

## COVID-19 POLICY

The intent of this policy is to set out expectations and guidance for staff and families during Covid-19.

In order to meet operational guidance requirements by the Ministry of Education during the Covid-19 pandemic, the following the requirements (and their related documents) will be utilized by all staff working at Fort Erie Co-operative Preschool.

### POLICY

#### 1. Covid-19 Child Care Center Operations Protocol

The Operational Guidance During Covid-19 Outbreak CHILD CARE RE-OPENING guidelines Version4-November 2020 has set new operational measures that are required in order to safely re-open child care.

##### Definitions:

CCEYA: Child Care and Early Years Act, 2014

PPE: Personal Protective Equipment

NRPH: Niagara Region Public Health Unit

RECE: Registered Early Childhood Educator

##### Staffing

- Child care settings are permitted to operate with maximum group sizes as set out under the Child Care and Early Years Act, 2014, (CCEYA).
- Staff and post-secondary students should work in one location where possible.
- Interaction with multiple groups should be avoided as much as possible.
- Children are permitted to attend on a part time basis, but should be designated specific days while never exceeding the maximum group size.
- While groups are permitted to return to the previous maximum group size under the CCEYA (maximum group size prior to COVID-19), each group should stay together throughout the day and as much as possible.
- This does not apply to Resource Consultants supporting the program however, Resource Consultants must wear medical masks and eye protection (PPE) while in the child care centre and must maintain physical distance of 2 metres from children whenever possible.
- Movement of supervisors/designates should be limited between rooms and only when necessary.
- Where possible, limit staff movement between child care centres and groups. Permanent staff should work only at one child care centre. Supply staff should be assigned to a single group within the child care centre to limit their interactions with other groups of children.
- Room licensing and ratios expectations must be maintained as set out in the CCEYA.
- Reduced ratios are permitted as set out under the CCEYA provided that groups are not mixed and that reduced ratios are not permitted at any time for infants.
- Students on field placement should be assigned to work at only one location.

### **Staff Schedules**

- Supervisors and Lead RECEs will work together to set staff scheduling and implement with the child care centre teams to ensure:
  - Staff, children, and groups are set and maintained whenever possible.
  - Supply/replacement staff should be assigned to a specific group so as to limit staff interaction with multiple groups.
- Staff schedules may be required to be adjusted based on operational needs and hours of care that families will require.
- Supervisors and Lead RECEs will schedule breaks and lunches in a staggered format, ensuring that lesser number of staff are breaking in the staff room at one time. This ensures adequate room for physical distancing, 2-metre distance, in staff rooms.
- PPE (masks and eye protection) can be removed in the staff room as long as 2 metre distance is maintained at all times.
- PPE is required in the staff room whenever a staff is up and moving (not seated) in the staffroom and at any time the 2-metre distance cannot be maintained.
- Staff are required to wear their PPE in staff rooms at all times if the 2 metre physical distance from others cannot be maintained, unless eating. Masks may be removed while eating for a limited time only. Eye protection must be worn at all times in the staff room when the 2 metre distance cannot be maintained.

### **Screening Staff**

- Screener should maintain a 2 metre distance from those being screened.
- Screeners must wear PPE (medical mask, eye protection), at all times while transitioning children to/from the CCC and while completing cleaning and disinfection duties in the CCC. Exception would be if cleaning/disinfecting a room where there are no children or staff present. However PPE (mask and eye protection) must be worn to and from the room (i.e. hallways).
- PPE must be properly and safely stored and readily accessible in the event children or staff entered an occupied area at all times. All donning and doffing procedures must be followed as well including hand hygiene prior to donning and after doffing a mask.
- Including when escorting the children from the screen areas and to their playroom All entrances should have alcohol-based hand rub with a concentration of 60-90% (best practice is 70% or above) available with signage demonstrating appropriate use.
- Alcohol based hand rub should not be accessible to children (i.e., not within their reach) and children should be supervised when using the hand rub.

### **Visitors/Attendance**

- Daily records must be kept of anyone entering the child care centre.
- No non-essential visitors admitted to the child care centre.
- The Visitor Log Book will be maintained and recorded on the COVID-19 Outbreak Visitor Log Form.
- These records must include the name, contact information, time of arrival and departure, screening completion/results of the visitor.
- Records must be kept, up-to-date, and available to facilitate contact tracing in the event of a confirmed COVID-19 case of outbreak.

- For the purpose of contact tracing, Screen Tracking Forms and Children's Monthly Attendance will be reviewed as required by NRPH in the event there is an individual tied to the CCC that has tested positive with COVID-19.
  - Completed Screen Tracking can be stored electronically on Google Drive
  - Completed Monthly Children's Attendances will be stored in the supervisor office.
- The records are to be maintained on site.
- Orientations/ meetings with families will take place by video, or telephone.
- As much as possible, parents should not enter the premises. If drop off/screening/pick up routines can occur outside of the CCC, they should.
- If access to the CCC is required, parents should not be permitted past the screening area unless a child is having separation anxieties. In the event that a parent is required to enter the program, a Health Care Screen must be completed on the parent. Parents should be discouraged from entering the CCC wherever possible.
- Volunteers will not be permitted during the pandemic.
- Students completing post-secondary educational placements will be permitted to enter child care settings and should only attend one child care setting and be assigned to one work location. Students will be required to follow all COVID-19 policy and protocols including the use of PPE (masks and eye protection).
- Group events will be not be permitted e.g. family nights, community meetings etc.
- In-person meetings should be conducted via video or telephone wherever possible.

### **Physical Distancing with Children**

- Maintaining a welcoming and caring environment for children is imperative while following HDLH and pedagogy in child care programs.

For support and ideas on how to provide an engaging environment while physically distancing please see the document "Building On How Does Learning Happen?" by following this link:

<http://www.edu.gov.on.ca/childcare/building-on-how-does-learning-happen-child-care.pdf>

- Each cohort must have their own assigned indoor space, separated from all other groups by a physical barrier. The purpose of the barrier is to reduce the spread of respiratory droplets that are thought to transmit COVID-19 and to reinforce physical distancing requirements between groups as indicated in the Operational Guidelines.
- When in the same common space (e.g .entrances, hallways) physical distancing of at least 6 feet (2 metres) must be maintained between different groups and should be encouraged, where possible, between children within the same group by:
  - Spreading children out into different areas, particularly at meal and dressing time.
  - Staff should consider ways to support meal times (snack & lunch) in a safe manner (i.e., a space where staff can maintain at least 2 metres to remove masks and eat) as best you can.
  - Staff need to ensure that if their mask is off to eat during snack or mealtime with the children, they are positioned at least 2 metres away from the children.
  - Eye protection must be worn during meal and snack time.
  - Staff must wear their PPE (mask and eye protection) while serving the children their food.

