

Our Children  
Our Future

Nos enfants  
notre avenir



# COVID-19 Child Care Plan

*(This is a living document. As new legislation and recommendations become available, the document will be revised.)*

Revised: September 2020

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# Background

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This plan is a result of working collaboratively with the City of Greater Sudbury (CMSM), the Manitoulin-Sudbury District Services Board (MSDSB), and Public Health Sudbury and Districts (PHSD).

This is a living document. As new legislation and recommendations become available, the document will be revised.

## Program Considerations

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### Notable details:

- Ministry staff may inspect sites in-person and/or virtually.
- OCOF/Nena is committed to ensuring that best practices are followed and to use extreme preventative measures.
- As much as possible, parents will not go past the screening area.
- Visitors to the centre will not be permitted.
- The operation of OCOF/Nena sites will meet all requirements set out in the *Child Care and Early Years Act, 2014, (CCEYA)* and strictly adhere to all Provincial and Municipal requirements and the advice of PHSD, understanding that these requirements are constantly being updated.
- The entire plan and policies will be reviewed by staff.
- Daily attendance for all children and staff per cohort will be recorded; there will also be a record of which cohorts had in-person contact with inspectors, supervisors or SNR consultants.

### Access to Child Care Spaces and Prioritizing Families

All children must be registered on the City of Greater Sudbury's Childcare Registry prior to admission in our centres. The Supervisor/designate accesses the registry on a regular basis to view the children on the waitlist and ensures to maintain the privacy and confidentiality of the children listed. Parents/guardians can call the Supervisor at the centre to see where they are on the waitlist.

In Espanola, parents/guardians can call the Supervisor at either centre to inquire and register for services.

Enrolment in our centre is based on the following criteria:

- Families requiring full-time care prior to COVID-19;
- Children of OCOF/Nena employees;
- Siblings of current registered children;
- Children of teachers who work within the school in which our centre is located;
- Children who attend the school in which our centre is located;
- Transfers;
- Previous clients in good standing.

## Maximum Cohort Size and Ratio

As of September 1<sup>st</sup>, 2020, OCOF/Nena centres will return to a maximum group/cohort size as set out under the CCEYA. Staff and students are not included in the maximum group/cohort size, but should be assigned to a specific group/cohort where possible. Children are permitted to attend on a part-time basis, and as with children attending full-time, should be included in one group/cohort and should not mix with other cohorts.

Maximum group/cohort size rules do not apply to Special Needs Resource staff on site.

While groups/cohorts are permitted to return to the previous maximum group/cohort size under the CCEYA, each group/cohort should stay together throughout the day and as much as possible should not mix with other groups/cohorts.

Licensees are required to maintain ratios under the CCEYA. Please see the group size and ratio chart below:

<b>Age category</b>	<b>Age range of age category</b>	<b>Ratio of employees to children</b>	<b>Maximum number of children in group</b>
<b>Infant</b>	Younger than 18 months	3 to 10	10
<b>Toddler</b>	18 months or older but younger than 30 months	1 to 5	15
<b>Preschool</b>	30 months or older but younger than 6 years	1 to 8	24
<b>Kindergarten</b>	44 months or older but younger than 7 years	1 to 13	26
<b>Primary/junior school age</b>	68 months or older but younger than 13 years	1 to 15	30
<b>Junior school age</b>	9 years or older but younger than 13 years	1 to 20	20

Mixed age grouping is permitted as set out under the CCEYA where a Director approval has been granted on the license.

Reduced ratios are permitted as set out under the CCEYA provided that groups/cohorts are not mixed with other groups/cohorts. Reduced ratios are not permitted at any time for infants.

## Staffing

- Staff and students should only work at one location.
- Supervisors/designate should limit their movement between rooms, doing so when absolutely necessary.

- Supply/replacement staff should be assigned to a specific group/cohort so as to limit staff interaction with multiple groups/cohorts of children **(for staff relieving for breaks, lunches, or when staff are away, full PPE including a gown, mask, and shield must be worn)**.
- Students on field placement should be assigned to a specific licensed age group/cohort.
- Qualified staff:
  - Licensees are required to ensure each group/cohort has the required number of qualified staff as set out under the CCEYA. Licensees may submit requests for staff Director Approval (DA) to the Ministry.
  - Staff DA's can be transferred from one child care centre to another that is operated by the same licensee.

## Communication with Families

- Communication with families regarding the enhancement of health and safety measures facilitates transparency of expectations. Policies will be shared with families, for their information and to ensure they are aware of these expectations, including keeping children home when they are sick, which are aimed at helping to keep all children and staff/providers safe and healthy.
- OCOF/Nena will share the policies and procedures regarding health and safety protocols to COVID-19.
- OCOF/Nena will not revise our program statement, full parent handbook and other policies.
- Priority/waitlist policies may need to be updated as health & safety measures change to account for any resulting limited capacity. (All families will be provided with OCOF/Nena's COVID-19 Child Care Plan which includes our current prioritization process).
- Where possible, the use of in-person communication will be limited to ensure the health & safety of everyone.

## Parent Fees

See Appendix I for the City of Greater Sudbury fees.

See Appendix J for the Manitoulin-Sudbury District Services Board fees.

**The payment is due on the 25<sup>th</sup> of the month for the prior month.**

**Parents/guardians will not be charged for any COVID-19 related absences.**

## Space Set-Up and Physical Distancing

- The ministry recognizes that physical distancing between children in a child care setting is difficult and encourages child care staff and providers to maintain a welcoming and caring environment for children.
- When setting up the play space, physical distancing of at least 2 metres must be maintained between groups/cohorts and should be encouraged, where possible, between children within the same group/cohort:
  - spreading children out into different areas, particularly at meal and dressing time;
  - incorporating more individual activities or activities that encourage more space between children; and

- using visual cues to promote physical distancing. (i.e., little feet on the floor to show children what 2 metres looks like)
- When physical distancing cannot be maintained, staff will wear a medical mask and face shield/goggles.
- Where two groups/cohorts are using the same indoor space (i.e., gym), OCOF/Nena will ensure that a floor to ceiling temporary physical barrier is in place to ensure that physical distancing of at least 2 metres between groups/cohorts is maintained.
- Where floor to ceiling walls/barriers are not possible, PHSD has determined that a barrier of a minimum height of 8 feet would be acceptable.
- In shared outdoor space, groups/cohorts must maintain a distance of at least 2 metres between groups/cohorts and any other individuals outside of the group/cohort.
- OCOF/Nena will increase the distance between cots/resting mats/playpens or place the children head to toe or toe to toe if the space is limited.
- Shared spaces and structures that cannot be cleaned and disinfected between groups/cohorts will not be used.
- Recognizing that physical distancing is difficult with small children and infants, OCOF/Nena staff will be:
  - planning activities that do not involve shared objects or toys;
  - when possible, moving activities outside to allow for more space; and
  - avoiding singing activities indoors.

## Equipment and Toy Usage and Restrictions

- OCOF/Nena will provide toys and equipment which are made of materials that can be cleaned and disinfected (i.e., avoid plush toys, remove all area carpets, etc.).
- Toys and equipment will be cleaned and disinfected at a minimum between groups/cohorts.
- Mouthed toys will be cleaned and disinfected immediately after the child is finished using it.
- OCOF/Nena will provide designated toys and equipment (i.e., balls, loose equipment) for each room or group/cohort. Where toys and equipment are shared, they will be cleaned and disinfected prior to being shared.
- If sensory materials (i.e., playdough, water, sand, etc.) are offered, they will be provided for single use (i.e., available to the child for the day) and labelled with child's name, if applicable.
- Play structures will only be used by one group/cohort at a time, if applicable.

## Program Statement/Activities

- OCOF/Nena will continue to implement the program statement.
- The ministry recognizes that there may be approaches outlined in the program statement which may not be possible due to physical distancing.
- OCOF/Nena is not required to make updates to their program statement during this time.

## Outdoor Play

- OCOF/Nena will schedule outdoor play in small groups/cohorts in order to facilitate physical distancing. Where the outdoor play area is large enough to accommodate multiple groups, staff will divide the space with physical markers to ensure groups/cohorts remain separated by at least 2 metres.

- If play structures are to be used by more than one group/cohort, the structures will only be used by one group/cohort at a time and should be cleaned and disinfected before and after each use by each group/cohort.
- OCOF/Nena will have designated toys and equipment (i.e., balls, loose equipment) for each room or group/cohort. Where toys and equipment are shared, they will be cleaned and disinfected prior to being shared.
- When applicable, OCOF/Nena will provide other outdoor arrangements (i.e., community walk), where there are challenges securing outdoor play space. Staff/children will follow physical distancing practices when possible. When physical distancing cannot be maintained, masks and face shields/goggles must be worn.
- OCOF/Nena will continue to provide sunscreen for children and staff, and staff will provide assistance to apply sunscreen to any child requiring it and should exercise proper hand hygiene when doing so (i.e., washing hands before and after application). When possible, children will be encouraged to apply their own sunscreen, and will follow hand-washing protocol.

## Interactions with Infants/Toddlers

- Infant staff will continue to supervise and hold bottles for infants not yet able to hold their own bottle to reduce the risk of choking.
- OCOF/Nena staff will be placing infants in every other crib, and marking the cribs that should not be used in order to support physical distancing.
- Children will not share food, feeding utensils, soothers, bottles, sippy cups, etc.
- Mouthed toys must be removed immediately for cleaning and disinfecting and must not be shared with other children.
- These items will be labeled with the child's name to discourage accidental sharing.

## Food Provision

- OCOF/Nena's meal practices will ensure there is no self-serve or sharing of food at meal times.
- Cooks/designates will ensure safe/sanitary delivery of meals to each group/cohort.
- Utensils will be used to serve food.
- Meals will be served in individual portions to the children.
- There should be no items shared (i.e., serving spoon or salt shaker).
- Children will neither prepare nor provide food that will be shared with others.
- OCOF/Nena staff will ensure proper hand hygiene is practiced when preparing food and for all individuals before and after eating.
- Where possible, children will practice physical distancing while eating.
- There will be no sharing of utensils.

PHSD will allow snacks/lunches to be brought into the centre with the implementation of the following precautions:

- Personal items brought into the centre including lunch boxes, water bottles etc. should be disinfected upon entry to the centre.
- Personal items should be labelled and not shared.

- Personal items must be stored in a manner that prevents contamination of the personal items of others.
- Hand hygiene must be performed by staff and children before eating.

## **Provision of Special Needs Resources (SNR) Services**

OCOF/Nena remains committed to supporting the full participation of all children in our child care centres. The goal would be to ensure that all children, including those with exceptionalities, experience a safe and engaging learning environment.

OCOF/Nena understand that at times, a child may require additional supports over and above Early Childhood practices and curriculum. With consent, Child and Community Resources (CCR) in Sudbury, Compass (in Espanola), or other Special Needs Providers will review the child and family profile.

In some instances, a child may require consultations and support from CCR, Compass, or other Special Needs Providers who would develop an individualized plan for that child to be used in the child care setting. Start dates may be delayed slightly to prepare for a child with exceptionalities.

In others, it is deemed that the child's participation in the child care centre would pose a high risk of harm to himself/herself or others, the family could be offered treatment, consultation and supports via technology platforms as an alternative to child care. High risk of harm would include the following elements of assessment: a) number of incidences of self-harm; aggressive behavior towards others and b) the duration of such behaviors; and c) interventions used to date indicate a low response to treatment at this time and requires further medical intervention/supports.

The ministry recognizes that children with special needs and their families continue to require additional supports and services in child care settings.

