

YMCA of Eastern Ontario Infection Control Policy Related to COVID 19

Created: June 12, 2020

Revised: February 22, 2021

This policy is intended to be an addition to the existing YMCA Child Care Policies to clarify the commitment the YMCA is making to minimize the spread of COVID 19. The enhancements to health and safety, sanitary practices, illness prevention, reporting, and employee safety support existing policies in relation to best practices in accordance with direction from the Ministry of Education, Ministry of Health, the Public Health Unit and Childcare and Early Years Services.

This policy and procedure must be reviewed and signed off by all employees.

Health Screening and Drop off

In consideration of the increased health risk associated with the spread of COVID-19, all individuals entering the child care premises must conduct a health screening prior to entering program area. Parents dropping off children, although not entering the centre, must participate in health screening on their child's behalf. In the interest of reducing risk of infection, nonessential visitors shall not be allowed entry into the child care premises during operating hours. During this period, program tours and communication with families will be done virtually where possible. Any visitor deemed essential must be screened and details of visit including name, contact information and length of stay will be recorded. All essential visitors must be masked, for the duration of their visit, while inside the center during programming hours.

Staff and families must complete health screening prior to arriving using the electronic screening tool provided.(Link on website) Upon arriving at the program, the screener will confirm that health screening has taken place, they will do a quick visual check of the child and take the child's temperature if required to do so by the local health unit. The child will be escorted to their program space. Attendance records will be completed as required by the Ministry and retained on site. Programs may choose to record screening results. If a child arrives at a program without being screened, the screener along with the parent/guardian may conduct electronic screening prior to admittance. If child only attends an after care program, failure to complete the screening results in the child not being able to attend the program.

Staff and children may be permitted to enter the child care centre only upon passing the health screening. If any individual fails, the health screening they shall not be permitted to enter the childcare centre. A failed health screening doesn't need to be reported to public health. If two or more staff/children experience symptoms within a 24hour period a line listing must be started and public health informed.

Parents/guardians shall not be permitted to enter the childcare centre, except under exceptional circumstances (e.g. child has medical or additional support needs and will need to train program staff.) There will be a designated entrance where health screening will be conducted, preferably outdoors, prior to any individual entering into the child care centre. If space does not allow for a health screening area to be set up outside of the child care centre, the health screening area must be located immediately inside the entrance of the childcare centre. No individual shall be permitted to proceed into the centre without successfully passing the health screening. The health screening area should be set up to allow for physical

distancing at a minimum of 2 meters. Visual guides should be set up to assist with physical distancing in the event line ups form. Signage on the door of the childcare centre will inform families of screening process.

A table should be set up in the screening area with the following materials:

- Hand sanitizer (ensure hand sanitizer is visible to those entering the building)
- Screening questionnaires and pens
- Disinfectant spray and paper towels or wipes
- Masks- as per local public health direction
- Disposable gloves
- Protective eyewear (goggles or face shield)
- Thermometer, if temperature checks are required
- Trash receptacle (placed near table);

The staff person designated as the screener must wear PPE in accordance to direction from their local health unit which may include a mask, eye protection (goggles/face shield), gown and disposable gloves. They should set up to allow for conducting screening with a distance of 2 meters. (unless taking temperature and wearing PPE)

The screener will perform hand hygiene after screening each individual and disinfect the thermometer if their gloves or the thermometer come into contact with the individual. If they do not, they do not need to be disinfected between each use. The thermometer does however need to be disinfected at the end of screening procedures. At the end of screening remove and discard disposable items like gloves and masks. Disinfect eye protection and table as well as any contact services in screening area. Perform hand hygiene

When reviewing the health screening tools the screener will use the most up to date information provided by the Ministry and Public Health to determine admission.

In the event that a staff person or child cannot be admitted to the centre because they failed the screening, the site supervisor should be notified immediately. Child absences related to COVID should be marked "O" on the attendance record.

All completed electronic screening questionnaires may be retained at the YMCA for at least one year after the date of the record and used along with attendance records to facilitate contact tracing.

Child Pick Up Procedure

Since parents are not allowed into the center they must ring the door bell or alert the staff that they've arrived and wait for a staff to connect with them. Once notified of the parent/guardian's arrival, a staff person will bring the child to the door, while observing social distancing measures, so that the child may be picked up by their parent/guardian. Strollers will need to be stored outdoors and will not be monitored by the YMCA staff.