- Incorporating more individual activities or activities that encourage more space between children, and;
- Using visual cues to promote physical distancing.
- Staff must wear medical masks and eye protection at all times when with the children with the exception of:
  - Sleep time when the children are settled and staff can keep the 2 metre physical distance.
  - Meal time where distance of 2 metres is maintained.
- PPE must be properly and safely stored and readily accessible in the event that an interaction with a child or staff is immediately required. All donning and doffing procedures must be followed as well including hand hygiene prior to donning and after doffing a mask.
- Best practice is to wear PPE (mask and eye protection) at all times while in the CCC. The wearing of PPE, cleaning your hands often, practice physical distancing (2 metres), avoid sharing personal items and cleaning and disinfecting of high touch surfaces regularly, will help to prevent the spread of infectious diseases.
- In the event of 2 cohorts, only one group should access the washroom at a time and it is recommended that the facilities be cleaned in between each use, particularly if different groups will be using the same washroom.
- Recognizing that physical distancing is difficult with small children and infants, additional suggestions include:
  - When possible, moving activities outside to allow for more space.
  - Planning activities that do not involve shared objects or toys.
  - Mouthed toys must be removed immediately after the child is finished using them, for cleaning and disinfecting and must not be shared with other children.
  - Label items with child's name to discourage accidental sharing.
- There will be flexibility with time requirements for outdoor play to mitigate challenges with accessing space and /or rotating children on playgrounds.
- The use of masks is not required outdoors for adults or children if physical distancing of at least 2 metres can be maintained between individuals.
- When outside, staff should put on PPE for any instances where prolonged close contact may occur, such as when a child injures themselves and requires attention. Staff must be sure that PPE is stored properly and safely while outdoors.
- Staff should have areas set in the playground where they position themselves that will allow supervision of all children while being able to maintain the 2 metre distance.
- Singing may occur only in alignment with the requirements set out in Reopening Ontario (A Flexible Response to COVID-19) Act, 2020 (e.g., see the rules for areas in stage 2 and stage 3).
  - Singing indoors is not permitted.
  - Singing is permitted outdoors only if required with proper physical distancing, with children facing the same direction.

### **Personal Protective Equipment (PPE)**

- Will align with the Ministry of Health guidelines for emergency child care.  
[http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019\\_child\\_care\\_guidance.pdf](http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019_child_care_guidance.pdf)

- The expectation is that upon entering the child care setting that eye protection and medical mask are worn (i.e. staff must have both pieces of PPE on once leaving the screening area).

### Medical Masks

- All adults, including students, working in a child care setting are required to wear medical masks and eye protection while inside in the premises, including hallways and staff room.
- **Adults entering the child care centre into the screening area (including parents dropping off/picking up children) will be required to wear masks or face covering into the child care centre.** This does not apply to those who are unable to wear a mask or face covering as a result of a medical condition or a disability.
- All other adults (i.e. parents/guardians, and visitors) are required to wear a face covering or non-medical mask while inside the premises.
- All areas past the screening area will be designated as the “child care centre” for staff/students and PPE (mask and eye protection) protocols will be followed as outlined below.
- Staff will be provided with medical masks as needed per shift, which will be disposed of at the end of each shift to lower the risk of cross contamination.
- Staff always have access to a back-up mask in the event their masks become contaminated, dropped, break etc.
- Masks and eye protection must be stored safely in the container when not in use.
- **“Hot Zones” where masks must be worn at all times:**
  - Playroom when children are occupying the room.
  - Sleep room when settling children.
  - Hallways.
  - Staffrooms, when not eating and physical distancing of 2 metres is not maintained.
  - Staff rooms when moving around (not seated).
  - When cleaning and disinfecting blood or bodily fluid spills if there is a risk of splashing.
  - When caring for a sick child or a child showing symptoms of illness.
  - Any time staff are within a 2 metre physical distance of another individual, including children, staff, students, visitors.
  - Families are required to wear masks when entering the child care centre/screening area at both drop off and pick up times if they enter the child care centre.
  - All essential visitors to the program must wear a mask.
  - All post-secondary students in the program must wear masks and eye protection, same as required by the staff.
- Reasonable exceptions to the requirement of wearing masks may be considered, i.e. indoors where a physical distance of at least 2 metres can be maintained between individuals, situations wherever a child cannot tolerate a mask, or reasonable exceptions for medical conditions.
- PPE must be properly and safely stored and readily accessible in the event that an interaction with a child or staff is immediately required. All donning and doffing procedures must be followed as well including hand hygiene prior to donning and after doffing a mask.
- Reasonable exceptions may include:

- When supervisors are in their office alone, or if a staff enters the office and maintains the 2 metre physical distance (staff should knock and make supervisor aware they are entering the space prior to entering).
- When supervisor and second staff (Lead RECE or Program Assistant) are working in the office together and 2 metre physical distance is maintained. PPE (mask and eye protection) must be worn if not seated.
- Administration space where 2 metre physical distance is maintained. PPE (mask and eye protection) must be worn if not seated.
- Dietary staff working alone in the kitchen (staff should knock and make dietary staff aware they are entering the space prior to entering).
- Custodians working alone or in areas where the children or staff are not occupying.
- RECEs in the sleep room (masks are permitted to be removed once children are settled and staff are able to maintain the 2 metre physical distance).
- Break or lunch room where 2 metre physical distance is maintained PPE (mask and eye protection) must be worn if not seated.
- When staff are eating or drinking with the children and a 2 metre physical distance is maintained.
- All younger children (grade 3 and below) are encouraged but not required to wear a non-medical mask for face covering while inside a child care setting, including hallways.

