

Shoberry's Daycare Centre  
14 High Street, P.O. Box 766  
Sutton West, ON L0E 1R0  
Telephone: 905-722-5693

Email: shoberry1@rogers.com



**Shoberry's**  
**DAYCARE**

*Where learning and play go hand in hand.*

[www.shoberrys.com](http://www.shoberrys.com)

Shoberry's 2 Daycare Centre  
26995 Highway #48  
Sutton West, ON L0E 1R0  
Telephone: 905-722-7715

Email: shoberry2@rogers.com

# **Shoberry's Daycare Centres**

## **COVID-19**

### **Policy and Procedures**

**Revised October 1, 2020 version 3**

## **Implementing a New Normal**

The reality of controlling contagion transfer is difficult within a childcare setting. However, stepping back and analyzing the physical space, routines, and programming and environment, coupled with ongoing nurturing reinforcement provided to the children to encourage understanding and practice of the new guidelines may minimize it. Please pay careful attention to the following expectations to help guide your centre and families into a successful new start. These necessary changes will not last forever! They provide us with a foundation to restart and journey into a new normal. Connecting with children and families, and maintaining responsive, secure and loving relationships will be of the utmost importance.

### **Physical Distancing-Critical Expectations**

- The need for physical distancing is at the heart of the following guidelines.
- Physical distancing requires individuals to maintain a 2-metre space around them when outside of their home and away from family members.
- Physical distancing is necessary to avoid sharing particles of the coronavirus contagion.
- Physical distancing protects us from bringing home this possible contagion and transferring it to our families.
- Physical distancing can be implemented within a childcare setting without compromising quality of care, guidance, and responsiveness.
- The need for physical distancing requires us as childcare educators to rethink our traditional methods.
- Physical distancing should be evidenced in all parts of your childcare environment and each section will be detailed below.
  - Physical space
  - Daily routine
  - Transitions
  - Interactions
  - Curriculum
  - Hygiene and sanitation
  - Mealtimes

### **Teaching New Expectations**

- Prior to opening, we will share a communication to our families to inform them of all new environmental, curriculum, routine, interaction, and hygiene expectations that are implemented when we resume care.
  - Encourage support from family members to frontload children with these changes.
  - Share specific routine changes for them including screening temperature checks and overall wellness checks conducted by the

- supervisor or designate upon arrival and the need to remain outside while their child is collected.
  - Share changes to our drop-off and pick-up policies for their children.
  - Ensure parents are exceedingly clear on sick policy and that no exceptions will be made. Children who present with any symptoms of illness will be excluded from the centre for a minimum of 48 hours or longer depending on the symptoms of the illness.
- Like families, children need to be well informed and prepared for the changes taking place within their childcare worlds.
- Talk to the children about physical distancing. What is physical distancing? Why do we need to be physically distant? Adjust your language based on the ages of your children.
- Practice what physical distancing means.
  - Play music and encourage children to spread their arms, spin around, all while trying to avoid touching their peers.
  - Play Simon Says where physical distancing is worked into what “Simon says”.
- We have visual cues throughout our classrooms that showcase what social distancing looks like.
  - For example, draw a picture of a bird with its wings spread in flight on a piece of butcher paper. Highlight an arrow between the tips of the wings to cue children this is how far apart we should be.
  - Take photos of the children with their arms spread out to hang throughout the classroom.
  - Place tape markings on the floor at possible line-up points.
- Speak to the children about the need for frequent handwashing, and when we must do it: at arrival, returning from outside, before and after eating, before and after toileting, after we have touched our face, etc.
- Speak to the children about what circle times, activity times, transitions, and mealtimes all look like now in order to follow rules of physical distancing.
- Involve children in the creation of new forms of greetings, both for their educators and their peers.
- Explain to preschool aged and older children that materials are to be washed and sanitized between uses. Prepare them to place materials into a bin labeled “dirty” when they are finished with them and indicate to an educator their need to be sanitized.