Tracking and Reporting Illness

The Screener and program staff must be familiar with these signs/symptoms in case they are reported by a parent during the screening process:

Typical signs/symptoms of COVID-19:

- Fever (Temperature of 37.8°C or greater), cough, shortness of breath, sore throat, runny nose or nasal congestion, hoarse voice, difficulty swallowing, new olfactory or taste disorder(s), nausea/vomiting, diarrhea, and a general feeling of being unwell.

Atypical signs/symptoms of COVID-19:

- Unexplained fatigue/malaise, delirium, falls, acute functional decline, exacerbation of chronic conditions, chills, headaches, croup, unexplained tachycardia, including age specific tachycardia for children, decrease in blood pressure, unexplained hypoxia (even if mild i.e. O2 sat <90%), lethargy, difficulty feeding in infants (if no other diagnosis).

Exclusion of Ill Individuals

Children, child care staff, and students will be excluded from a child care centre as individuals or as a cohort based on direction from the Medical Officer of Health. The Medical Officer of Health may direct that cohorts are also excluded, based on but not limited to, local epidemiology or outbreaks associated with child care centres.

At a minimum **individual exclusion** applies in the following circumstances:

- If an individual reports having or becomes symptomatic while in program with any of the following new or worsening symptoms not related to a previously known condition: Fever, Cough, Shortness of Breath or a decrease or loss in the sense of taste/smell, sore throat, stuffy/runny nose, headache, nausea/vomiting/diarrhea, fatigue, lethargy, muscle aches or malaise. The individual must self-isolate and can not attend program until they receive a negative COVID-19 test result, an alternative diagnosis by a health care professional or it has been 10 days since symptom onset and they are feeling better.
- If a child becomes symptomatic while in program, refer to the program's Isolation of Ill Children Policy and Procedure. The parent/guardian of the child will be instructed to contact their health care provider regarding next steps. They may be instructed to attend the local assessment centre for COVID-19 testing. The individual must self-isolate and can not attend program until they receive a negative COVID-19 test result, an alternative diagnosis by a health care professional or it has been 10 days since symptom onset and they are feeling better.
- If a staff or student becomes symptomatic while in program they must leave the centre as soon as possible and will be instructed to contact their health care provider or to attend the local assessment centre for COVID-19 testing. They must follow the isolation requirements.
- If the symptomatic individual has a negative COVID-19 test result, they may return to program once they are well enough to participate and their symptoms have improved. General rule is 24 hours (48 hours symptom free in the case of gastrointestinal symptoms)
- If the symptomatic individual has a positive COVID-19 test result Public Health will provide any further direction on testing and isolation of these close contacts and a serious occurrence must be submitted.
- In the event of an increase in COVID-19 activity within the community the Medical Officer of Health may implement cohort exclusion.

Please Note: Specifics regarding individual and/or cohort exclusion may change based on further provincial guidance or updated instruction from the Medical Officer of Health

- If the excluded individual is instructed to undergo a COVID test and chooses not to, they may be excluded from the program for up to 14 days, based on the most current instructions from the local health unit.
- If public health determines that a staff, student or child are a close contact with someone who tests positive for COVID 19 they may instruct the individual to isolate. In that case the individual will not pass the screening process and should not attend.
- Once Public Health has approved the return of a previously excluded individual, the individual should be contacted by the supervisor and notified that they are welcome to return to program the next day.

Outbreak Management

The local health unit will work with the YMCA to determine whether epidemiological links exist and will be responsible for directing next steps which may include individual children or staff being excluded or a partial or full closure. An outbreak may be declared by the local health unit when: within a 14 day period, there are two or more laboratory confirmed COVID-19 cases in child, staff/providers or other visitors with an epidemiological link where at least one case could have reasonably acquired their infection in the setting.

The Director of Operations, Child Care as well as YMCA Child Care supervisors have established a means of contact with the Ministry, Public Health, and School boards, during and outside of programming hours, in order to receive information regarding a positive case/outbreak affecting our programs. In the case the YMCA becomes aware of a positive case/outbreak staff will follow all directions given by public health, submit a Serious Occurrence to the Ministry as required and communicate with families either in writing or by telephone as quickly as possible.

Arrangements for Ill Children - COVID-19 (Additional Information to Sanitary Practices Policy)

In accordance with Ontario Regulations 137/15, s. 36(2) the YMCA must separate a child showing signs of illness from all other children. The purpose of this policy is to ensure that the YMCA is prepared to respond to any sign of illness in a manner that will help reduce risk of the illness spreading.

The health and safety of the children, families and staff in our care is of the utmost importance to the YMCA. During such exceptional times, we would defer all procedures and preventative measures to the guidelines outlined by the Ministry of Education and our local public health unit.

Due to the serious nature and easy spread of COVID 19, children will be monitored for signs of ill health throughout the day, by the staff, through visual checks. If at anytime during operating hours a child begins to display symptoms of ill health, staff should alert the supervisor, who should call the parent for immediate pick up, and immediately remove the child from the regular program area and proceed to the designated isolation area. A designated isolation area can be a separate space or a space within the

program area that provides a 2m distance between the symptomatic individual and the other participants. The staff will continue to supervise the child and must use gloves, protective eyewear, gown and a mask as a precaution. If they can get the child to wear a mask, this is advisable. Tissues should be provided to the child for proper respiratory etiquette, with proper disposal of the tissues and proper hand hygiene. Proper respiratory etiquette (using a tissue to cover a cough or sneeze) should be practiced.

When the family/contact is notified to pick their child up they will be directed to contact their health care provider or to contact the COVIS testing center. Ill children should not attend program until their symptoms are improving and they are well enough to participate. The supervisor will inform Public Health by completing a line listing if required.

ALL household contacts of individuals with new or worsening symptoms of COVID-19 are required to self-isolate until the individual with symptoms receives a negative COVID-19 test result or an alternative diagnosis by a health care professional.

If the individual with symptoms does not seek COVID-19 testing, they must isolate for 10 days from their onset of symptoms and ALL household members must self-isolate for 14 days from their last contact with the symptomatic individual.

Persons who test positive may not return until they are cleared by the local public health unit.

After the child is picked up, the isolation area must be completely disinfected. This includes the physical space and any materials the ill child had use of. Any items that cannot be cleaned must be stored in a sealed container for a minimum of 7 days. The YMCA will follow any additional recommendations made by Public Health or the Ministry of Education.

If the child care program is located in a shared setting (ie: in a school) follow public health advice on notifying others using the space of any suspected illness.

Where a room, center or premises closes due to COVID 19. Licensee must report this to the Ministry by filing a serious occurrence.

Environmental Cleaning and Disinfecting

In accordance with Ontario Regulation 137/15, s. 33 and in consideration of the increased health risk associated with the spread of COVID-19, the Service Provider is required to strictly adhere to environmental cleaning and disinfecting procedures, as described in this document. All employees of the service provider are expected to know and understand these procedures and carry out these procedures as per their job duties.

When carrying out any cleaning or disinfecting appropriate PPE must be worn in accordance with MSDS information for the particular product in use. Products selected for use in disinfecting must have a DIN and are referenced in the Sanitary Practices Policy. Hand hygiene must be completed before and after use of PPE, and upon completion of cleaning and disinfecting routines.

Environmental Cleaning and Disinfecting Record Keeping

Cleaning and disinfecting logs which correspond with this policy must be maintained. Logs corresponding with this policy are as follows:

- Appendix B – Environmental Cleaning and Disinfecting Log
- Appendix C – Washroom Environmental Cleaning and Disinfecting Log
- Appendix D – Cot and Bedding Environmental Cleaning and Disinfecting Log
- Appendix E – Outdoor Play Equipment Environmental Cleaning and Disinfecting Log;
- Appendix F – Toy and Play Materials Cleaning and Disinfecting Log

All tasks listed in these logs must be carried out with appropriate frequency as described in this policy and indicated in the logs. A separate log is required for each corresponding area of the childcare centre (E.g. each classroom, washroom etc.) All logs once completed must be kept on file at the childcare centre for a period of 4 weeks.

In the case of programs that occur in shared spaces, such as school age care, routine cleaning of toys and contact surfaces are to be completed between the transition of cohorts. For example, as morning program ends for the core day and before programming begins after the core day. The YMCA will work with school administration and boards to clarify which party is responsible and ensure logs are completed.

Environmental Cleaning and Disinfecting Routine Practices

Staff and families are discouraged from bringing personal items.

Common Areas:

An Environmental Cleaning and Disinfecting Log (Appendix B) shall be kept for common building areas.

Classrooms:

Each classroom shall maintain its own Environmental Cleaning and Disinfecting Log (Appendix B). This log must be accessible to all staff working in the room (e.g. posted on the wall, or in a binder kept in an accessible location). Cleaning and disinfecting routines shall be carried out consistently in accordance with the Environmental Cleaning and Disinfecting Log.

Ensure all toys and play materials in use are made of materials that can easily be cleaned and disinfected. Fabric items, such as pillows, stuffed animals, puppets, and dress up clothes should be removed from the play environment. Ensure that any tablets or other shared electronic devices are disinfected between users.

All high touch areas must be cleaned and disinfected at a minimum twice daily and as often as necessary (e.g. when visibly dirty, or contaminated with body fluids). High touch areas include but are not limited to: shelves containing children's toys, frequently used toys, tables, chairs, light switches, door knobs, counter tops, sinks. All low touch areas must be cleaned and disinfected minimum once daily and as often as necessary (e.g. when visibly dirty, or contaminated with body fluids). Low touch areas include but are not limited to: floors, walls in proximity to high touch areas, door surfaces, window ledges;

Any carpeting or upholstered furniture in the room will be vacuumed daily and maintained in a sanitary condition. Tables, chairs and countertops used for food service/meal routines must be cleaned and disinfected immediately prior to use and again after food service has ended. Trash cans located within children's reach in program space, should have a lid.

Washrooms:

For each washroom within the childcare centre a Washroom Environmental Cleaning and Disinfecting Log (Appendix C) shall be kept. This includes washrooms located within classrooms. This log must be accessible to all staff (e.g. posted nearby the washroom, or in a binder kept in an accessible location). Cleaning and disinfecting routines shall be carried out consistently in accordance with the Washroom Environmental Cleaning and Disinfecting Log. All washroom surfaces are considered high touch surfaces and must be cleaned and disinfected at a minimum twice daily and as often as necessary (e.g. when visibly dirty, or contaminated with body fluids).

If a washroom is to be used by more than one group of children staff must disinfect high touch areas in the washroom immediately before exiting, between use by each group.

Cots and Bedding:

Each classroom, that provides a rest period, shall maintain its own Cot and Bedding Environmental Cleaning and Disinfecting Log (Appendix D). This log must be accessible to all staff working in the room (e.g. posted on the wall, or in a binder kept in an accessible location). Cots/cribs must be cleaned and disinfected after each use. Cleaning and disinfecting routines shall be carried out consistently in accordance with the Cot and Bedding Environmental Cleaning and Disinfecting Log.

Cots must be stored in a manner that prevents the bedding and/or sleeping surface of one cot from touching the bedding and/or sleeping surface of any other cots (e.g. do not allow a blanket to hang over the side of a cot and make contact with the cot stacked below). If cots are to be stored in the classroom, cots must be covered. Cloth cot covers must be laundered daily. Bedding will be laundered in accordance with the Sanitary Practices policy.

If a child requires a personal comfort item for sleep (e.g. stuffy, special blanket etc.) the item should be left at the childcare center and must be laundered and stored along with bedding. Personal comfort items (e.g. stuffy, special blanket etc.) should not be brought from home daily.

Outdoor Play Equipment:

Staff shall complete an Outdoor Play Equipment Environmental Cleaning and Disinfecting Log (Appendix E). This log must be accessible to all staff (e.g. in a folder near the playground door, or in a binder kept in an accessible location). Cleaning and disinfecting routines shall be carried out consistently. It is understood that the efficacy of the disinfecting solution will be impacted by the colder weather. Staff will make every effort to bring outdoor toys in for regular disinfecting, completing the log as required. Alternatively, with this understanding staff will focus on proper hand hygiene before going out and when coming in and are encouraged to have designated toys/equipment for each group (cohort)

In the case of fixed play structures children are able to use these structures but must wash hands before they go outside and immediately when reentering the program space.

Toy and Play Material Cleaning and Disinfection Practices

Routine toy and play material cleaning and disinfection is to be documented using the Toy and Play Materials Cleaning and Disinfecting Log (Appendix F). When carrying out any cleaning or disinfecting appropriate PPE must be worn in accordance with MSDS. Products selected for use in disinfecting must have a DIN. Hand hygiene must be completed before and after use of PPE, and upon completion of cleaning and disinfecting routines.

Only play materials that are easily cleaned may be used. Books, board games, puzzles and similar materials must also be disinfected daily. Any play materials that cannot be disinfected should not be used. If used, they must be stored in a closed container for 7 days. All toys and play materials accessible to children must be cleaned and disinfected on a daily basis. Items should be cleaned in accordance with the Sanitary Practices policy. Daily cleaning and disinfection is required whether or not children were observed to have touched the materials.

Any toys which are mouthed, or otherwise come into contact with bodily fluids must be immediately removed and placed in a designated container away from children's reach until the item can be appropriately cleaned and disinfected.

Use of sensory materials shall be limited to individual portions of materials offered to children. These materials are not to be shared between children. These materials are to be considered single use only, and shall be disposed of after use. No group sensory play is permitted.

Daily Routines

All food should be served by staff only, and all serving dishes kept covered and out of children's reach when food is not actively being served. Children are not permitted to share food or eating utensils, help set the table, or clear each others dishes.

Arrange mealtime seating to maximize physical distance between children, while still ensuring that all children can appropriately be supervised. (e.g. children seated at several different tables within clear sight of staff, rather than seated all together at one table)

School Age Care participants may follow the Lunch Bag Policy, avoiding sharing any items and accounting for physical distancing. Face coverings are allowed to be removed while a child is eating or drinking

Children will be cohorted. Contact between cohorts of children should be minimized and/or eliminated. When not possible, social distancing of 2 meters will be encouraged. Staff should consider how social distancing requirements may impact their movement between areas.

Classroom Set Up

Play materials and activities will be set up to encourage children to spread out as much as possible.

Rest/sleep routines

When setting up cots for sleep, cots should be placed with consideration to maximize physical distancing (2 meters) between children.

Staff Conduct

In order to minimize each individual's number of direct contacts, staff will be assigned to one group where possible. Assignments will be tracked using scheduling in the event that contact tracing is required. Diligent staff records must be kept for contact tracing using Dayforce. Staff rotation should be limited to required breaks and shift changes. Staff scheduling should limit movement between rooms and programs. If a staff enters a room that is not a part of their cohort this must be recorded in the daily log along with the time in/time out. Staff schedules will vary to allow for the supervision of participants during operating hours and staggered entrance for screening purposes. The cohort will remain together throughout the day. Where possible, staff placed with the cohort will cover each other's breaks during the rest period. If additional staff are required to cover breaks, the supervisor will make every effort to minimize the number of people working in each group. Wherever possible, staff breaks will be staggered to avoid multiple staff congregating in one room and limits may be placed on the number of people allowed to be in one area. If more than one staff is in a break room, physical distancing will be practiced. Staff can remove their mask to eat but time with masks off should be limited and physical distancing should be observed. Staff should perform hand hygiene before/upon entering a break room and before/after eating as well as wipe down surfaces before leaving.

Should a staff be unable to report to work the supervisor will make every effort to minimize the addition of members to the cohort through the selection of replacement staff.

All pre-planned group events and in-person meetings will be cancelled during this time.

In an effort to keep all child care participants safe, staff are responsible for practicing the provincial guidelines to minimize infection control while not at work

Hand Hygiene Best Practices

Public Health Hand washing posters should be posted in a visible location near all sinks. Public Health Hand Sanitizing posters should be posted in a visible location near where hand sanitizer is kept for use. Public Health Diapering Routine posters must be posted in a visible location near all diaper change tables.

All staff must practice hand hygiene upon entry to the classroom, prior to engaging in play or any other activities or moving through common areas.

Hand hygiene must be practiced **after:**

- Sneezing, coughing, or blowing your nose
- Using the washroom

- Handling garbage
- Handling raw foods
- Outdoor play
- Toileting/diapering routine
- Handling soiled laundry or dishes
- Handling soiled toys or other items
- Coming into contact with bodily fluids
- Coming into contact with any soiled/mouthed items
- Gardening

Hands hygiene should be practiced **before and after:**

- Preparing, handling, serving and eating food
- Handling animals
- Touching a cut or open sore
- Changing diapers
- Glove use
- Dispensing/handling expressed breast milk
- Giving medication.

Hand washing shall be carried out in accordance with the following steps:

- Wet hands;
- Apply soap;
- Lather for at least 20 seconds. Rub between fingers, back of hands, fingertips, under nails;
- Rinse well under running water;
- Dry hands well with paper towel;
- Turn taps off with paper towel.

