

## Best Practice During a COVID-19



To maintain safe and healthy environments during a pandemic, Compass Early Learning and Care (ELC) will implement the following best practices in addition to already established policies and procedures.

1. Food will be served to children by a staff. Each child will have their own individual meals and snacks. Sharing of food will not be permitted.
2. All dishware and cutlery will be cleaned and sanitized after use.
3. Children will not be encouraged to share personal items – bottles, soothers, facecloths – All personal items will be labeled with child's name for easy identification.
4. When holding infants and toddlers you may use a blanket or cloth between the child and yourself. Change blanket or cloth between children.
5. All individual blankets, and cloths soiled bedding will be laundered daily.
6. Physical distancing will be encouraged whenever possible by:
  - Spreading children out into different areas
  - While maintaining Compass ELC Children's Dining Experience Policy when possible groups will be separated into two and alternating lunch and outdoor times
  - Incorporating more individual invitations that encourage more space between children
7. Water tables will not be used. Only individual sensory play is permitted e.g. each child has their own separate bin where items are cleaned and disinfected or disposed of between use.
8. Tables and countertops: used for food preparation and food service must be cleaned and disinfected before and after each use.
9. Other tables and chairs being used are to be cleaned and disinfected after each use.
10. Other shared items: (e.g., phones, IPADs, IPODs, attendance binders etc.) will be disinfected between users.
11. Mouthed toys will be cleaned and disinfected after every use.



12. Dramatic play clothes will be laundered after each use.
13. If outdoor equipment is accessed, it will be cleaned and disinfected after each use.  
Only centre outdoor equipment can be utilized. No access to public parks is permitted.
14. Every individual will wash their hands prior to entering and exiting a room.



# WHEN CHILDREN OR A STAFF MEMBER BECOME ILL DURING COVID-19 Durham



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## Policy

Compass Early Learning & Care will conduct frequent observations to monitor children's health in an effort to reduce the risk of exposure during COVID-19.

## Policy Guidelines

1. The policy adheres to advice from the Health Department Manual, Ministry of Education's Operational Guidance for re-opening and the Medical Officer of Health.
2. Staff members will fully live into our program statement, honoring our pedagogical principles, and ensuring our learning environments nurture children's physical, social and emotional well-being.
3. All staff members will be trained in the signs and symptoms of COVID -19 as listed by the Health Unit
4. All staff members are aware of a designated sick room in the case of an illness.
5. All staff will use PPE when with a child displaying symptoms of COVID-19
6. Families will be notified of any confirmed cases of COVID-19 through posted Serious Occurrence notifications.
7. This policy will be used during COVID-19 until notified by the Health Department and Medical Officer of Health that restrictions have been lifted. At that time Compass ELC will return to the original operations policies and procedures.

## Procedures

### **Child Illness**

1. Any child who develops symptoms of ill health related to COVID-19 while in care will be Isolated immediately from the other children in a separate room and supervised at all times.

Symptoms include:

- Feeling feverish
- Coughing
- Runny nose
- sneezing
- Nasal congestion
- Difficulty breathing
- Vomiting
- Diarrhea
- Sore throat
- Hoarseness/difficulty swallowing
- Myalgia (body ache)
- Headache



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2. The parent will be notified to arrange for pick-up of the child. If the parent is not reached an emergency contact person will be contacted to pick up the child.
3. Staff members will document the situation in the Daily Communication Log and notify the Lead or designate immediately to ensure that this information is managed and recorded in the child's file on the Symptoms of Ill Health and report the incident to the Health Department, as necessary/appropriate.
4. If child is tested for COVID-19 notify Child Care Quality Assurance and Licensing Branch Regional Manager

### **How to exclude**

1. The child will be moved to a designated room with a hand washing sink or hand sanitizer available where a parent caregiver will be notified and asked to pick up the child. If tolerated children should wear surgical mask.
2. Only one staff member should be in the designated room and attempt physical distancing of 2 meters. Staff members should wear a mask and gloves.
3. The are will be cleaned and disinfected immediately after the child has been sent home.
4. The Health Department will be contacted for direction on testing and self isolation for child, staff and children who were in the same room with the ill child.
5. Children or staff members who have been exposed to a confirmed case of COVID-19 should be excluded from the child care setting and follow Health Department recommendations.
6. If symptoms are present and testing for COVID-19 occurs Leads contact CMSM, QAELC and the Operations Link who contacts the CEO.