## Physical Environment Expectations

- **Centre expectations**
  - Posters are placed at the front of the entrance and through the facility for children and staff

- Place tape markings indicating a 6 feet distance for parents to line up for drop off and pick up
  - Ensure parents are notified that there is a staggered drop off plan for families that is communicated based on their need for drop off and pick up. Parents are to arrive for pick up and drop off at their specific time in order to minimize the risks with respect to the coronavirus (COVID-19). This will also provide time for proper screening including temperature and overall wellness checks, conducted by the supervisor or designate. Parents are to remain in the screening area and will not be allowed to enter the daycare.
  - Ensure that staff shifts are staggered to minimize the risks with respect to the coronavirus (COVID-19). For example, scheduling staggered staff start times which will also provide time for proper screening including temperature and overall wellness checks, conducted by the supervisor or designate.
- **Classroom Expectations**
    - We have changed the physical space within our classroom by spreading out centres and removing items that foster group engagements. We have added visual cues and placed floor decals to create physical distancing measures.
    - We have duplicated high interest centres to accommodate the popularity while minimizing numbers of children at each.
    - We have created 2 or 3 smaller areas for activities like dramatic play and blocks.
    - We are providing rich materials to accommodate 2 to 3 children at any given time.
    - We clean materials prior to the next cycle of play.
    - We have ensured there is at least one entry and one exit point within centres and provide more if space allows to eliminate congestion.
  - We have provided multiple tables throughout the classroom for individual play or small group interaction
    - There will be options at tables that limit the play to 1-2 children naturally by the type and amount of materials you place at it.
    - We will set up this invitation to play while providing a visual cue/limitation card that reinforces the number of children that can be present.
  - We have created space between seating around tables by removing excess chairs from around the tables to naturally limit use and congestion.
  - We have marked the floor near washrooms to indicate necessary line-up placement spots for those times when children need to access in close succession.
  - We have marked the floor near exits from the classroom to indicate necessary line-up placement spots for those times when some limited waiting must occur.
  - We have removed soft materials from your room where possible.

- Ensuring there is a clearly labeled laundry bin for items to be immediately placed into when a soft material was used.
- We have removed musical instruments from our classrooms that contain mouthpieces.
- We are limiting shared sensory and water/sand bins in our classrooms.
- We will ensure the space between cots and cribs is at least 2 metres, and place children in head to toe positioning.
  - All bedding will be supplied by daycare.
- Visual cues are placed throughout the classroom that showcase physical distancing, covering mouths when sneezing/coughing, and avoiding touching faces.

### **Additional Classroom Support Materials**

- Additional hard surface fidget, and manipulative materials for self regulation.
- Foam squares or place mats to provide visual cues for physical distancing.
- Additional materials that appeal to individual engagement such as puzzles, small white boards, creativity materials and small blocks.
- Additional tools for sand play when outside.
- Multiple medium sized bins for one-time use, individual small worlds or small block sets designed for open-ended exploration.
- Additional hard surface loose part materials to create small world bins, including glass or plastic jewels, plastic aquarium plants, sticks, rocks, beads, small animal figures.
- Multiple small bins with sets of like materials.
- Large plastic bins for placing used play materials for sanitizing.
- Additional spray bottles for sanitizing solution placed high throughout the room for quick access.
- Additional boxes of gloves placed high throughout the room for quick access.

### **General Routine Expectations**

- We have reviewed routines to accommodate the need for reduced physical distancing.
- We have reflected on our group activity times.
  - We will be implementing multiple smaller group activities instead of one large one.
  - We will be moving to the children and inviting staggered small groups to take part in an activity.
  - We will be avoiding a large scale classroom transition.
  - We have placed tape markings or foam mats on the floor to indicate where children can sit to maintain physical distancing.
- We will be eliminating all big transitions.
  - We will move children outside and inside in small groups.

- We have markings for line up near the door by spacing out as per requirements
- We will implement a distancing routine in which one arm's length space is between each child for transitions.
- Waiting children create congestion zones and contagion transfer.
- We will direct children to use the washroom one at a time to eliminate congestion.
  - We will be mindful of the need for reminders and send children intermittently.
- We will implement a routine in which activity centres are open for small group interactions.
  - We will implement a routine which involves children in the practice of bringing materials to a labeled "dirty" bin for sanitizing.
- We will spread out our outside play area into centres of interest. There is more space outside and a natural ability to maintain social distancing. We will:
  - Consider spending more time outside when able and ensure small group transitions when doing so
  - Provide hard surface, easily cleaned materials
  - Provide a "dirty" bin in a similar format as inside
  - Toys and materials will all be disinfected at the end of each outdoor time
  - Limit numbers in the sandbox.
  - Ensure we have extra materials in a bin that only educators can access to ensure all children will be able to engage in this play, recognizing they are not as easy to clean when outside.

### **Specific Interaction Guidelines-Educator and Child**

- Language, eye contact, and facial expressions will largely replace physical connection interactions with the children.
  - Ensure you are consistently at the level of the children when talking, consciously using warm tones, and responsive facial expressions.
- Create unique "air" greetings with each of your children upon arrival, and when leaving at the end of the day.
  - Interactions that involve miming, mirroring, and silly physical movements can be fun
- There will be times when hugs and close physical interaction may be necessary, including but not limited to:
  - When a child is hurt, emotionally or physically
  - When you are helping toilet or diaper a child
  - When you are helping to feed a child

- Implement primary care groups for diapering and feeding routines
  - One educator should be responsible for the feeding and changing of set children on any day to reduce risk when possible. Obviously, this cannot be written in stone, but should be viewed as a guideline. We are not suggesting making a child who has soiled their diaper wait for a change if their primary care provider is not available.

### **Specific Interaction Guidelines-Children**

- We need to explain to older children that we have new routines, and that one of them involves how close we get to others.
  - Invite them to help create a classroom list of fun new ways of “pretend hugging”.
- We do not want to stifle children’s natural enthusiasm to play and interact with others.
- We do not want to use language that negatively tells them to move away from other children.
- What we do want to do is set up an environment where the activities are engaging but naturally limit close physical proximity.
  - This physical space design is very important, particularly for the younger children who do not understand verbal limits.
- Create language used to promote safe physical distancing.
  - Ensuring educators are mindful about using positive language, avoiding phrases like “you can’t do that”, or “you’re not allowed to play together”.
  - Using language that encourages movement of children if necessary and setting up invitations to other forms of play that are motivating.

### **Curriculum Implementation**

- The “How Does Learning Happen?” curriculum is expected to be implemented fully.
- All activities can be completed in small group interactions.
- Educators have choices in the activities to implement daily and will be required to choose those ones that minimize proximity and the use of materials that cannot be sanitized efficiently.
- Documentation should continue to be based on weekly observations.
- Activities should be planned with attention to physical distancing guidelines.
- Framing your perspective in terms of small group interactions or in terms of specific physical distancing is paramount.
  - For example, you can plan on repeating one science activity multiple times but may also choose a gross motor game like “Simon Says” in which physical distancing can be naturally implicit.

## **Mealtime Expectations**

- Ensure group transitions are eliminated to reduce congestion.
- As mealtimes approach, individually ask children to go to the washroom to wash hands and prepare.
  - This must be a fluid process with limited start and stops for the children.
- All food surfaces must be washed and disinfected using our standard method prior to children eating.
  - Wipe once with warm, soapy water to remove dirt and debris, followed by spraying with the bleach and water solution.
  - Ensure the bleach solution sits on surfaces for 5 minutes prior to wiping with a paper towel to ensure the sanitizing process is complete and effective.
- Children will be distanced at tables and multiple tables used to practice physical distancing. Children must be seated according to acceptable physical distancing standards.
- Family Style Dining with respect to self-serving will not to be implemented.
  - Educators are to serve children at a meal station away from the table and deliver to each child, with appropriate cutlery.
  - Educators are to pour milk or water for the children and deliver to each child.
  - Educators are to collect cutlery, dishes and cups from children immediately upon completion and place in a covered dirty dish bin.
  - Educators are to wear gloves during food delivery. If contaminated, educators must remove gloves, wash hands, and place new gloves on.
  - Any food remaining within a serving dish at the serving station must be covered while children are eating.
  - Educators must ensure they wash their hands and place on new gloves before serving additional portions.
- Family Style Dining with respect to engaging conversation topics, commitments made, and moments of kindness should still occur.
- Children are to wash hands immediately upon completion of snack or lunch.
- There are pre-set snack and mealtimes only, and educators must be extremely vigilant in their supervision.
- Ensure all water bottles have lids and are separated from each other to ensure there is zero germ transfer.
  - Consider using a shelf with well separated tape markings or labels to place individual bottles on, during both inside and outside play.
  - Educators should use a sports bottle carrier to transfer water bottles inside and out.

## Hygiene Expectations

- Continue to follow hygiene protocol governed by York Region Public Health.
- Encourage children to use tissues when sneezing, coughing, and wiping their noses.
- Encourage children to avoid touching their faces.
- Ensure you have extra supplies of sanitizing spray bottles, gloves, and tissues within your classroom.
  - Tissues should be immediately accessible by the children.
  - Sanitizing spray bottles should be placed out of reach of children, clearly labeled, and changed out according to the instructions of the agent you use to ensure effectiveness.
  - Gloves should be placed out of reach of children.
  
- Change gloves after each specific use.
- Sanitize toys frequently using the bleach and water solution to the specifications approved by York Region Public Health.
- Pause play between periods of intense use to ensure adequate cleanliness
  - Materials soiled with saliva or body secretions will need to be removed from the play area immediately and thoroughly disinfected.
  - We will consider a clear toy rotation throughout the day to ensure we have a rich variety to offer children.
  - We will provide older children with direction to start placing used materials into a “dirty” bin.
  
- Place soiled clothes and bedding in a laundry bin immediately after use and launder as soon as possible.
- Comfort toys brought in by children must immediately be placed in a closed bin after use.
- High touch areas are to be sanitized at least twice a day. These include but are not limited to doorknobs, handles, light switches, toilet handles, sink taps, and tabletops.
- Tabletops, all food surfaces, and surfaces potentially touched during eating times, including chairs and table legs, must be washed and sanitized before and after every use.
  - Use the cleaning and disinfection method detailed above, in which you first wash the surface in question with warm soapy water to remove dirt, followed by disinfection with the standard bleach solution.

## Protocols When Someone in a Child Care Setting Demonstrates Symptoms of Illness

- A single, symptomatic, laboratory confirmed case of COVID-19 in a staff member 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.

- Child care centre staff or students who are symptomatic or have been advised to self-isolate by the local public health unit, must not attend the program. Asymptomatic individuals awaiting results may not need to be excluded and should follow the advice of the local public health unit.
- Screening for children:
  - Symptoms to look for include fever of 37.8C or higher or persistent cough. Students and children with any of these symptoms will still be advised to stay home until they are able to consult with a medical provider and receive an alternative diagnosis or a negative COVID-19 test.
  - Symptoms that are commonly associated with other illnesses, such as a runny nose, nasal congestion or headache or sore throat:
  - Students and children with only one of these symptoms will be advised to stay home for 24 hours, after which they can return to school if their symptoms are improving.
  - Students and children with two or more of these symptoms will be advised to stay home until they are able to consult with a medical provider and receive an alternative diagnosis or a negative COVID-19 test.
- Screening for Adults:
  - Symptoms to look for include but are not limited to: fever of 37.8 or higher, cough, shortness of breath, sore throat, runny nose, nasal congestion, headache, and a general feeling of being unwell.
  - Children in particular should be monitored for atypical symptoms and signs of COVID-19. For more information, please see the symptoms outlined in the 'COVID-19 Reference Document for Symptoms' on the Ministry of Health's COVID-19 website.
- If a child, child care centre staff or student becomes symptomatic while in the program, they should be isolated in a separate room and family members contacted for pick-up.
- If a separate room is not available, the person who is symptomatic should be kept at a minimum of 2 metres from others.
- The person who is symptomatic should be provided with tissues and reminded of hand hygiene, respiratory etiquette, and proper disposal of tissues.
- If the person who is symptomatic is a child, a child care staff/provider should remain with the child until a parent/guardian arrives. If tolerated and above the age of 2, the child should wear a medical mask. The child care staff/provider should wear a medical mask and eye protection (i.e., face shield) at all times and not interact with others. The child care staff/provider should also avoid contact with the child's respiratory secretions.
- All items used by the person who is symptomatic should be cleaned and disinfected. All items that cannot be cleaned (paper, books, cardboard puzzles) should be removed and stored in a sealed container for a minimum of 7 days.
- The local public health unit should be notified, and their advice should be followed.