The provision of in-person special needs services in child care settings should continue where appropriate. Should questions arise in respect of which service providers are permitted to enter the premises, please consult with your local public health unit. Please work with special needs service providers to explore alternative modes of service delivery where in-person delivery is not possible.

Maximum capacity rules do not apply to SNR staff (consultants and community support workers/enhanced staff) on site (i.e., if they are not counted towards staff to child ratios they are not included in the maximum capacity rules).

Where SNR services are provided through external staff/service providers and licensees should inform all families of this fact, and record attendance for contact tracing purposes.

All SNR staff must be screened before entering the child care setting.



# Enhanced Health & Safety in Child Care

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**Health Screening** is an obligatory requirement of all employees and families prior to entering or having the child enter the child care centre. Staff will be trained on how to utilize the screening tool. **Everyone must be screened prior to entering the child care centre.** Precautions will include the daily health screening of all children, staff and families and enhanced drop off and pick up procedures found in *Re-opening Child Care Centre Operation-Health Screening Procedure Policy (Appendix A)*.

- Screening will involve a screening questionnaire.
- Temperatures of staff and children will be checked and recorded daily.
- Placement students will be screened upon arrival.
- Visitors will not be permitted at this time.
- As much as possible, parents should not go past the screening area.
- Children transitioning from school to child care in the afternoon, will not be screened by child care staff (these children were self-screened by their parents before entering the school).

**Enhanced Health and Safety** procedures and measures for children, staff and families will be implemented, monitored and recorded daily. Sanitary practices will be enhanced regarding how the child care setting will operate during and throughout the recovery phase following the pandemic including:

- Requirements for Health and Safety Practices (Appendix B) will include:
  - how physical distancing will be encouraged;
  - description of how shifts will be scheduled; and
  - rescheduling of group events and/or in-person meetings;
- Sanitization of the space, toys and equipment – found in Environmental Cleaning and Disinfecting (Appendix C) and Toy Disinfecting (Appendix D)
- Hand Hygiene (Appendix E)
- How to report illness found in Testing and Exclusion of Sick Children or Staff (Appendix F)

## Staffing:

- Certification in Standard First Aid Training, including Infant and Child CPR: Staff that are included in ratios and all home child care providers are required to have valid certification in first aid training including infant and child CPR, unless exempted under the CCEYA or the certification has been extended by the Workplace Safety and Insurance Board (WSIB). The WSIB has indicated that all certifications that expire after March 1, 2020 are automatically temporarily extended until September 30, 2020. Licensees are encouraged to monitor the WSIB website for any updates on First Aid/CPR certificate extensions for any staff, home child care providers or in-home service providers whose certification would have expired after March 1, 2020.
- Vulnerable Sector Checks (VSCs): Licensees are required to obtain VSCs from staff and other persons who are interacting with children at a premises. A licensee is not required to obtain a new VSC from staff or persons interacting with children where the fifth anniversary of the staff or person's most recent VSC falls within the emergency period, until 60 days after the emergency period ends.

- Staff Training: In collaboration with PHSD, CMSMs/DSSABs will ensure that training is provided to all child care staff/providers on the health, safety and other operational measures outlined in this document plus any additional local requirements.
- Additional Staff Training: Staff will receive additional training prior to commencing work. Staff will sign off that they have read and understood all associated policies and procedures.
- Communication with Parents: Staff will communicate with parents daily with updates on their child's health, well-being and daily activities. If a child is showing COVID-19 symptoms or becomes sick while attending program, they should be isolated until a family member is able to pick them up. If they are not able to be isolated, then they should be kept at least two metres away from any other child or adult.

### **Mandatory Training**

Public Health Ontario has developed videos and posters **to assist** with understanding our role in stopping the spread of COVID-19 in our community. Links to important information are provided below and all child care staff/providers must complete this training.