**STAFF MUST FOLLOW PROPER DONNING, DOFFING AND STORAGE PROCEDURES EACH TIME THE MASK IS REMOVED.**

- This includes but not limited to:
  - Washing or sanitizing hands prior to putting mask on.
  - Washing or sanitizing your hands immediately after taking mask off.
  - Masks must be stored in a plastic container with a lid.
    - Remove mask by only touching the ear loops.
    - Place the mask in the centre of a clean plastic container.
    - Ear loops will hang over the outside of the container.
    - The lid will be placed on until staff ready to don the mask.
    - All containers must be labelled with name and cleaned and disinfected frequently (i.e., after use)
    - Masks must not be stored on your person (i.e., pockets) or on other surfaces (i. e., staff room table).
  - Dispose mask in a closed bin/garbage.
  - Do not put the mask on around your neck or up on your forehead.
  - Do not touch the outside of your mask and if you do, wash or sanitize your hands immediately.
  - If mask becomes wet or visibly soiled, it will need to be replaced.
- Environmental Health Information line will answer questions regarding process for storage by calling 905-688-8248 ext. 7590 or emailing Email Environmental Health at <https://bit.ly/2WT9jpl>
- Niagara Region Public Health Re-opening Child Care Centres During COVID-19 support: Child Care Centres during COVID-19: <https://bit.ly/3nZnbKL>

- Ontario Public Health  
<https://www.publichealthontario.ca/-/media/documents/ncov/ipac/ppe-recommended-steps>
- When wearing masks:
  - Follow the Niagara Region Fact sheet for donning and doffing a mask/face covering and for proper procedure. “COVID-19 Face Coverings for Non-healthcare Worker,” see link below as well as proper hand hygiene.
  - Staff will read fact sheets and watch videos to ensure proper use.

### **Eye Protection (Face Shields & Goggles/Safety Glasses)**

- All adults, including students, working in a child care setting are required to wear medical masks and eye protection while inside in the premises, including hallways and staff rooms when not seated with physical distancing.
- Staff will be assigned 1 face shield and pair of goggles/safety glasses specifically for their use as well as a storage container.
- Masks and eye protection must be stored properly and safely in the container when not in use. Staff will be required to label their face shield and goggles/safety glasses.
- Face shields and goggles/safety glasses must be cleaned and disinfected daily and at any time they are contaminated.
- The manufacturer directions should be followed for cleaning and disinfection to avoid damage to the plastic.
- If no cleaning instructions are provided, clean with detergent, rinse and the disinfected based on contact time of the chemical.
- Face shields and goggles/safety glasses, should be cleaned from the inside (least contaminated) to the outside (most contaminated).
- Avoid getting the foam forehead piece and strap wet on face shields, as they may be damaged by chemicals.
- Dispose of visibly soiled or damaged.
- **“Hot Zones” where eye protection must be worn at all times:**
  - Are the same as the medical mask expectations (see above)
- **Eye glasses are not considered eye protection.**

**\*\*\* The use of medial masks and eye protection is for the safety of child care staff and the children in their care. This very important when working with young children who may not be wearing face coverings (i.e. under the age of two).**

**\*\*\* Child Care centres should secure and sustain an amount of PPE (including but not limited to face shields or goggles, medial masks, gloves etc.) and cleaning supplies that can support their current and ongoing operations.**

### **Gowns**

- Disposable gowns or cloth smocks are required when assisting ill children when the 2 metre physical distancing can't be maintained.
- Disposable gowns are to be discarded immediately after use.

- Smocks are to be laundered in hot water and placed in a hot dryer immediately after each use. Be sure that soiled laundry is maintained in a specific area to lessen the risk of possible contamination across multiple surfaces.
- Ensure that smocks are properly stored in a sealed container to limit the possibility of contamination.
- Emergency containers with a supply of PPE items required in the event that an individual becomes ill, should be readily available containing: one lab coat or disposable gown (if able), medical mask, gloves, eye protection. This will ensure quick and timely access to required PPE and immediate access if eye protection or medical mask become soiled during the 1:1 care of the ill individual.

### **Staff Training**

- Staff will receive updates through COVID-19 Update emails.
- Staff will access current information from the Niagara Region's COVID-19 page, Novel Coronavirus (COVID-19): <https://bit.ly/2E0Kz90>
- All staff must be trained on the proper use face coverings which will include but not limited to:
  - Fact Sheet & FAQ's Face Coverings for Non-Healthcare Workers  
<https://vine.niagararegion.ca/emp-centre/COVID%20Resources%20for%20Employees/COVID-19%20Fact%20Sheet%20-%20Face%20Coverings%20for%20Non-Healthcare%20Workers.pdf>
  - Fact Sheet – Eye Protection for Non-healthcare Settings  
<https://vine.niagararegion.ca/emp-centre/COVID%20Resources%20for%20People%20Leaders/COVID-19%20Fact%20Sheet%20-%20Face%20Coverings%20for%20Non-Healthcare%20Settings.pdf>
  - [Putting on One Piece Facial Protection](#)
  - [Putting on Face and Eye Mask Protection](#)
  - [How to wash hands](#)
  - [How to rub hands with sanitizer](#)
  - [Putting on gloves](#)
  - [Taking off gloves](#)
  - [Taking off PPE – open in google Chrome only](#)

All staff that are included in the ratios must have valid certification in Standard First Aid Training, including Infant and Child CPR required for staff that are included in the ratios. Please reference the Operational Guidance During COVID-19 Outbreak guide for further information for extensions that may be supported by the Workplace Safety and Insurance Board (WSIB) <https://www.wsib.ca/en/firstaid>.

### **Vulnerable Sector Checks (VSC)**

- VSCs are required to be obtained from staff and other persons who are interacting with children on the premises.

- If an individual is unable to obtain a VSC in a reasonable amount of time due to significant backlogs, they must ensure the individual has applied for a VSC and put in place additional measures as set out in their reference check policy.

**\*\* See the Operational Guidance During COVID-19 Outbreak, Child Care Re-opening for full details and expectations as per the Ministry of Education.**

<http://edu.gov.on.ca/childcare/child-care-guide-child-care.pdf>

This protocol has been reviewed by Niagara Region Public Health who has made recommendations regarding this protocol and assisted in guiding Children's Services interpretation of the Operational Guidelines – Version 4.

## **2. Covid-19 Cleaning Protocols for Child Care Operations**

Regular, repeated cleaning and disinfection of high touch, multi-use work surfaces must be performed to ensure that the staff of the child care centre are following enhanced cleaning and disinfecting procedures.

### **Definitions:**

NRPH: Niagara Region Public Health

RECE: Registered Early Childhood Educator

MEDU: Ministry of Education

### **Procedure:**

- All Children's Services staff, including RECEs, Dietary staff, Support staff, Screener's, Resource Consultants and Child Care Custodians are required to follow the cleaning and disinfecting protocols indicated on the Niagara Region Public Health Novel Coronavirus Update website.
- Specifically the recommendations for cleaning and disinfecting under Public Settings link for Cleaning and Disinfecting.
- Please refer to Public Health Ontario's Environmental Cleaning fact sheet and the Public Services Health and Safety Association's Child Care Centre Employer Guideline for additional information on cleaning.
- All Children's Services staff including RECEs, Dietary staff and Child Care Custodians will follow direction from Public Health's Child Care Manual (outbreaks) at Public Health's Child Care Manual.

**Opening Staff:** \*The centre will be cleaned and disinfected nightly. Completing these following steps again at opening assist in ensuring the building is clean and ready for operation.

Opening staff will:

- Clean and disinfect the inside and outside door handle upon arrival
- Sanitize their hands with Alcohol-Based Hand Rub (60% to 90% contact), (ABHR). NRPH signage must be displayed at all ABHR stations.

- Clean and disinfect all frequently touch surfaces including, but not limited to railings, door handles, light switches while moving about the building as required.
- Complete water flushing weekly (operational standard requirement)
- Ensure the Coronavirus “Stop “sign is posted at the entrance to the child care centre and screening station.
- Ensure the screening table is disinfected and then set up with hand sanitizer (not accessible to children). This will include but not limited to disinfectant wipes or spray, Health Check Screening checklist/IPad and pens that have been disinfected. Additional supplies or equipment may be required as directed by NRPH or MEDU.
- In the event we should reach 2 cohorts, groups and staff are not to be mixed with other groups at the beginning and end of the day whenever possible.

### **Operating Hours**

The Childcare Custodian/Screeener-Cleaner/child care staff will implement enhanced cleaning and disinfecting procedures, which will include, but not be limited to:

- Repeated cleaning and disinfecting, including the staff room, of frequently touched surfaces. This includes door handles, knobs, railings, family/client contact counters/tables, phones, keyboards, computer mouse, photocopier, desks, phones, toilet and hand faucets, playground equipment and gates, playground door handles etc. tops and underneath of tables, chairs and any other items that the Supervisor may direct to be cleaned.
- Children are directed to wash hands in between each activity wherever possible. Contaminated items are to be placed in buckets to isolate items until they are cleaned and disinfected.
- Children’s washrooms or shared spaces or equipment should be cleaned and disinfected twice daily. In the event we reach 2 cohorts, washrooms and shared spaces will be cleaned and disinfected between each group/each use by a group and only one group at a time will access the shared space/equipment.
- The Pandemic Custodian Checklist (see COVID-19 Policy for form) will be completed daily, ongoing throughout the day, by custodians, Screeener-Cleaner or staff that have completed the enhanced cleaning and disinfecting duties.
- Staff will follow outbreak procedures as recommended by Public Health. Plush toys and items not easily cleaned and disinfected must be removed from the child care centre. Books and puzzles may be used, as long as they are disinfected if able to. In the event we reach 2 cohorts, books and puzzles must not be shared between groups. However, in the event an individual is a suspected positive case, these items must be removed and secured in a sealed bag for seven days. Sensory tables are not permitted to be used in the program unless single use, individual activities are provided labelled with the child’s name and discarded daily.
- If soap and water is not available, Alcohol Based Hand Rub (60% to 90% content, 70% and higher is best practice) is to be used by all staff and children prior to moving to another area of the childcare e.g. Moving from playroom to cubby area, moving from cubby area to outdoor activities or whenever transition is made, when possible.
- If at any time staff notice items that are visibly soiled, they will immediately clean and disinfect the area and if necessary, notify the custodian or Screeener/Cleaner for enhanced cleaning and disinfection, this includes bodily fluids, food or outside dirt.

- Items requiring laundering **MUST** be washed in hot water and bleach should be used if possible. During the drying process, high heat should be used.
- Custodians will complete their regular checklist and will ensure that they notify the Supervisor when inventory is starting to deplete, recognizing challenges may occur with back orders.
- Screener-Cleaners will ensure they notify the Supervisor when inventory is starting to deplete, recognizing challenges may occur with back orders.
- Playgrounds must be disinfected before each use including interior and exterior doors, handles and gates, whenever possible. Toys that are used outside must be cleaned and disinfected, as well as the high touch surfaces.
- Community purchases (grocery shopping) can be pre-ordered, paid, delivered or picked up.
- A bin can that can be easily cleaned and disinfected after each use can be used to transport groceries when disposable plastic bags are not available. Reusable bags are an additional option as long as they are maintained in a clean and sanitary manner.
- In the event that a staff or volunteer needs to grocery shop – staff and volunteers will need to ensure they keep physical distancing from other customers, while in the grocery store and selecting purchases. Masks must be worn and alcohol-based hand sanitizer must be available while shopping.
- No pets on site at this time.
- If space permits, physical distancing 6 feet (2 metres) between cots during nap time needs to take place. If spacing is limited, place children head to toe or toe to toe.

### **Closing Staff**

- In the event we reach 2 cohorts, groups and staff are not to be mixed with other groups at the end of the day whenever possible.
- When all children have been picked from each age group, staff will disinfect toys and equipment. If this task is completed prior to the staff's shift being completed, the staff will assist with additional cleaning as needed, as per the Pandemic Custodian Checklist.
- Disinfecting of toys will be documented on the disinfection charts.
- Rooms need to be prepared for operations in the morning and countertops must be cleared so the Custodian can focus on cleaning and disinfecting surfaces.
- Staff are responsible to ensure that the staff room is clean and all personal items need to be stored or taken home so that enhanced cleaning can take place.
- Staff should minimize the amount of personal items that they are bringing into the CCC.
- Custodians must clean and disinfect children's lockers each night (parents will be required to take all children's belongings home each day whenever possible).
- The screening table is cleaned and disinfected nightly.
- The Pandemic Custodian Checklist will be completed daily, ongoing throughout the day, by custodians or staff that have completed the enhanced cleaning and disinfecting duties.

### **Where an Individual is Suspected of Having COVID-19**

- Supervisor and staff will determine contaminated areas.
- Screener-Cleaner, custodian or RECE will carry out cleaning and disinfection of all affected areas, including timing, when to return to use, methods of cleaning, PPE to be used while cleaning, and waste disposal.