- Where a child, staff, parent, or student is suspected of having or has a confirmed case of COVID-19, licensees must report this to the ministry as a serious occurrence (see Serious Occurrence Reporting section below). Other children, including siblings of the symptomatic child, and child care staff/providers in the program who were present while the child or staff member/provider became ill should be identified as a close contact and grouped together. The local public health unit will provide any further direction on testing and isolation of these close contacts.

### Serious Occurrence Reporting

Child care centre licensees have a duty to report suspected or confirmed cases of COVID-19 under the Health Protection and Promotion Act. The licensee should contact their local public health unit to report a child suspected to have COVID-19. The local public health unit will provide specific advice on what control measures should be implemented to prevent the potential spread and how to monitor for other possible infected staff members and children.

A Serious Occurrence is required to be submitted under the category **“suspected/confirmed case of COVID-19”** when one of the following individuals has a **confirmed** case of COVID-19 **OR** a **suspected** case involving the individual exhibiting **1 or more symptoms AND** the individual has been **tested**, or has indicated that they will be tested for COVID-19:

- (i) a **child who receives child care** at a home child care premises or child care centre,
- (ii) a **parent of a child** mentioned in subclause (i), or
- (iii) a **staff** member at a child care centre
- (iv) a **student** at a home child care premises or child care centre

### Nurturing the Transition Back-Supporting Children

- It is essential that we think of new ways in which we connect with children to ensure they feel safe, secure and loved.
  - Eye level conversations and smiles can be just as nurturing as hugs and physical closeness.
- It may be stressful for children to return to care after weeks at home with their families, and they need to be supported through this change.
- Their resilience has been tested within the last two months, after having abruptly faced a complete routine change and likely high-level stresses within their own homes.

- This consistent stress can cause emotional setbacks within children and the return to childcare can act as one more stress.
- Be patient, supportive, and vigilant about getting to know your children again as we need to help them build up their resiliency again. Consider the following ideas:
  - Reach out to families and suggest ways in which they can get their child used to the idea of childcare again. Family members can talk about favourite moments their children experienced while at the centre, or they can look at past photos together.
  - Invite family members to discuss any concerns they may have regarding their child's restart. Support the family to come up with strategies should their children experience any setback.
  - Offer calming strategies, supportive stories, and individual sensory experiences throughout the day.
  - Provide portable schedules of the day to those children that may need extra reassurance.
  - Ensure ample opportunities for physical activity!
  - Inject joy into your day! Laugh with your children!

### **Nurturing the Transition Back-Supporting Families**

- Communicate as much as possible with family members during the transition to a new normal.
- Group events and in-person meetings will not be able to take place under COVID-19 restrictions. Group events will be temporarily suspended. Necessary communication will need to take place via telephone calls or email correspondence.
- Ensure they know they can reach out at any time and welcome this conversation.
- We will continue to connect with families on an ongoing basis through email to reassure them of our health practices, changing guidelines and operational updates. We have been through an incredibly stressful period and families can likely feel more stressed with having to give up control of their little ones to us.
- Be honest, open and upfront, and build that connection.