE): All adults are required to	Y	N	N/A
	wear medical masks and eye protection (i.e. face shield) while inside the child			
	care premises.			
3.1	Medical masks and eye protection available for all adults in the child care setting, and for staff caring for a sick child or a child showing symptoms of illness (if tolerated and above the age of 2). Where masks and face shields are stored: Staff have access to masks and face shields Quantity of PPE: Masks Gloves Gowns Eye protection – goggles/ faceshield			
	│ Staff assess and monitor the rate of use			
	Staff are trained on and can demonstrate proper donning and doffing of PPE. Observed staff demonstrating proper donning and doffing of PPE			
3.2	Proper hand hygiene is preformed and promoted throughout the facility. Appropriate number of hand washing sinks available			

4. Cleaning and Disinfection

4.	Cleaning and Disinfection	Υ	N	N/A
4.1	Frequently touched surfaces are cleaned and disinfected at least twice a day (i.e., doorknobs, water fountain knobs, light switches, toilet and faucet handles, electronic devices, and tabletops).			

	Designated cleaning staff:Back-up cleaning staff:		
4.2	Facility uses approved, non-expired cleaning products that have a DIN number and a manufacturer's recommended contact time of less than 5 minutes. Product used:		
4.3	A cleaning and disinfection log is used to track and demonstrate cleaning schedules.		
4.4	Linens (i.e., infant blankets and single-use face/hand cloths) are laundered in between children. Linens are laundered after each use Cot covers are laundered weekly		
4.5	Washrooms Used by one cohort at a time Facilities are cleaned in between each use		

5. Space Set-Up and Physical Distancing

5.	Space Set-Up and Physical Distancing	Υ	N	N/A
5.1	Physical distancing of 2m maintained between groups (including during outdoor play).			
	│ No mixing of groups			
	playgrounds)			
5.2	Physical distancing is promoted within children and staff			
	」 Spreading children out			
	Incorporating individual activities or activities that encourage more space			
	between children			
5.3	A physical barrier is in place to ensure physical distancing when groups are using the			
	same indoor space.			
5.4	Physical distance is maintained between cots/resting mats/playpens or children are			
	placed head to toe or toe to toe if space is limited.			
5.5	Shared spaces that cannot be cleaned and disinfected are not used.			
	(Example: outdoor sand boxes)			

6. Equipment and Toy Usage

6.	Equipment and Toy Usage	Y	N	N/A
6.1	Toys and equipment are cleaned and disinfected at a minimum between groups (avoid toys/equipment that cannot be cleaned and disinfected). Who is responsible for cleaning and disinfecting: Mouthed toys are cleaned and disinfected immediately after the child is finished using it. Mouthed toy bins are available in each cohort room Each group has designated toys and equipment, if applicable			
6.2	Sensory materials are single use (available to the child for the activity) and labelled with the child's name, if applicable.			
6.3	Play structures are used one group at a time. Established schedule for each group Play structures are cleaned and disinfected before and after each group use. Log documenting cleaning and disinfecting			
	Community playgrounds are not be used at this time.			

7. Interactions with Infants/Toddlers

7.	Integrations with Infants/Toddlers	Y	N	N/A
7.1	Avoid getting close to faces of children whenever possible (i.e. activities that may result			
	in droplet spread)		ľ	

8. Food Provisions

8.	Food Provisions	Υ	N	N/A
8.1	No self-serve or food sharing. Meals are served in individual portions, using utensils.			
8.2	No outside food provided (except where required and special precautions for handing and serving the food must be put into place).			
8.3	Hand hygiene practiced by staff, food handler, and children. Staff wash hands prior to serving food Food handlers wash hands as needed during food preparation Children wash hands before meals and snacks			
8.4	Where possible, children practice physical distancing while eating. Adequate spacing in rooms for food service Common dining areas have separate areas for g or staggered schedules			

9. Staff Training

9.	Staff Training	Υ	N	N/A
9.1	Staff are provided training on health, safety, and other operational measures.			
	Instruction on cleaning and disinfection			
	│ Proper mask use			
	│ Proper hand hygiene			
9.2	Record keeping for staff training are available.			
9.3	Staff training is repeated from time to time (completed at least once by each staff			
	member)			

10. Visitors

10.	Visitors	Υ	N	N/A
10.1	No non-essential visitors at the program.			
	No volunteers at the program.			
10.2	Ministry and other public health officials are screened prior to entering the premises,			
	wear PPE, and follow any other protocols.			

Comments: