



Providing Care During COVID-19

Policy

Taking into consideration Compass Early Learning and Care's Program Statement and Pedagogical Principles at all times, CELC supports the physical health, social and emotional wellbeing of children, staff members, providers, students and families during COVID-19, consistent with the Chief Medical Officer of Health and Ministry of Education Operational Guidelines.

Requirements

1. To reduce the spread of disease and infection, Health Unit recognized Guidelines including Hand Hygiene, Diapering and Sanitary Housekeeping are followed.
2. An approved disinfectant that is effective against COVID-19 will be used.
3. All adults while in the program are required to wear medical grade PPE and where possible, maintain physical distance at all times.
4. Prior to entering Compass facilities, all individuals and their families will complete screening.
5. Parents will be informed of the COVID-19 policy at registration and be notified of any policy updates using Sandbox Software.
6. With direction from the local Health Unit, parents will be informed of any confirmed cases of COVID-19 within their program.
7. For licensing requirements, each Compass ELC Administrative Lead is the Designated Authority and takes lead on the program's response to COVID-19 cases and will inform the links team by email: links@compasselc.com within 24 hours.
8. Staff members, students and providers will review this policy during orientation and when changes occur.
9. Visitors are required to review and complete the Visitor Sign In protocol before entering any CELC child care premises or locations, including centre based and home child care.

Procedures

1. Hand Hygiene and Respiratory Etiquette

Hand hygiene using handwashing will be promoted between all staff members, providers, students, essential visitors and children. Child care staff, home child care providers, home child care visitors and students on educational placement will assist children in appropriate hand hygiene and respiratory etiquette and provide age-appropriate education. Alcohol based hand rub containing 60%-90% alcohol will be available at each entrance and exit in a location not easily accessible by young children. Where soap and water are not available, hands are not visibly soiled, and where parent's written authorization has been given, a dime size amount of hand sanitizer may be administered to children under adult supervision. Handwashing should be done:

- Before touching your face
- Before preparing, handling, serving and eating food
- After using the washroom
- Before and after going outside
- After contact with body substances, mucous membranes of the eyes, nose and mouth and non-intact skin
- Before putting on and after taking off PPE

- Before and after child contact
- After touching 'regularly touched' items such as door knobs, toilets and sink taps
- Whenever there is a chance that your hands may have been contaminated
- When moving from room to room (i.e. staff room, classrooms, kitchen)
- Before and after participating in sensory activities
- Before entering the childcare setting

Tissues and lined, no-touch waste baskets (for example, foot pedal-operated, hand sensor, open basket) will be provided, where possible.

2. Cleaning

1. Programs will be cleaned daily, more frequently where needed.
2. Frequently touched surfaces will be cleaned and disinfected twice per day or more often as required (for example, doorknobs, water fountain knobs, light switches, toilet and faucet handles, electronic devices, and tabletops).
3. Children are not in close proximity when disinfectant cleaners are used.
4. Where ever possible liquid disinfectants and other cleaners are poured and are not used in spray form.
5. Rooms will be ventilated after use of disinfectants.
6. Programs and home child care providers are encouraged to have designated toys and equipment (e.g., balls, loose equipment) for each room or group of children.
7. Toys and equipment provided will be made of materials that can be cleaned and disinfected easily.
8. Mouthed toys should be cleaned and disinfected immediately after the child is finished using them.
9. Where outdoor play structures, either on premises or in the community are used, there will be a focus on proper Hand Hygiene
10. Where an outbreak is declared, recommendations on cleaning and disinfecting will be followed as set out by the local health Unit.

3. Personal Protective Equipment

1. Staff, providers and other adults in the home will receive training at orientation on:
 - a. How to properly complete the screening process,
 - b. The signs and symptoms of COVID-19
 - c. The use of Personal Protective Equipment
2. Medical Masks
 - All adults are required to wear medical masks while inside a child care setting, including in hallways and staff rooms (unless eating-but time with masks off should be limited and physical distance should be maintained).
 - While outdoors, masks are required if two meters of distance from others cannot be maintained.
 - Physical distancing is strongly encouraged between groups
 - All child care staff, home child care providers, home child care visitors and students on educational placement is required to wear medical masks when providing transportation for children.
 - It is recognized that when an identified positive case has been declared, anyone who was in close proximity of the individual without a mask for more than 15 minutes, may be considered high risk. It should be recognized that any exposure presents a risk of contracting COVID-19.

3. Face shields or approved goggles (eye protection)
 - Face shields or approved goggles are required if a staff member or provider comes within two meters of an unmasked individual both indoors and outdoors.
 - Eye protection for drivers providing transportation for children should not interfere with the safe operation of vehicles and is intended to protect drivers during close contact with children, such as during boarding and exiting.
 - It is recognized that when an identified positive case has been declared, anyone who was in close proximity of the individual without a mask for more than 15 minutes, may be considered high risk. It should be recognized that any exposure presents a risk of contracting COVID-19.
4. Gloves and gowns
 - Gloves and gowns may be worn when individuals come in contact with a child exhibiting respiratory symptoms or objects that may be contaminated.
 - Gloves and gowns are disposable and single use, and must be disposed of after the task is completed
5. Children
 - All children in grades 1 and above are required to wear a non-medical or cloth mask while inside the child care premises, including in hallways.
 - Younger children are encouraged but not required to wear a mask. Children under the age of 2 are not recommended to wear a mask.
 - Parents/guardians are responsible for providing their school-aged child(ren) with a mask(s).

Exemptions for PPE

Staff, providers and anyone in the home may consider the following exceptions to the requirement of wearing masks and or eye protection indoors

- a. Situations where a child cannot tolerate wearing a mask, or tolerate the educator wearing a mask.
- b. Individuals with a medical condition that makes it difficult to wear a mask where it will be documented in staff file. This can include but is not limited to:
 - i. Medical condition, mental health condition, cognitive condition or disability that prevents wearing a mask or face covering.
 - ii. Medical condition that makes it difficult to breathe or someone who is unconscious or incapacitated.
 - iii. People who are hearing impaired, or are communicating with a person who is hearing impaired, and where the ability to see the mouth is essential for communication.
 - iv. Individuals who are unable to put on or remove a mask without assistance.
 - v. People who require accommodation in accordance with the [Ontario Human Rights Code](#). Every effort will be made to support staff accommodation unless it would amount to undue hardship based on cost or health and safety to staff or families.

4. Immunization and Disclosure

Staff: CELC recognizes the importance of immunization of individuals regularly interacting and providing services to children. Due to the nature of their work and potential for exposure in the community, CELC will support all staff to receive the vaccine and comply with Mandatory regulations from Ministry of Education including:

- to disclose vaccination status and provide proof of vaccination (ie dose receipt)
- to provide approved medical exemption when not fully vaccinated
- to participate in the vaccination education session and provide proof of completion
- to participate in rapid testing when required

Vaccination Status Disclosure

1. All staff will provide Proof of COVID-19 vaccination status
 - a. Every staff will complete the vaccination survey to indicate their current vaccination status.
 - b. A copy of the individual's Dose Administration Receipt will be required and will be kept in accordance with the CELC Privacy Policy.
 - c. In addition to the Dose Administration Receipt, each staff will complete an attestation indicating that they are fully vaccinated against COVID-19, which will be kept on file in Sandbox.
 - d. All currently employed staff will be required to have full COVID-19 vaccination by October 31, 2021 (1st by Sept 27, 2021, 2nd by Oct 18, 2021 for Pfizer or 1st Sept 20, 2021 and 2nd by Oct 18, 2021 for Moderna) and provide Proof of vaccination-Dose Administration Receipt, which will be kept in accordance with the CELC Privacy Policy. (14 days after the second dose is administered is considered fully vaccinated or as defined by the MOH)
 - e. Those who have made the personal decision to not be fully vaccinated by October 31, 2021 or who have not been approved for an exemption will be offered an unpaid leave of absence for up to 6 months, or until they are fully vaccinated or the pandemic is declared over by World Health Organization.
 - f. All staff who refuse to disclose vaccination status will be immediately offered an unpaid two-week leave of absence during which they will disclose their vaccination status or employment will be terminated with cause.

Exemptions

1. Compass ELC requires all staff to be fully vaccinated against COVID-19 with a Government of Canada approved vaccine unless granted an approved exemption from Human Resources. For all currently employed staff, exemption request are due by Oct 4, 2021. ([See Form](#))
 - a. Exceptions will be made for those who are unable to receive a COVID-19 vaccine for medical reasons, as documented by a physician or nurse practitioner, unless it would amount to undue hardship for Compass ELC. The documentation will indicate if the exemption is permanent or time limited. ([Request for Medical accommodation Form](#)) Information around frequently asked questions can be found at [OHRC](#)
 - b. Any staff who cannot be vaccinated on grounds of religion or creed recognized by the Ontario Human Rights Code, may complete an accommodation request for consideration. ([Request for Creed Accommodation Form](#))