### **Staff Illness**

1. Any staff person who suspects that they have an infectious disease should follow common sense precautions and should not attend the child care program if they are not well, particularly if their symptoms include any outlined in the COVID-19 screening. Staff must pass the active screen process to work at the site.
2. If a staff member becomes ill while at the centre they should, if possible, isolate themselves immediately until they are able to leave.



3. A staff person who presents with symptoms of ill health will notify their Lead. The Health Department will be notified, and staff will follow the direction of public health. Direction may include further self-isolation, monitoring of symptoms, completing self assessment and testing. If symptoms are present and testing for COVID-19 occurs Leads contact CMSM, QAELC and the Operations Link who contacts the CEO.
4. Where a child, parent, provider or staff is suspected or has a confirmed case of COVID-19 a Serious Occurrence Report will be completed through the One Key Portal and the following will be notified,
  - a) The Operations Link
  - b) CMSM
  - c) Health Unit
5. A single, symptomatic, laboratory confirmed case of COVID-19 in a staff member, home child care provider or child must be considered a confirmed COVID-19 outbreak, in consultation with the local public health unit. Outbreaks should be declared in collaboration between the program and the local public health unit to ensure an outbreak number is provided.
6. In the case of a suspected or confirmed case of COVID-19 or the closing of a room or centre on the premise of a school the following will also be contacted,
  - d) Principal
  - e) Head Custodian
  - f) Community Use of Schools
  - g) Child Care and Early Years Coordinator

### **Occupational Health an Safety**

If the staff member's illness is determined to be work-related, in accordance with the ***Occupational Health and Safety Act*** (OHSA) and its regulations, the employer must provide a written notice within four days of being advised that a staff member has an occupational illness, including an occupationally-acquired infection, or if a claim has been made to the Workplace Safety and Insurance Board (WSIB) by or on behalf of the staff member with respect to the occupational illness.

### **Returning from exclusion due to illness**

1. Children and staff members can return to program based on the recommendations of the Health Department. This may include symptom free for 24 hrs, after confirmed negative testing or other isolation recommendations.
2. Children or staff members can return to program based on the recommendations of the Health Department. This may include an isolation period of 14 days for those confirmed positive in testing.

# Daily Active Screening During COVID-19 Durham



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## Policy

At arrival Compass Early Learning & Care will conduct screening using public health recommendations to foster the safest environment for children, staff and visitors during a pandemic.

## Policy Guidelines

1. The policy adheres to advice from the Health Department Manual, Ministry of Education's Operational Guidance for re-opening and the Medical Officer of Health.
2. Staff members will fully live into our program statement, honoring our pedagogical principles, and ensuring our learning environments nurture children's physical, social and emotional well-being.
3. Prior to active health screening at your location, staff members will complete training on how to properly wear PPE and complete the screening process.
4. The Active Screening Poster is visible on the exterior door as well as the sign indicating only one parent/caregiver and the child(ren) being dropped off may enter the active screening area at a time.
5. Every staff member, parent/caregiver, child and essential visitor will be actively screened.
6. Each centre will designate an entrance for a screening area.
7. Entry into the child care centre past the screening area will be limited to staff members, children and essential visitors.
8. Parents are to be informed of this process at registration.
9. This policy will be used during COVID-19 until notified by the Health Department and Medical Officer of Health that restrictions have been lifted. At that time Compass ELC will return to the original operations policies and procedures.

## Procedure

### **Screening Area**

1. Screening will be available at each entrance.
2. Hand sanitizer of at least 60% alcohol content is visible to clients/staff in front of or at the screening area. Dispensers should not be in locations that can be accessed by young children.
3. A minimum of 2 metres distance will be maintained between staff member conducting screening and the person being screened
4. Staff members will use appropriate PPE for when social distancing of at least 2 meters is not possible – surgical mask, gown and gloves, or a physical barrier is in place.
5. Where possible, daily screening will be done electronically (e.g., via online form, survey, or e-mail) prior to arrival at the child care setting. Where operationally feasible, include temperature checks as part of screening.