- Identify areas that may require cleaning plus disinfection (items used by the individual and all surfaces within 2 metres of the ill person) versus cleaning alone (such as a hallway or room where the individual has passed through).
- Use disposable cleaning equipment, such as disposable wipes, where possible as a best practice.
- Remove all items that cannot be cleaned (paper, books, etc.) and store them in a sealed container for a minimum of 7 days ( label date of removal and date when can be returned)

### **Cleaning Products**

- Follow all direction provided by Public Health and the Public Health Inspector and product label and manufacture instruction for use.
- Be sure staff understand the differences between cleaning and disinfecting and that both practices are included in your process.
- Work closely with your supplier to determine which products will meet the needs of your environment.
- Reference the Public Health Child Care Manual Outbreak chapter for additional information regarding enhance cleaning protocols.
- Information from Public Health Ontario provides best practices for cleaning and disinfecting, including:
  - a. Which products to use, including disinfectants with Health Canada Drug Identification Numbers (DINs);
  - b. How to clean and disinfect different materials, including minimum surface contact time; and;
  - c. Other items to remember, including checking expiry dates of cleaning and disinfectant products and following the manufacturer's instructions.

\*\* See the **Operational Guidance During COVID-19 Outbreak, Child Care Re-opening** for full details and expectations as per the Ministry of Education at <http://www.edu.gov.on.ca/childcare/child-care-guide-child-care.pdf>

This protocol has been reviewed by Niagara Region Public Health who has made recommendations regarding this protocol and assisted in guiding Children's Services interpretation of the Operational Guidelines – Version 4.

## **3. Covid-19 Illness/Exposure Protocol**

The procedure must be followed by Children's Services staff in the event that a child, parent or staff member at the centre is exposed to COVID-19.

### **Definitions:**

SO: Serious Occurrence

CCLS: Child Care Licencing System

MEDU: Ministry of Education

NRPH: Niagara Region Public Health

## PROCEDURE

**In the event of exposure:** If a child, parent, student or employee exhibits COVID-19 or symptoms indicating that they are unwell, they should be sent home immediately to avoid spreading the illness. A child, parent or employee should not return to the program until they have been cleared to return by an appropriate medical professional, or as prescribed by what is permissible under a public health agency.

### Screening for Symptoms

- All individuals must self-screen every day before arrival at the child care setting.
- Individuals who do not pass the screening are not permitted to attend the program and must stay home.
- All ill individuals who has a known alternative diagnosis provided by a health care provider may return to child care if they do not have fever and their symptoms have been improving for at least 24 hours (i.e. if symptoms such as a runny nose can be attributed to other causes, such as seasonal allergies, individuals would answer “no” on the screen. Headaches that are typical for that individual would also result in a “no” on the screen).
- If Symptoms such as a runny nose can be attributed to other causes such as seasonal allergies, the staff person would answer “no” on the screen. Headaches that are typical for that individual would also result in a “no” on the screen.
- Where an individual does not pass the screening and is not permitted to attend the program, this does not need to be reported to the local public health unit.
- A checklist will be completed daily verifying that a child care staff has viewed the “pass” screen of all electronic screens.
- Families will be notified of the screening process during their orientation.
- Parents and guardians should be reminded of this requirement through visible signage at the entrances and drop-off areas.
- All staff, children and families must use hand sanitizer (60% to 90% alcohol content, kept out of the reach of children) upon entry into the child care centre and remain on the designated “X” positions on the floor if they enter the child care centre.
- PPE (medical masks and eye protection) must be worn at all times and will be required when escorting the children from the screen areas and to their playroom.

COVID-19 current symptoms as listed on Niagara Region Public Health's COVID-19 website (<https://bit.ly/3giJSVG>), and the Health Check Screen as approved by Public Health.

- Electronic COVID-19 Screening can be used by children/staff/visitors arriving at the child care centre.
- The electronic screening option complies with the Ministry of Health’s recommended set of health screening questions for school and child care.
- Verification for each individual will be required with a child care staff viewing the “pass” result saved on the smart device screen.
- Hard copy of screens will be available in the front entrance to the child care centre, in the screening area, in the event there are unforeseen technical issues.

- Retention of Health Screen Checks are no longer required to be retained in hard copy form on site, as advised by the Ministry of Education. This aligns with the Province of Ontario's COVID-19 School and Child Care Screening Tool process.
- Children's Services and Direct Operations will follow Niagara Region's current Corporate Retention By-Laws regarding record keeping.
- If staff, child or parents answer yes to any one of the questions, entry into the child care may not be permitted. They may be advised to contact their healthcare professional or self-refer for COVID-19 testing by contacting the Niagara Health Assessment Centre or to self-isolate for 10 days.
- Access additional information through:
  - <https://www.niagarahealth.on.ca/site/assessmentcentres>
  - Public Health Novel CORONAVIRUS (COVID-19) link (<https://bit.ly/3ob5CYI>)
  - COVID-19 Public Health Info Line : 905-688-8248 ext. 7019
  - COVID-19 Public Chat Link (<https://bit.ly/2WS0VGP>)
  - Complete Public Health's COVID-19 Self-Assessment (<https://bit.ly/3hpf5Df>)
- Only one family at a time will be permitted to be screened and adults must wear a mask or face covering if entering the premises into the screening area. This does not apply to those who are unable to wear a face covering or mask as a result of a medical condition or a disability.
- Additional families awaiting entrance must wait outside of the building. They will be reminded to keep physical distancing space between each other while they wait.
- Markers every 6 feet (2 metres) will be set up reminding people to keep a safe space.
- The door bell system and front door handles must be disinfected in-between each family by the screening staff (See Cleaning and Disinfecting Protocol).
- Children will be transitioned to the playrooms by a staff, unless the child requires additional supports while transitioning from parent to CCC staff.
- At pick up times, parents will be required to wait outside or at the entrance for staff to accompany their child(ren) to the door. Only one family will be permitted in the entrance at a time.

#### **When an Individual Becomes Ill in a Child Care Setting**

- The child, staff or student will be separated immediately from the other children and isolate in separate room. When a separate room is not available, the person who is symptomatic should be kept at a minimum of 2 metres from others.
- That staff assisting the ill child will wear medical mask, eye protection and disposable gown or clean, reusable smock (as advised by NRPH) and not interact with others. Gloves must be worn if there is direct contact with the child or their environment.
- If tolerated and above the age of 2 the ill child should wear a medical mask.
- Families will be contacted for immediate pick-up.
- Staff or student who is ill, will make arrangements to leave the child care setting immediately.
- The person who is symptomatic should be provided with tissues and reminded of hand hygiene, respiratory etiquette, and proper disposal of tissues.
- Staff assisting the symptomatic child should avoid contact with child's respiratory secretions.
- All items used that cannot be cleaned (paper, books, cardboard puzzles) should be removed and stored in sealed container for a minimum of 7 days.
- All surfaces and handles, items and activities that the child has used will be cleaned and disinfected in the room of the ill child.

**NIAGARA REGION PUBLIC HEALTH DIRECTION (October 9/20 Memo To Schools & Child Care Centres in Niagara Region) is as follows:**

ACTIVE SCREENING, ESPECIALLY FOR ADULTS (E.G. STAFF, ESSENTIAL VISITORS), IS THE BEST LINE OF DEFENSE FOR PREVENTING COVID-19 IN THE SCHOOL OR CHILD CARE SETTING.

Please go to COVID-19 School and Child Care Screening (<https://bit.ly/3mVfnbC>) for the most up to date screening tool for children, students of elementary and secondary schools, and school or child care employees (e.g. teachers, bus drivers, custodians, office staff). We recommend that this tool be used for screening by all children, students, and employees attending schools, child care centres and licensed home child care programs. The online screening tool will not keep a record of the results; so, where required, child care centres and schools will need to devise their own record-keeping system.

**Symptomatic Children/Students**

If a child has **one or more** new or worsening symptom from:

**Group 1 Symptoms:**

- Fever
- Cough
- Difficulty breathing
- Decrease or loss of smell or taste

They must **self-isolate at home** immediately and they then have a choice of the following options:

**Options:**

- Contact their health care provider, walk-in clinic, online virtual clinic for guidance (which can be provided over the phone) **OR**
- Contact a Niagara Health COVID-19 Assessment Centre to book an appointment for testing.
- If they have remaining questions about COVID-19, they can contact the Public Health Info-Line at 905-688-8248 press 7 then press 4, or chat online.

If a child has no symptoms from **GROUP 1** and **only one** new or worsening symptom from Group 2:

**Group 2 Symptoms:**

- Sore throat
- Runny nose
- Headache
- Nausea, vomiting or diarrhea
- Fatigue, lethargy, or muscle aches

**THEN, they need to self-isolate at home immediately, but can wait 24 hours** to see if there is improvement before doing anything further. If the **single symptom improves** after 24 hours, the child **may return to school or child care** when they feel well enough, without an assessment or test.

If the symptom stays the same or worsens **OR** they have two or more symptoms from Group 2, then they should follow the **OPTIONS** outlined above.

### **Symptomatic Staff/Adults**

If a staff member or other adult develops symptoms, including **any single new or worsening symptom**, they must always remain home and follow one of the following **OPTIONS**:

- Contact their health care provider, walk-in clinic, online virtual clinic for guidance (which can be provided over the phone) **OR**
- Contact a Niagara Health COVID-19 Assessment Centre to book an appointment for testing
- If there are remaining questions about COVID-19, contact the Public Health Info-Line at 905-688-8248 press 7 then press 4, or chat online.

### **Siblings and Other Household Members of a Symptomatic Individual**

- If a test is recommended by a health care provider for the symptomatic person, or a decision is made to pursue testing at an assessment centre, all household members are to self-isolate at least until the test results are back. If the test is negative, household members can leave self-isolation.
- If the test is positive, household members must stay in self-isolation and will receive further direction from Public Health.
- Obtaining an assessment (even over the phone) from a health care provider may take some time. Household members with no symptoms do not need to self-isolate immediately after a child develops symptoms. They can wait up to 24 hours until a decision is made about whether testing is needed. However, if it takes longer than 24 hours to obtain an assessment, all household members must self-isolate until a decision is made.
- If a health care provider then advises that a test for COVID-19 is not needed, household members can leave self-isolation.
- When there is a symptomatic child in a household, it is important that special attention is given to all adults in the household. If any adults have **even one symptom of COVID-19**, or recently had one or more symptoms and were not tested, they should self-refer for testing as soon as possible or contact the Public Health Info-Line if there are remaining questions.

Children who require an assessment for testing based on their symptom(s) (i.e. having one or more symptoms from Group 1 OR two or more symptoms from Group 2 OR one symptom from Group 2 that doesn't improve or worsens after 24 hours) are not permitted to return to school, child care, or go to any public setting until one of the following criteria is met:

- They get advice from a health care provider that COVID-19 is very unlikely, **AND**
- They have not had any symptoms for 24 hours **OR**
- It has been 10 days since their symptoms started (whichever is shorter). They also must not have a fever, without use of fever reducing medications (e.g. Advil, Tylenol, ibuprofen, acetaminophen), and be feeling better.
- They get advice from a health care provider that the symptom or symptoms are related to a chronic or pre-existing condition (e.g. allergies, post-nasal drip, migraines, and asthma). In this case, they can return to the school/child care once they feel well enough, without waiting for symptoms to resolve.
- They had a test that was negative for COVID-19 **AND**
- It has been 24 hours since symptoms have gone away completely **OR**

- It has been 10 days since symptoms started (whichever is shorter). They also must not have a fever, without use of fever reducing medications (e.g. Advil®, Tylenol®, Ibuprofen, Acetaminophen), and be feeling better.
- Completion of 10 days of self-isolation since the day that the symptoms began. They also must not have a fever, without use of fever reducing medications (e.g. Advil®, Tylenol®, Ibuprofen, Acetaminophen), and be feeling better. This includes individuals who have chosen not to be tested.
- For adults with any minor symptom, get tested and the whole household is to isolate until the test results come back.

**Additional Notes:**

- Public health professionals will provide further direction and support to anyone with a positive COVID-19 lab result, as well as their close contacts, if warranted.
- Checking temperature to screen for fever can be performed at home before arriving at the child care centre or school.
- If testing for COVID-19 was declined for any reason, the individual and their entire household are to stay home and self-isolate for 10 days from the day the symptomatic person's symptoms started. They also must not have a fever, without use of fever reducing medications (e.g. Advil®, Tylenol®, Ibuprofen, Acetaminophen), and be feeling better, before returning.