Education

1. Effective immediately, individuals who are not fully vaccinated without an approved medical exemption must participate in the Ministry of Education's educational session on the benefits of COVID-19 vaccine, how the vaccine works, vaccine safety, risks of not being vaccinated and possible side effects of the vaccine.
 - a. As proof of completion of the educational session, the individual will complete the reflective tool.
 - b. Link to educational information [COVID-19 Vaccination Information for Educators](#) and [COVID-19 Vaccines](#)

- c. Link for reflective tool. [COVID-19 vaccination reflection and acknowledgement of the educational session.](#)
- d. All staff who refuse to complete the education session and provide proof will be immediately offered an unpaid two-week leave of absence during which they will adhere to the licensing requirement or employment will be terminated with cause.

Rapid Testing

1. Rapid testing is a Ministry of Education Requirement for all individuals who are not fully vaccinated against COVID-19 by a vaccine approved by the Government of Canada. The rapid antigen test will be provided by CELC through the Ministry of Education. Testing procedures and reporting will be discussed and defined by each site with written agreements. Individuals self-administering the test will participate in training.
 - a. Effective immediately, staff who are not fully vaccinated or have approved exemptions will submit to regular rapid antigen testing and document verification of negative test results in screening form 3 times per week on Sunday, Tuesday and Thursday evening
 - b. Supply staff who are not regularly at a program will test prior to entering the program and document verification of negative test results in screening form.
 - c. The completed test with results will be provided to the Admin Lead or designate daily where the results will be stored in a secure location.
 - d. All used rapid test devices will be disposed of in a safe manner
 - e. All staff who refuse to participate in rapid testing will be immediately offered an unpaid two-week leave of absence during which they will agree to adhere to the licensing requirement or employment will be terminated with cause.

Statistical Information

1. As required by the Chief Medical Officer of Health, statistical information, will be shared with the Ministry of Education.

Providers and others in the Household: CELC recognizes the importance of immunization of individuals having direct contact and providing services to children. Due to the nature of their work and potential for exposure in the community, CELC will support all providers to receive the vaccine and comply with Mandatory regulations from Ministry of Education including:

- to disclose vaccination status and provide proof of vaccination (ie dose receipt)
- to provide approved medical exemption when not fully vaccinated
- to participate in the vaccination education session and provide proof of completion
- to participate in rapid testing when required

Vaccination Status Disclosure

1. All providers will provide Proof of full COVID-19 vaccination status.
 - a. Each provider will complete the vaccination survey to indicate their current vaccination status
 - b. A copy of the individual's Dose Administration Receipt will be required and will be kept in accordance with the CELC Privacy Policy.
 - c. In addition to the Dose Administration Receipt, each provider will complete an attestation indicating that they are fully vaccinated against COVID -19, which will be kept on file in Sandbox.

- d. All currently contracted providers will be required to have full COVID-19 vaccination by October 31 (1st by Sept 27, 2021, 2nd by Oct 18, 2021 for Pfizer or 1st Sept 20, 2021 and 2nd by Oct 18, 2021 for Moderna) and to provide Proof of vaccination- Dose Administration Receipt, which will be kept in accordance with the CELC Privacy Policy. (14 days after the second dose is administered is considered fully vaccinated or as defined by the MOH)
- e. Those who are not fully vaccinated by October 31, 2021 and who have not been approved for an exemption will be immediately placed on hold and their green licensed poster will be returned and held at the HCC office until they are fully vaccinated or the pandemic is declared over by the World Health Organization.
- f. All providers who refuse to disclose vaccination status will be immediately placed on hold and their green licensed poster will be returned and held at the HCC office until their vaccination status is disclosed or the pandemic is declared over by the WHO.