## Screening

1. Staff members will follow the screening checklist for each person and document the outcomes.
2. If more than ONE parent/caregiver tries to enter the screening area with the child(ren), ask that one parent wait outside as we are reducing the number of people who are entering the screening area.
3. Once screening is complete staff member will take child into the facility. A staff member will take the child to and from their room honouring physical distancing measures and protocols in the hallway at drop off and pick up. Parent/caregivers are not allowed into the facility unless it is deemed to be in the best interest of the child for their social and emotional well-being.
4. Request that parent/caregiver use hand sanitizer.
5. Staff members will refuse to allow anyone who answers YES or refuses to answer any of the COVID-19 screening questions. This also includes not accepting any child whose parent/caregiver has answered YES or refuses to answer to any of the COVID-19 screening questions.
  - If the individual answers YES to any of the screening questions, or refuses to answer, then they have failed the screening and cannot enter the building.
6. Staff members will also do a visual check of anyone entering the facility. Where a child or adult is obviously ill, vomiting, diarrhea, fever, runny nose, sore throat, staff members will refuse entry into the facility to promote health and wellness at the centre.
7. The staff member will ask parent to take their own temperature and that of their child and show staff member the results in between each temperature taking. Staff members are to record the results on the tracking sheet and disinfect the thermometer after each use.
8. The parent/caregiver, child(ren) and essential visitors pass by answering NO to all the questions, having no temperature and being visibly in good health
9. The staff members in the facility will complete the active screening procedure and document the answers and their temperature.
10. Staff members who are experiencing any of the symptoms or who answers YES to any of the questions on the active screening sheets are expected to stay at home and report their absence to their Lead. Staff members will follow direction from Public Health Department or receive medical clearance to return to work.
11. The screening poster and Active Screen Tracking form will be updated as advised by the Medical Officer of Health.
12. The Lead or designate is responsible for ensuring that this information is managed and recorded as required. Follow up with the Public Health Department will take place for anyone with symptoms of ill health for further direction on control measures.



13. Where a child, parent, provider or staff is suspected or has a confirmed case of COVID-19 a Serious Occurrence Report will be completed through the One Key Portal and the following will be notified,
  - a) The Operations Link
  - b) CMSM
  - c) Health Unit
14. In the case of a suspected or confirmed case of COVID-19 or the closing of a room or centre on the premise of a school the following will also be contacted,
  - a) Principal
  - b) Head Custodian
  - c) Community Use of Schools
  - d) Child Care and Early Years Coordinator
15. To minimize the number of individuals in the child care centre, staff members will use video, Sandbox Software and telephone interviews to interact, share documentation and register new families wherever possible.
16. Pre-planned group events and in-person meetings will be done virtually.
17. A single, symptomatic, laboratory confirmed case of COVID-19 in a staff member, home child care provider or child must be considered a confirmed COVID-19 outbreak, in consultation with the local public health unit. Outbreaks should be declared in collaboration between the program and the local public health unit to ensure an outbreak number is provided.
18. A single, symptomatic, laboratory confirmed case of COVID-19 in a staff member, home child care provider or child must be considered a confirmed COVID-19 outbreak, in consultation with the local public health unit. Outbreaks should be declared in collaboration between the program and the local public health unit to ensure an outbreak number is provided.

# SANITARY PRECAUTIONS DURING COVID-19 Durham



## Policy

Compass Early Learning and Care uses sanitary practices and precautions to support the health and well-being of children, staff members and families during COVID-19.

## Policy Guidelines

1. The recommendations of the Health Department, Chief Medical Officer and Ministry of Health Guidance document for Child Care and Compass ELC Sanitary Practices will be followed.
2. Staff members will fully live into our program statement, honoring our pedagogical principles, and ensuring our learning environments nurture children's physical, social and emotional well-being.
3. To reduce the spread of disease and infection, Compass ELC Hand Hygiene Guidelines recognized by the local Health Unit, Diapering Guidelines, and Sanitary Housekeeping Guidelines are followed
4. An approved disinfectant that is effective against COVID-19 will be used.
5. a) Children are not in close proximity when disinfectant cleaners are used.  
b) Liquid disinfectants and other cleaners are poured and are not used in spray form.
6. This policy will be used during COVID-19 until notified by the Health Department and Medical Officer of Health that restrictions have been lifted. At that time Compass ELC will return to the original operations policies and procedures.