Hand Sanitizer shall be used in accordance with the following steps:

- Apply hand sanitizer (minimum 70% alcohol-based);
- Rub hands together for at least 20 seconds;
- Work sanitizer between fingers, back of hands, fingertips, and under nails;
- Rub hands until dry
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NOTE: If hands are visibly dirty, hand sanitizer will not clean sufficiently. If hands are visibly dirty they must be washed with soap and water. Hand sanitizer is not to be used for children under two years and should be used only when hand washing is not available for all other age groups.

Use of Personal Protective Equipment

Any visitor to the program must wear a face covering for the duration of their time in the center during programming hours.

The Service Provider is required to provide their employees with all PPE required to safely carry out their required job duties.

All employees will receive training on proper and safe use of PPE such as gloves, masks, gowns, eye protection.

All staff and providers are required to wear medical masks and eye protection (ie: face shield or goggles) while inside child care programs, including hallways as well as when outdoors. School age children in grade 1 and higher are required to wear non-medical or cloth masks both while indoors and outdoors. Children from 2 years to SK are strongly encouraged to wear a mask/face covering both indoor and outdoor where tolerable. Parents/guardians are responsible for providing their children with a non-medical mask or face covering each day. Masks can be removed for short periods, while outdoors, if a physical distance of at least 2m can be maintained between individuals. Staff should keep in mind that this is highly unlikely, given the spontaneous nature of children and play. They also need to be aware that they are required to practice proper donning and doffing of PPE. Masks are not recommended for children under the age of two.

Reasonable exceptions to the requirement to wear a mask indoors include circumstances where a physical distance of 2m can be maintained, a child or provider is eating or drinking, individual medical conditions that would be complicated by wearing a mask or circumstances where a child can not tolerate wearing a mask. In the case of medical or inability to tolerate use, parents/educators are asked to discuss this matter with their program supervisor.

Glove use is required when carrying out any of the following: performing first aid, changing a child's diaper or assisting a child with toileting, applying sunscreen, routine cleaning and disinfecting activities, cleaning bodily fluids, cleaning and disinfecting PPE and handling toys, bedding or other items which may have come into contact with bodily fluids.

PPE must be worn in accordance with this policy for mixing disinfectants, screening, supervising an ill child.

Wait List Policy

Child Care spaces will be prioritized based on the following criteria:

1. Children who require full-time care whose parents/guardians are consider essential workers
2. Children who require full-time care whose parents/guardians are working outside of the home
3. Children requiring full-time care whose parents are working from home
4. Siblings of children attending a program
5. Children who require part-time or special circumstance care

The YMCA will not charge for enrollment or prioritization. If a family is offered a space for their child, and wishes to defer because they are not ready to return they can do so at no charge. They will be reactivated in the centralized waitlist and prioritized for future availability.

Should there be families offered care through Emergency Child Care for School Age children not accessing the service prior to closure, their placement with the YMCA will conclude at the end of the lockdown period.

Health Screening Questionnaire Appendix A

*Good morning, as you are aware COVID-19 continues to evolve, as a result **The YMCA** is conducting active screening for potential risks of COVID-19 for everyone who enters the location. The screening will ensure the safety and well-being of staff, children and families."*

Date:	Arrival Time:	Departure Time:
Full Name:		
Phone Number:		

1	Does the child have any of the following new or worsening symptoms: (not related to other known conditions)	Yes	No
	Fever (37.8C/100.0F or greater)		
	Shortness of breath (difficulty breathing/wheezing)		
	Cough (more than usual, croup, barking, whistling sound)		
	Decrease or loss in sense of taste or smell		
2	Does the child have any of the following new or worsening symptoms: (not related to other known conditions)		
	Sore throat (pain/difficulty swallowing)		
	Stuffy/Runny nose		
	Headache		
	Nausea, Vomiting, diarrhea		
	Fatigue, lethargy, muscle aches, or malaise		

3	Has the person travelled outside of Canada within the last 14 days?		
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4	Has your child been identified as a close contact of someone who is confirmed as having COVID-19 by your local public health unit in the past 14 days?		
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5	In the past 14 days, has your child been identified by a health care provider, including public health, to self isolate?		
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Admission to Program: If you answered **YES** to question 1, 3, 4, 5 your child is not allowed to attend the program. Your child must isolate and contact your health care provider for next steps.