Exemptions

1. Compass ELC requires all providers to be fully vaccinated against COVID-19 with a Government of Canada approved vaccine unless granted an approved exemption from Human Resources. For all current providers, exemption request are due by Oct 4, 2021. ([See Form](#))
 - a. Exceptions will be made for those who are unable to receive a COVID-19 vaccine for medical reasons, as documented by a physician or nurse practitioner, unless it would amount to undue hardship for Compass ELC. The documentation will indicate if the exemption is permanent or time limited. ([Request for Medical accommodation Form](#)) Information around frequently asked questions can be found at [OHRC](#)
 - b. Any provider who cannot be vaccinated on grounds of religion or creed recognized by the Ontario Human Rights Code, may complete an accommodation request for consideration. ([Request for Creed Accommodation Form](#))

Education

1. Effective immediately, individuals who are not fully vaccinated without an approved medical exemption must participate in the Ministry of Education's educational session on the benefits of COVID-19 vaccine, how the vaccine works, vaccine safety, risks of not being vaccinated and possible side effects of the vaccine.
 - a. As proof of completion of the educational session, the individual will complete the reflective tool.
 - b. Link to educational information [COVID-19 Vaccination Information for Educators](#) and [COVID-19 Vaccines](#)
 - c. Link for reflective tool. [COVID-19 vaccination reflection and acknowledgement of the educational session.](#)
 - d. All providers who make the personal choice to refuse to complete and education session and provide proof will be immediately placed on hold and their green licensed poster will be returned and held at the HCC office until they complete the session and provide proof or the pandemic is declare over by the WHO.

Rapid Testing

1. Rapid testing is a Ministry of Education Requirement for all individuals who are not fully vaccinated against COVID-19 by a vaccine approved by the Government of Canada. The rapid antigen test will be provided by CELC through the Ministry of Education. Individuals self-administering the test will participate in training.
 - a. Effective immediately, providers who are not fully vaccinated or have approved exemptions will submit to regular rapid antigen testing and document verification of negative test results in screening form 3 times per week on Sunday, Tuesday and Thursday evening

- b. All used rapid test devices will be disposed of in a safe manner
- c. All providers who refuse to participate in rapid testing will be immediately placed on hold and their green licensed poster will be returned and held at the HCC office until they agree to complete rapid testing as required or the pandemic is declared over by the WHO.

Statistical Information

1. As required by the Chief Medical Officer of Health, statistical information, will be shared with the Ministry of Education.

All other household members over 18 years of age will be required to be fully vaccinated against COVID-19 and provide proof by October 31, unless with medical exemption or approved accommodation request which may include a guarantee that the unvaccinated individual will not access the licensed space while children are in care. Families will be informed of all unvaccinated household members and visitors, as well as the strategies to reduce risk and exposure to the children in the home including Antigen testing of those not fully vaccinated. Education on COVID-19 and immunizations will be shared with all those not vaccinated. Providers are responsible to record proof of vaccination of household members and visitors.

Visitors, including parents, students, volunteers and contracted support: CELC will take all precautions to ensure the health and safety of children in our care. Due to the nature of our work and the potential for exposure in the community, CELC will require all visitors to be fully vaccinated against COVID-19.

- a. All visitors entering CELC child care premises and locations, including centre based and home child care, shall provide proof of full vaccination before entering.
- b. CELC will continue with our current drop off and pick up procedures. Unless directed by the Medical Officer of Health, parents may request to enter the program. Parents will be screened, wear medical grade PPE as directed and an attendance record of time in and out will be documented

5. Rapid Testing

1. All Asymptomatic individuals who are not fully vaccinated will:
 - a. submit to Rapid Antigen Test at their residence prior to entering the site/program,
 - b. provide verification of a negative result to the designate
 - c. submit to regular rapid antigen testing and document verification of negative test results in screening form 3 times per week on Sunday, Tuesday and Thursday evening
2. Rapid antigen screening is only for individuals who are asymptomatic
3. An individual with symptoms should seek PCR testing at their local assessment centre.
4. A positive result on a rapid antigen test is considered a preliminary (presumptive) positive test.
5. Any individual that receives a preliminary positive result on a COVID-19 rapid antigen test, is required to:
 - a. Seek a confirmatory PCR test immediately (ideally within 48 hours) at a designated testing centre
 - b. Isolate immediately until the result of their confirmatory test is known
 - c. Safely return to work only after they receive a negative result on a confirmatory test at a designated testing centre.

6. If an individual has had a laboratory-confirmed COVID-19 infection and been cleared by the Health Unit to return to work, they will not be required to participate in daily rapid antigen testing for 90 days following the date of their positive COVID-19 test result. These individuals will resume rapid antigen testing if they are not fully vaccinated after the 90th day from the date of the positive test.
7. Admin leads/designates are responsible for verifying test results and data collection as required by the Ministry of Education.