## Procedures

### **Cleaning**

1. Use detergent and warm water to clean visibly soiled surfaces rinsing the surfaces with clean water (warm to tepid temperature preferred) to ensure detergent is removed
2. When the surface has dried use of an approved disinfecting product COVID-19.
3. Before entering the program any hard surfaces such as water bottles, travel mugs, cell phones, lunch containers will be cleaned and disinfected
4. Only one cohort will access the washroom at a time and it is recommended that the facilities be cleaned in between each use, particularly if different cohorts will be using the same washroom.



**Disposable Gloves will be worn in the following circumstances and disposed after use:**

- Administering first aid
- Cleaning up blood and body fluid e.g. vomitus spills and disinfecting surfaces
- Rinsing wet clothing or linen
- Contact with diarrhea e.g. cleaning/disinfecting contaminated surfaces, diaper changing
- During active screening and in the case of an isolation of an ill child.

**Staff members will wash their hands with soap and warm water in the following situations:**

- Before handling food
- Before and after eating
- Before and after diaper check and change
- Before and after toileting
- Before and after contact with bodily fluids
- After handling toxic materials
- Before and after using gloves
- Before and after touching theirs or someone else's face

**Children will wash their hands with warm soapy water:**

- Before handling food
- Before and after eating
- After toileting
- After wiping their own nose

**Cots and Cribs**

1. Children will have a cot or crib assigned to them which will be placed to support social distancing practices including head to toe when possible.
2. Cot sheets and blankets must be changed between each user
3. Sheets and blankets must be changed between each use



### **Whole Centre, Toys and Equipment**

1. Staff members will ensure that all toys and equipment are in good repair, clean and sanitary. The Leads or designate will be advised of any concerns regarding toys and equipment.
2. All toys used at the centre will be made of materials that can be cleaned and disinfected easily. Avoid absorbent materials like plush toys.
3. Should any child present with symptoms of COVID-19, all toys and equipment accessed by the child will be removed from the room to be cleaned and disinfected as soon as possible.
4. Standard Cleaning protocols will be followed when children in care are asymptomatic.

### **Clean and disinfect frequencies for other surfaces and items:**

Cleaning and disinfecting routines must be increased as the risk of environmental contamination is higher during a pandemic.

1. Tables and countertops: used for food preparation and food service will be cleaned and disinfected before and after each use
2. Other tables and chairs being used are to be cleaned and disinfected twice daily and more often as needed.
3. Spills must be cleaned and disinfected immediately
4. Hand wash sinks: staff members and children washroom areas will be cleaned and disinfected at least two times per day and as often as necessary (e.g., when visibly dirty or contaminated with body fluids).
5. Floors:  
cleaning and disinfecting will be performed as required, i.e., when spills occur, and throughout the day when rooms are available, i.e., during outdoor play
6. High-touch surfaces:  
any surfaces at your location that has frequent contact with hands (e.g., light switches, shelving, containers, hand rails, door knobs, sinks, toilets, toilet handles etc.). These surfaces should be cleaned and disinfected at least twice per day and as often as necessary (e.g., when visibly dirty or contaminated with body fluids)
7. Other shared items:  
(e.g., phones, IPADs, IPODs, attendance binders etc.) will be disinfected between users.
8. All toys will be cleaned and disinfected daily when in use.
9. Mouthed toys will be cleaned and disinfected after every use.
10. Large equipment and shelving will be cleaned and disinfected every week



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11. Water tables will not be used. Only individual sensory play is permitted e.g. each child has their own separate bin or playdough that is cleaned and disinfected or disposed of between use.
12. Dramatic play clothes used by a child will be laundered after each use.
13. Children's cubbies are to be kept neat and checked weekly by staff.
14. If outdoor equipment is accessed, it will be cleaned and disinfected between each cohort use. Only centre outdoor equipment can be utilized. No access to public parks is permitted.
15. The Cleaning Schedule for Toys and Equipment will be posted in playrooms and a record will be kept on file.

# SUPERVISION OF CHILDREN DURING COVID-19 Durham



## Policy Statement

Compass Early Learning and Care (Compass ELC) provides safe accommodation for children in our care through appropriate staffing, ratios, cohort size and maximum capacity.