**NOTE:** If others in the household develop symptoms or recently had symptoms, especially adults, it is important that they get tested as soon as possible and/or contact the Public Health Info-Line if there are remaining questions.

As guidance changes regularly, please visit our [www.niagararegion.ca/health](http://www.niagararegion.ca/health) for the most up-to-date guidance or call the Public Health Info-Line at 905-688-8248 press 7 then press 4, or chat online.

**Reporting and Serious Occurrence Reporting:**

- Serious Occurrence must be filed and reported to the MEDU for a child, staff or student that has a confirmed cases of COVID-19.
- A report must be made to the local public health unit and provide any materials (i.e., daily attendance records ) to public health officials to support case management and contract tracing and other activities in accordance with all applicable legislation, including the Municipal Freedom of Information and Protection of Privacy Act.
- Public health officials will determine any additional steps required, including but not limited to how to monitor for other possible infected staff and children and the declaration of an outbreak and closure of rooms and/or entire child care settings.

If a closure is ordered by the local public health unit and the licensee has already submitted a serious occurrence for a confirmed case, the existing serious occurrence must be updated to reflect the closure. Should additional individuals at the child care program develop a confirmed case, licensees must either:

- Revise the open serious occurrence report to include the additional cases; or,
- Submit a new serious occurrence report if the first has been closed already.
- While licensees are no longer required to report a serious occurrence for suspected cases; if the local public health unit determines that a full or partial closure is required (i.e., program room, home

premises or entire child care centre must remain closed for a period of time), a serious occurrence report must be submitted under the “Unplanned Disruption of Service” category. Please also note there are requirements of employers to let workers know if they may have been exposed in the workplace. Please see the guide on developing a COVID-19 workplace safety plan for more information.

**Ministry Requirements When Reporting Suspected or Confirmed Case of COVID-19 Serious Occurrence (as notified by Program Advisors on November 6, 2020).**

Effective **November 9, 2020**, child care licensees will only be required to report a serious occurrence for COVID-19 related matters for:

- **Confirmed COVID-19 cases;** or
- **Closures ordered by your local Public Health Unit** (i.e. where a closure is ordered for a centre, program room/s or provider’s home due to a **confirmed** or a **suspected** COVID-19 case(s)).

To support these changes, the serious occurrence categories related to COVID-19 have been updated in the Child Care Licensing System (CCLS).

**Confirmed COVID-19 cases**

For a Confirmed Case of COVID-19 with **no** Related Public Health Ordered Closure:

- Submit a serious occurrence in CCLS under “Confirmed COVID-19” category.

For a Confirmed Case of COVID-19 **with** a Public Health Ordered Closure

- Submit a serious occurrence in CCLS under ‘Confirmed COVID-19’ category, including information about the closure in the fields provided; or
- Where there is a confirmed case and a closure is subsequently ordered by Public Health while the serious occurrence under “Confirmed COVID-19” category is still open, please revise the existing serious occurrence to include the closure information in the fields provided; or
- Where a closure is ordered by public health after the serious occurrence has been closed, submit a new serious occurrence for an “Unplanned Disruption of Service” with the subcategory of “Public Health Ordered Closure” (as per information below).

PLEASE NOTE: Where there is an open serious occurrence for a confirmed case of COVID-19, should a second individual develop a confirmed case, please do not submit a new/additional serious occurrence for the new confirmed case.

Instead, licensees must revise the existing/open serious occurrence report to add the information related to the new confirmed case.

**Closures Ordered by your Local Public Health Unit**

- Where public health orders a closure with no confirmed COVID-19 case, submit a serious occurrence in CCLS under ‘Unplanned Disruption of Service’ with the subcategory of ‘Public Health Ordered Closure’.

- Where there is an existing/open serious occurrence in CCLS under ‘Unplanned Disruption of Service’ with the subcategory of ‘Public Health Ordered Closure’ and an Individual develops a confirmed case of COVID-19, submit a new serious occurrence in CCLS under the ‘Confirmed COVID-19’ category.

## 1. Existing Serious Occurrences reported for COVID-19 Matters Prior to November 9, 2020

### Existing Serious Occurrences for Confirmed Cases:

Where there is an open serious occurrence for a previously reported confirmed case of COVID-19, this serious occurrence **will remain open** until it is resolved.

### Existing Serious Occurrences for Suspected Cases:

Where there is an open serious occurrence for a previously reported suspected case:

- If this suspected case did **not** result in a **public health ordered closure**, this serious occurrence **will be closed in CCLS by the ministry.**
- If this suspected case resulted in **voluntary closure by the licensee**, this serious occurrence **will be closed in CCLS by the ministry.**
- If this suspected case resulted in a **public health ordered closure**, this serious occurrence **will remain open** until it is resolved.

## 2. Changes to individuals to be reported for confirmed COVID-19 cases

Please note that there has been a change to the list of individuals that a serious occurrence must be reported for with respect to confirmed cases of COVID-19.

Moving forward, a serious occurrence is **not** required for a **parent of a child** with a confirmed case of COVID-19.

Below is the current list of individuals with a confirmed case of COVID-19 for whom a serious occurrence report is required:

- i. a **child who receives child care** at a home child care premises or child care centre.
- ii. a home child care **provider**.
- iii. a person who is **ordinarily a resident of a home child care premises** (e.g. the home provider’s child, the home provider’s spouse etc.; for complete definition please refer to the Home Child Care Licensing Manual).
- iv. a person who is **regularly at a home child care premises** (e.g. the home provider’s friend who visits the premises once a week etc.; for complete definition please refer to the Home Child Care Licensing Manual),
- v. a **home child care visitor**.
- vi. a **staff** member at a child care centre.
- vii. a **student** at a home child care premises or child care centre.

### Existing Serious Occurrences for Parents with Confirmed or Suspected Cases of COVID-19:

Where there is an open serious occurrence for a previously reported **confirmed or suspected case of COVID-19 for a parent of a child:**

- If this case did **not** result in a **public health ordered closure**, this serious **will be closed in CCLS by the ministry**.
- If this case resulted in **voluntary closure by the licensee**, this serious occurrence **will be closed in CCLS by the ministry**.
- If this case has resulted in a **public health ordered closure**, this serious occurrence **will remain open** until it is resolved.