If you have one symptom from question 2 you should keep your child home for 24 hours from the onset of symptom. Child does not have to have a negative covid test to return but must be improving. If symptoms worsen you should consult with your health care provider.

If your child is experiencing two or more symptoms from question number 2 you should **NOT** attend, isolate and contact your health care provider for next steps.

Staff Completing Questionnaire:

Name: _____ Signature: _____

Appendix B – Classroom Environmental Cleaning and Disinfecting Log

Staff : _____
Print First and Last Name Initials

Staff : _____
Print First and Last Name Initials

Classroom/Area: _____ Week of: _____

Please indicate completion of each routine cleaning item/location by initialing in the appropriate space below.

Twice Daily:

Item/location	Monday		Tuesday		Wednesday		Thursday		Friday	
	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
Door Knobs										
Sinks										
Counters										
Tables										
Chairs										
Hand rails										
Shelving										
Light switches										
Trash can										

Once Daily:

Item/location	Monday	Tuesday	Wednesday	Thursday	Friday
Floor					
Carpet vacuumed					
Walls within reach					
Classroom door					
Cupboard doors					
Windows within reach					

Please note: Any surface or item that becomes dirty or comes in contact with any bodily fluid including saliva or nasal mucous must immediately be cleaned and disinfected.

Appendix C – Washroom Environmental Cleaning and Disinfecting Log

Staff : _____
Print First and Last Name _____
Initials

Staff : _____
Print First and Last Name _____
Initials

Washroom Location: _____

Week of: _____

Please indicate completion of each routine cleaning item/location by initialing in the appropriate space below.

Twice Daily:

Item/location	Monday	Tuesday	Wednesday	Thursday	Friday
Door Knob(s)					
Sink(s)					
Counter(s)					
Mirror(s)					
Toilet					
Walls					
Cupboard doors					
Diaper change table*					
Trash can					
Floor					

*Diaper change table cleaning is in addition to the cleaning which takes place as part of the diaper change routine.

*If multiple groups of children are using a washroom, high touch surfaces (e.g. tap handles, toilet handles, door knobs etc.) should be disinfected between groups.

*In addition to the routine cleaning listed in this log, any surface or item that becomes dirty or comes in contact with any bodily fluid must immediately be cleaned and disinfected.

Appendix D – Cot/Crib and Bedding Environmental Cleaning and Disinfecting Log

Staff : _____

Print First and Last Name

Initials

Staff : _____

Print First and Last Name

Initials

Classroom: _____

Please indicate completion of each routine cleaning item/location by initialing in the appropriate space below.

Week of: _____

Item	Mon	Tue	Wed	Thu	Fri
Cots/Crib cleaned and disinfected after each use					
Bedding laundered weekly or as needed					
Personal toys/comfort items laundered weekly and stored					
Cots covered for storage (if accessible to children)					

Week of: _____

Item	Mon	Tue	Wed	Thu	Fri
Cots/Crib cleaned and disinfected after each use					
Bedding laundered weekly or as needed					
Personal toys/comfort items laundered weekly and stored					
Cots covered for storage (if accessible to children)					

Week of: _____

Item	Mon	Tue	Wed	Thu	Fri
Cots/Crib cleaned and disinfected after each use					
Bedding laundered weekly or as needed					
Personal toys/comfort items laundered weekly and stored					
Cots covered for storage (if accessible to children)					

Appendix E – Outdoor Play Equipment and Toys Environmental Cleaning and Disinfecting Log

Note: Cleaning and disinfecting routines must be carried out prior to children using the playground and also in between each group of children using the playground. See page 8 for seasonal requirements.

Staff : _____
Print First and Last Name Initials

Specify Playground (if more than one): _____

Is this playground used by more than one group of children? Yes No

Group: _____ Date: _____ Time: _____

List toys and play materials to be used on specified time and date:

All listed items have been cleaned and disinfected prior to use: _____(initial)

All high touch surfaces of play structure have been cleaned and disinfected prior to use:

Yes Structure Not in Use Not Applicable _____(initial)

Thursday Date: _____

Toy/Material	AM Initials	Toy/Material	PM Initials

Friday Date: _____

Toy/Material	AM Initials	Toy/Material	PM Initials

If more space is needed to list toys and play materials, this log may be edited in order to add additional rows.

Please note: In addition to the routine cleaning listed in this log, any toy or other item that mouthed, becomes dirty or comes in contact with any bodily fluid must immediately be cleaned and disinfected.