## Policy Guidelines

1. The policy adheres to advice from the Health Department Manual, Ministry of Education's Operational Guidance for re-opening and the Medical Officer of Health
2. Staff member will fully live into our program statement, honouring our pedagogical principles, and ensuring our learning environments nurture children's physical, social and emotional well-being.
3. Staff/Child ratios meet or exceed the minimum requirements as set out in the Child Care and Early Years Act and Regulations.
4. Compass ELC *Supervision of Children Guidelines* defines Staff/Child ratios, reduced ratios, cohort size and minimum number of adults required on the premises.
5. Maximum group sizes (cohorts) will be defined and followed as per the *Ministry of Education's Operational Guidance for Re-opening* during COVID-19.
6. For licensing requirements, each Compass ELC Admin Lead is the Designated Authority.
7. Every child who is in attendance at a Compass ELC program is in the presence of a qualified staff member at all times. Special provisions may be made for school aged children with written consent of their parents.
8. This policy will be used during COVID-19 until notified by the Health Department and Medical Officer of Health that restrictions have been lifted. At that time Compass ELC will return to the original operations policies and procedures.

## Procedure

### **Group Sizes**

1. The maximum cohort size for each room in a child care centre (including each family age group) will consist of no more than 15 children, space permitting. Staff are not included in this number, but should still be considered part of the cohort that stays together.
2. The maximum group size (cohort) for each room in a child care centre is no more than 15 children. A cohort is defined as a group of children and the staff members assigned to them, who stay together throughout the duration of the program for minimum 7 days. Each cohort must stay together throughout the day and are not permitted to mix with other cohorts.
3. Ratios set out under the CCEYA must be maintained. Reduced ratios are permitted as set out under the CCEYA, if cohorts are not mixed with other cohorts. Reduced ratios are not permitted at any time for infants.



4. Maximum capacity rules do not apply to Special Needs Resource staff (consultant and enhanced staff) on site (i.e., if they are not counted towards staff to child ratios they are not included in the maximum capacity rules).
5. Mixed age grouping is permitted as set out under the CCEYA where a director approval has been granted on the licence.

## **Supervision**

1. Staff members are responsible for the safety of children at all times and constant visual supervision of children is essential. All staff are responsible for ensuring that all exit points are monitored, indoors and outdoors.
2. Children's attendance will be recorded immediately upon arrival or departure from the program. Attendance will also be checked during routine changes of the day. This ensures a matching of the attendance record with the children in care.
3. Staff members will ensure that children are safely released to their parent or guardian. As children tend to have regular hours of care, it is important for staff member to be aware of when to expect a child's arrival or departure.
4. Staff members are required to count the number of children in their care before and after the movement of children from within the centre, when outside in the playground and when moving children to and from the playground, and at any time that the centre takes the children off the premises.
5. Staff members will recognize the need for extra precautions regarding the supervision of children during COVID-19.
6. Staff members will be fully engaged and strive to provide spaces that reduce children's stress, and support children's abilities to self-regulate so that they can fully engage in learning and growing together.
7. It is the expectation that staff members regularly review and keep up to date in their knowledge of appropriate policies and procedures.



## **Staffing**

1. Staff members should work at only one location – staff members are not to move between sites if agency has more than one site operating.
2. Leads and/or designates should limit their movement between rooms, doing so when necessary.
3. Supply/replacement staff members should be assigned to specific cohorts.
4. Programs are required to ensure each group has the required number of qualified staff as set out in the CCEYA. Operators may submit requests for staff director approval (DAs) to the ministry.

## **Space Set-Up and Physical Distancing**

1. The ministry recognizes that physical distancing between children in a child care setting is difficult and encourages child care staff and providers to maintain a welcoming and caring environment for children.
2. Each cohort must have their own assigned indoor space, separated from all other cohorts by a physical barrier. The purpose of the barrier is to reduce the spread of respiratory droplets that are thought to transmit COVID-19 and to reinforce physical distancing requirements between cohorts. The physical barrier must begin at the floor and reach a minimum height of 8 feet to ensure that it will always be 12 inches taller than the tallest person in the facility. It must be as wide as the space/room will allow.