6. Isolation Requirements

Asymptomatic-no symptoms

Fully vaccinated- equal to or more than 14 days after receiving their second dose of a two-dose COVID-19 vaccine series or their first dose of a one-dose COVID-19 vaccine series

1. All asymptomatic high-risk close contacts of a symptomatic individual who are not fully vaccinated or who were previously positive within the past 90 days and have since been cleared, are required to isolate for 10 days even if they get a negative test result, as long as they do not develop any symptoms.
2. Asymptomatic individuals who are fully vaccinated or who were previously positive within the past 90 days and have since been cleared, are not required to isolate if they are in contact with an individual who is symptomatic or who tests positive for COVID-19, unless otherwise directed by the public health unit.
3. All unvaccinated children under the age of 12 who have travelled internationally, will not attend school or child care for 14 days after their arrival unless the travel was solely due to a cross border custody arrangement.

7. Screening

1. The [Ministry of Education COVID-19 School and Child Care Screening](#) tool will be completed daily by families, students, essential visitors and staff members, providers and all their household members. If families, students, essential visitors, staff members or providers or their household members are experiencing any new or worsening symptoms (should not be chronic or related to other known causes or conditions) of COVID-19, even those with only 1 symptom, the individual must stay home until:
 - They receive a negative COVID-19 test result and symptoms have subsided;
 - They receive an alternate diagnosis by a health care professional; or
 - It has been 10 days since their symptoms onset and they are feeling better.

If the child care staff, provider, placement student, child, visitor or someone within the household received a COVID-19 vaccination in the last 48 hours and is experiencing mild headache, fatigue, muscle aches, and/or joint pain that only began after vaccination, and no other symptoms, they should respond “no” in the screening tool and may continue to attend the child care program if they are feeling well enough to do so.

2. Guardians on behalf of attending children, staff members, providers, screeners, students and visitors will send email confirmation of the results of the completed screening to the program daily prior to entering the building or dropping off their children.

3. A staff member/screener will actively confirm that screening for children and adults has been completed and passed before allowing access to the program.
4. Screeners will remain 2 meters from those being screened, or be separated by a physical barrier and use appropriate PPE.
5. In person screening will be performed in the event that an individual is not screened prior to arriving at the child care setting.
6. Markings will be used to facilitate social distancing for families at pick up and drop off areas.
7. A staff member will greet the family and child at the door during drop off and pick up.
8. Masking is required by staff and parents at pick up and drop off areas where 2 meters cannot be maintained unless there is a medical exemption.
9. Staff will accompany the child to and from their room honouring physical distancing measures and protocols in the hallway.
10. Individuals who do not pass screening are not permitted to attend the program.
11. "Close contact" is defined as someone who has been in contact with the confirmed COVID -19 individual for more than 15 minutes, within a 2-meter distance and with no PPE. If someone within the household has been identified as high risk and under an isolation order, we ask all family members to stay home, isolate and not attend our programs unless fully vaccinated. [See High Risk Contact Flow Chart](#)
12. The Local Public Health Unit Active Screening Poster and information in regards to PPE requirements and social distancing is visible on the exterior door of the identified entrance used as the screening area and on the interior of the building visible to all persons entering the facility or home.
13. Entry into the child care program past the screening area will be limited to staff members/providers, children, students and essential visitors. CELC will continue with our current drop off and pick up procedures, however if a parent wishes to enter the premises they will be permitted with required PPE, completed screening and documentation of times entering and leaving the building, unless under the direction of a medical officer of health.
14. The following tools will be used on a daily basis to support contact tracing in the event of a COVID -19 outbreak.
 - a. Sandbox Software will be used to track children's attendance.
 - b. Payroll software, Smart Find Express staff registry and Sandbox software will be used to track and maintain records of staff/providers attendance at the program.
 - c. Visitor Sign-In Log will be used to track and maintain records of visitors at the program.
15. Educators will conduct a visual check of children entering the program and periodically throughout their time in program.

8. Illness in a Program

When a Child Becomes Ill

1. Isolate the ill child and notify parents/guardians or emergency contacts for pick up as soon as possible. The ill child should be kept at least 2 metres (6 feet) from other attendees and staff. Provide the ill child with a surgical/procedural mask if tolerable and above the age of 2 years.
2. Child care staff/providers who supervise/care for the ill child will continue to wear a surgical/procedural mask and eye protection at all time and not interact with others.
3. Avoid contact with the child's respiratory secretions. Perform meticulous hand hygiene.
4. Clean and disinfect the space and items used by the sick child, staff or student. For items (e.g. paper, books, cardboard puzzles) that cannot be cleaned, they should be removed and stored in a sealed container for a minimum of 7 days.
5. All staff members are aware of a designated room for ill children.