- 7 Steps of Hand Hygiene – <https://www.publichealthontario.ca/en/videos/7-steps-handhygiene>
- Putting on Gloves – <https://www.publichealthontario.ca/en/videos/ipac-gloves-on>
- Putting on Mask and Eye Protection – <https://www.publichealthontario.ca/en/videos/ipac-maskeyes-on>
- Taking off Mask and Eye Protection – <https://www.publichealthontario.ca/en/videos/ipac-maskeyes-off>
- Taking off a Gown and Gloves – <https://www.publichealthontario.ca/en/videos/ipac-gowngloves-off>
- Taking off Full Personal Protective Equipment -<https://www.publichealthontario.ca/en/videos/ipac-fullppe-off>

# Appendix A: Child Care Centre Operation-Health Screening

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## **Purpose**

In order to help reduce the risk of COVID-19, a health screening is an essential step. This procedure applies to all staff, children and families. Everyone must be screened prior to entering the child care centre. This tool was developed to assist Child Care Centre staff in preparing and administering health screening for all those who enter the building.

## **Policy**

Our Children, Our Future/Nos enfants, notre avenir (OCOF/Nena) is committed to providing a safe and healthy environment for staff, children and families. This screening policy will include the drop off and pick up procedure. It will be reviewed and signed off by all staff prior to commencing employment and annually thereafter and at any time where a change is made.

Prior to the screening, the following steps and set up will be completed:

- Everyone will access the building through a controlled entrance.
- All staff will complete health screening training.
- Identify/set up the location and staffing of the screening area:
  - Ensure that each person is screened
  - Maintain a minimum of 2 metres/6 feet distance between staff conducting screening and the person being screened
  - Staff who are conducting the health screening will be in full PPE and provided with a gown, a face cover, mask and shield or goggles, gloves and/or hand sanitizer
- Place entrance signage identifying the screening process.
- Ensure PHSD resources are available for anyone who does not pass the screening.

## **Drop-Off and Pick-up/Screening Procedure**

- Every staff, parent and child must be screened prior to being admitted into the child care centre. Staff must follow the screening procedure for each person and record the outcome (pass or fail).
- Child care centres within the meaning of the CCEYA have a duty to report suspected or confirmed cases of COVID-19 under the Health Protection and Promotion Act. The centre should contact PHSD and the CSMS or MSDSB to report a child or staff suspected to have COVID-19. PHSD 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 as well as who needs to be informed and when.
- Licensees should develop procedures that support physical distancing and separate groups as best as possible (i.e., children of one room enter door A and children of another room enter door B, or staggered entrance times).
- As much as possible, parents should not go past the screening area.
- All entrances should have hand sanitizer and if in an enclosed space and physical distance of 2 metres cannot be maintained, parents/guardians and staff/providers must use face

coverings. At a minimum, staff must wear a mask and eye protection (goggles or face shield) when screening when distance cannot be maintained and a barrier is not provided.

- Consider using signage/markings on the ground to direct families through the entry steps.
- Personal belongings (i.e., backpack, clothing, etc.) should be minimized. If brought, belongings should be labeled and kept in the child's cubby/designated area.
- Anyone entering the premises will be required to provide a contact telephone number.
- All screening will be recorded.

### Questions for staff and families

Greet everyone to the child care centre with a friendly, calm manner. Request that only ONE parent/guardian enters the screening area with the child and request that the adult uses hand sanitizer and a staff will take the child to wash their hands before entering the program.

### Screening Questions

1. Did you/the child have close contact with anyone with acute respiratory illness without the use of PPE?
2. Have you/the child travelled outside of Canada in the past 14 days?
3. Do you/the child have a confirmed case of COVID-19 or had close contact with a confirmed case of COVID-19 without the use of PPE?
4. Do you/the child, or any member of your household have any of the following symptoms:
  - a. Fever (temperature of 37.8 degrees Celsius)
  - b. New or worsening cough
  - c. Shortness of breath
  - d. Sore throat
  - e. Difficulty swallowing
  - f. Decrease or loss of sense of taste or smell
  - g. Nausea/vomiting, diarrhea, abdominal pain
  - h. Runny nose/nasal congestion without other known cause
5. Do you or your child or any member of your household have any of the following atypical symptoms:
  - a. Unexplained fatigue, malaise, muscle aches
  - b. Delirium (acutely altered mental status or inattention)
  - c. Unexplained or increased number of falls
  - d. Chills
  - e. Headaches
  - f. Croup\*
  - g. Pink eye (conjunctivitis)
  - h. Unexplained tachycardia (heart rate over 100 beats per minute) including age specific tachycardia for children \*
  - i. Decreased blood pressure \*
  - j. Unexplained hypoxia (oxygen saturation) \*
  - k. Clinical or radiological evidence of pneumonia \*
  - l. Multisystem inflammatory vasculitis in children

*\*Refers to symptoms better diagnosed by a health provider*

Staff conducting health screenings are required to take the temperature of each child upon entry. The thermometer must be disinfected prior to use, and gloves must be worn. Staff must complete hand hygiene (hand washing or hand sanitizing), then put on gloves and a mask. Take temperature, partner will record the information, remove gloves, and complete hand hygiene (hand washing or hand sanitizer). Disinfect thermometer and wait appropriate contact time.

**Further notes:**

- Children, parents or staff who have been exposed without PPE to a confirmed case of COVID-19 or symptomatic person(s) should be excluded as per PHSD recommendation.

**How to respond:**

- If the individual answers **NO** to all the screening questions, they have passed the screening and can drop off the child/children:
- If the individual answers **YES** to any of the screening questions or refuses to answer, then they have failed the screening:
  - Do not allow entry.
  - Ensure information is recorded (name, why failed screening, etc.)
  - Advise family to contact PHSD
  - Screener/runner must advise site Supervisor/designate who would report to PHSD
  - Provide resources to family – at minimum provide PHSD contact information as they should also contact PHSD.
  - Refer parents to review the [self-assessment tool](#) on the Ministry of Health website or the PHSD [www.phsd.ca/](http://www.phsd.ca/) to determine if further action is required.
  - If response is for a Children Services staff member, advise that the Supervisor will be notified and will follow up later in the day.
  - Staff member will advise their manager immediately.
  - Manager/staff will report failed screening to PHSD immediately by calling 705-522-9200 ext. 553

# **Appendix B: Requirements for Health & Safety Practices**

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## **Purpose**

To ensure that all employees are aware of, and adhere to, Our Children, Our Future/Nos enfants, notre avenir (OCOF/Nena) Health & Safety Practices and the directive established by Ministry of Health.

## **Policy**

OCOF/Nena is committed to providing a safe and healthy environment for staff, children and families. OCOF/Nena will take every reasonable precaution to prevent the risk of communicable diseases within our centre.

This policy applies to all staff, families and children. This policy and procedure will be reviewed and signed off by all staff prior to commencing employment and annually thereafter, and at any time where a change is made.

OCOF/Nena child care centres are required to follow all existing health and safety requirements as directed by the local medical officer of health and as outlined in the CCEYA and other policies and guidelines issued by the Ministry of Education. Plans must also be in place to respond should any staff, children, or parents/guardians be exposed to COVID-19.

Many infectious diseases and illnesses can be prevented through appropriate hygiene, sanitation, and infection prevention/control practices which helps protect the health, safety and well-being of staff, children and families.