### **Serious Occurrence Notification Form**

- Follow the regular Serious Occurrence reporting requirements (including submitting a SO report in CCLS and posting the SO notification form). The following language will be used for the Serious Occurrence- as recommended by Niagara Region Public Health.
  - **Description:** A member of our child care community at (name of centre) has sought a health care assessment.
  - **Action Taken:** (name of centre) asks that you continue to follow Public Health recommendations of physical distancing and practice hand washing and the use of PPE.
  - **SO Update:** A member of our child care community (name of centre) has been cleared to return.
  - **Final SO Update:** The Ministry of Education has deemed this Serious Occurrence closed.
- The program must report this to the MEDU as a serious occurrence where a room or centre of premises closes due to a confirmed or suspected COVID-19 case, ordered by public health.
- The serious occurrence notification form must be posted as required under the CCEYA, unless the local public health unit advises otherwise.

### **Outbreak Management**

An outbreak may be declared by the local public health unit when: within a 14-day period, there are two or more laboratory-confirmed COVID-19 cases in children, staff/providers or other visitors with an epidemiological link (e.g. cases in the same room, cases that are part of the same before/after school care cohort) where at least one case could have reasonably acquired their infection in the child care setting.

- The local public health unit will work with the licensee to determine whether epidemiological links exist between cases and whether transmission may have occurred in the child care setting.
- If the local public health unit declares an outbreak, they will determine what happens next. This could include closing particular child care rooms or cohorts or an entire child care setting. The public health unit will help determine which groups of children and/or staff/providers need to be sent home or if a partial or full closure of the child care setting is required.
- If the public health unit determines that partial or full closure of the child care setting is required, the licensee must revise their existing serious occurrence report for a confirmed COVID-19 case to include information about the closure.

### **Confirmed cases or an outbreak of COVID-19 will be communicated to families that attend the CCC.**

- Families will be notified by email from the Manager/Supervisor once NRPH has confirmed that all individuals included in the contact tracing have been notified.

- NRPH “Outbreak” poster is posted at the front entrance when an outbreak has been declared by NRPH.
- A second email will be sent to families confirming the outbreak is over (as recommended/directed by NRPH).

### **Actions to Protect Your Health**

- Wash your hands often with soap and water or alcohol-based hand sanitizer
- Sneezing and cough into your sleeve.
- Avoid touching your eyes, nose or mouth.
- Avoid contact with people who are sick.
- Stay home if you are sick.
- Remind parents that they should be monitoring their children’s health and keeping children who are unwell at home.
- If travelling outside of Canada, stay home for 14 days and remind parents to do so as well, unless otherwise advised through the screen.
- When holding infants and toddlers (any child), use blankets or cloths over childcare providers clothing and change the blankets or cloths between children.
- Medical masks and eye protection will be provided for staff. (It is the responsibility of the staff to clean and disinfect their eye protection daily or when visibly soiled. **Under the Occupational Health and Safety Act (OHSA) employers must take reasonable precaution to protect the health and safety of workers.**

### **Niagara Region Employee Incident Reporting Requirements for COVID-19 Work Related Exposures are as follows:**

Please choose scenario #1 or #2

1. If you believe you were exposed to COVID-19 while at work and you **are ill** at this time (you have a diagnosis or symptoms of COVID-19).

- **Complete an Employee Incident Report** and report the exposure to your Supervisor.
- Niagara Region will initiate a WSIB claim on your behalf.

2. If you believe you were exposed to COVID-19 while at work, but you are **not ill** at this time (you **do not** have a diagnosis or symptoms of COVID-19 and may be self-isolating based on a directive from Public Health or a Physician).

- **Complete an Employee Incident Report** and report the exposure to your Supervisor.
- Complete a **WSIB Worker Exposure Incident Reporting Form\***.
  - Fax to WSIB 1-888-313-7373 and to Employee Health Services via ehs@niagararegion.ca or fax: 905-685-5355.
  - NEMS employees fax: 1-866-604-5311
- If you become ill in the future, Niagara Region will initiate a WSIB claim on your behalf.

\*The Program for Exposure Incident Reporting (PEIR) is a voluntary WSIB reporting program and you will be assigned an incident number. If you become ill in the future, the WSIB will be able to process your claim faster.

### **WSIB COVID-19 Links**

WSIB COVID update: <https://bit.ly/37XdbMh>

FAQs about claims and COVID-19: <https://bit.ly/37WJDj7>

Occupational disease and Workplace Health Hazards: <https://bit.ly/2L3oc5M>

### **Additional Support Procedures**

- The child care centre Supervisor or designate and/or Children's Services Manager will check Niagara Region's Public Health Novel Coronavirus update: <https://bit.ly/2E0Kz90>
- Supervisor or designate and/or Children's Service Manager will review the following links on the website to be informed of the most updated information and changes.

#### Risk & Symptoms

- Screening for symptoms of Novel Coronavirus: <https://bit.ly/34iFQKn>

#### Prevent the Spread of COVID-19

- Prevent the Spread of COVID-19: <https://bit.ly/3hptPqY>

Reopening Child Care Centres During COVID-19: <https://bit.ly/3nZnbKL>

Frequently Asked Questions: <https://bit.ly/3n1Jhe1>

#### Resources

- [http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019\\_child\\_care\\_guidance.pdf](http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019_child_care_guidance.pdf)
- All staff will review our regular internal updates, provided to all employees via email, notifications regarding the Niagara Region COVID-19 Updates: <https://bit.ly/2E0Kz90>

### **Additional Staffing Supports**

- Employees can access the Employee and Family Assistance Program (EFAP).
- If you are seeking Access to EFAP it is 24/7/365 – by telephone or online:
  - Call the Morneau Shepell Care Access Centre toll free at 1-844-880-9142.
  - Via Workhealthlife (<https://bit.ly/3hD2hyN>) or:
    - Online access to request services.
    - First Chat: to type/text a real-time conversation with a counsellor.
    - E-Counselling to exchange written messages online with a counsellor.
- Staff can access the My EFAP mobile application that provides on-the-go support with a timely selection of articles, videos and direct access to e-counselling. **\*\*See the Operational Guidance**

**During COVID-19 Outbreak, Child Care Re-opening for full details and expectations** as per the Ministry of Education: <https://bit.ly/37Ut4Dc>

This protocol has been reviewed by Niagara Region Public Health who has made recommendations regarding this protocol and assisted in guiding Children's Services interpretation of the Operational Guidelines – Version 4.

*(Updated December 20, 2020)*