6. Parents will be informed of any confirmed cases of COVID-19 with documentation from the Communication Link or Health Unit initially through Sandbox Software, followed by direct contact from the program

When a Staff or Student Becomes Ill

1. Staff and students who become ill while at the child care centre should be isolated from the group and sent home immediately.
2. Staff and students should complete the on-line self-assessment tool for further guidance or seek assessment and testing at the nearest assessment centre.

When a Provider Becomes Ill

1. Providers who become ill while offering care should immediately contact their HCC Consultant.
2. Families should be notified and children sent home as soon as possible.
3. Providers should complete the online self-assessment tool for further guidance or seek assessment and testing at the nearest assessment centre.

Probable Case

A probable case is when a parent/staff has contacted the program informing of a positive COVID-19 test but not confirmed by the Health Unit or they have been identified as a close contact and have symptoms but test results have not been provided. The Communication Coordinator will provide documentation to be shared with families through Sandbox Software.

Confirmed Case

When a confirmed case of COVID-19 has been identified by the Health Unit and the program has been advised to have children sent home, educators and children will move outdoors (when possible) to await pick up.

Outbreak

1. An outbreak may be declared by the local Health Unit when there are two or more laboratory confirmed cases within a 14-day period that may be linked, where at least one case could have reasonably acquired their infection in the child care setting.
2. Where an outbreak is declared, local health Unit directives will be followed.
3. When the Health Unit has declared a COVID-19 outbreak, the Communication Coordinator will provide documentation to be shared with families through Sandbox Software, followed by direct contact from the program.

Serious Occurrence (Refer to ***Serious Occurrence Policy***)

1. When there is a confirmed case of COVID-19 the Local Health Unit must be notified and a Serious Occurrence must be reported within 24 hours
2. When there is an unplanned disruption of service due to a closure determined by the Local Health Unit in regards to COVID-19, a Serious Occurrence must be reported within 24 hours.

9. Staffing

1. All efforts will be made to minimize the number of locations where staff members work.
2. This policy is supported by the *COVID-19 Administration Working from Home Protocol*.
3. Post-secondary students on field placement should be assigned to a specific licensed age group.

4. If replacement staff members must come from another site, it is important that the facility is keeping track of staff members movements between sites in the event of the need for contact tracing.

10. Meetings and Common Spaces

1. Masks will be worn at all times indoors
2. Participants are encouraged to maintain 2m distance between each other.
3. Seating should be arranged to facilitate physical distancing where possible.
4. Before and after an in-person meeting, all frequently touched surfaces should be disinfected by the team using the room.

11. Best Practice

1. To further reduce the risk of illness, a minimum of 2 metres will be maintained between children's napping arrangements where possible. Beds, cribs and cots should be arranged so that children are napping 'head-to-toe.'
2. Food will be served to children by a staff member/provider at each table. Each child will have their own individual meals and snacks. Sharing of food will not be permitted.
3. Children will not share personal items – bottles, soothers, facecloths – All personal items will be labeled with child's name for easy identification.
4. If sensory materials (e.g., playdough, water, sand, etc.) are offered, emphasis should be placed on hand hygiene before and after the use of materials.
5. To support family engagement, build relationships of trust, support transparency within the program and to keep everyone safe during COVID- 19 the child care program, staff/providers may use any of the following: videos, virtual calls, Sandbox Software and/or telephone interviews when interacting, sharing documentation and registering new families. Pre-planned group events and in-person meetings (e.g. Home Child Care Visits) can be done virtually or in person following the Health Unit Guidelines and wearing medical grade PPE.
6. Where required, the ministry's Building on How Does Learning Happen? Will be used to support the social and emotional health and wellbeing of children and families and collaborate with child and youth mental health agencies
7. High-contact physical activities should take place in outdoor settings, Low contact physical activities are permitted indoors
8. Adequate ventilation will be provided by opening windows, moving activities outdoors as much as possible
9. Children will be encouraged to physical distance while in the same common space. Considerations will be used when setting up the environment by offering carefully considered small group and individual experiences that align with our Program Statement and physical distancing protocols.

12. Employee Occupational Health & Safety

1. The Admin Lead in consultation with the Operations Link and Human Resources Link will consult with Local Public Health Unit to determine when the staff member can return to work.
2. If the staff member's illness is determined to be work-related, in accordance with the Occupational Health and Safety Act, the employer must provide a written notice within four days of begin 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 on behalf of the staff member with respect to the occupational illness.