## **Procedures**

- Monitor staff and children daily for symptoms. Should staff or children show any signs, they will be separated from all others immediately. Parent will be called and will need to pick up child up immediately.
  - a. Fever (temperature of 37.8 degrees Celsius)
  - b. New or worsening cough
  - c. Shortness of breath
  - d. Sore throat
  - e. Difficulty swallowing
  - f. Decrease or loss of sense of taste or smell
  - g. Nausea/vomiting, diarrhea, abdominal pain
  - h. Runny nose/nasal congestion without other known cause

Or the following atypical symptoms:

- a. Unexplained fatigue, malaise, muscle aches
- b. Delirium (acutely altered mental status or inattention)
- c. Unexplained or increased number of falls
- d. Chills
- e. Headaches
- f. Croup\*

- g. Pink eye (conjunctivitis)
- h. Unexplained tachycardia (heart rate over 100 beats per minute) including age specific tachycardia for children \*
- i. Decreased blood pressure \*
- j. Unexplained hypoxia (oxygen saturation) \*
- k. Clinical or radiological evidence of pneumonia \*
- l. Multisystem inflammatory vasculitis in children

*\*Refers to symptoms better diagnosed by a health provider*

- Preventative Measures-Prevent the spread of illness
  - a. Masks: All adults in a child care setting (i.e., child care staff and students) are required to wear medical masks and eye protection (i.e., face shield/goggles) while inside in the child care premises, including in hallways.
    - \*Note that if staff are working in an office or kitchen by themselves, there is no requirement to wear PPE as you are clearly able to maintain 2 metre distance from other individuals. PPE would however be required at any time where maintaining distance may not be feasible, therefore, at all times while in child care groups/cohorts, as children may approach you at any time, while walking in hallways as there is a potential for others to enter as well, etc. The recommendation is that staff working in an office or kitchen have PPE available should someone enter or should they leave.
    - \*Note that medical masks need to comply with specific standards that other masks do not. The term medical signifies that it meets the appropriate standards and would be suitable for use.
    - \*Note that the use of masks is not recommended for children, especially for those under the age of two.
    - \*Note that eye protection must be CSA approved and the fit must be appropriate for the staff using them. Eye protection includes: safety glasses, safety goggles, a face shield or visor attached to a mask. Eye protection should be comfortable, should fit securely and should not interfere with vision. Different types of goggles/glasses may need to be purchased as the fit will vary on individuals. Prescription eye glasses are not acceptable as they do not provide sufficient protection. Eye protection must be worn over prescription glasses.
  - b. If parents administered any fever-reducing medication to their child(ren) in the last 5 hours for fever they are not allowed entry.
  - c. All staff must wash hands upon arrival and often (See Appendix E: Hand Hygiene Policy and Procedures). They must also cover their mouth during coughing and sneezing either with a tissue or a flexed elbow and disposing of used tissues in a plastic lined waste container, followed by hand hygiene. Everyone should be encouraged to not touch their face.
  - d. Disinfect frequently touched surfaces and items that children touch with their hands, mouths, and body fluids such as toys, diaper stations, chairs, playground equipment, door handles, etc. (minimum twice per day) (See *Appendix C: Environmental Cleaning and Disinfecting Policy and Procedures*).

- e. Use PPE when needed during screening, cleaning and when monitoring sick children who have been separated (See *Appendix F: Testing and Exclusion of Sick Children or Staff Policy and Procedures*).
- f. The playrooms and washrooms will be supplied with paper towels and facial tissues at all times.
- g. Liquid soap dispensers and/or hand sanitizer is available in each playroom and hand sanitizer will be made available outside of the entrance area.
- h. Wash daycare laundry using detergent and warm water.
- i. Clean and disinfect diaper change areas between uses.

### **Requirements for Health and Safety**

- Ensure all current infection prevention and control practices are adhered to, this includes but is not limited to:
  - Ensuring all toys used at the centre are made of material that can be cleaned and disinfected (i.e. avoid plush toys, and removal of all area carpets, etc.);
  - Increasing the frequency of cleaning and disinfecting objects, toys and frequently touched surfaces;
  - Frequently touched surfaces are most likely to become contaminated, including doorknobs, light switches, toilet handles, and tabletops, and must be disinfected at least twice a day;
  - Only using disinfectants that have a Drug Identification Number (DIN). Low level hospital grade disinfectants may be used;
  - Checking expiry dates of products used and always following manufacturer's instructions;
  - Performing proper hand hygiene (including assisting children with hand hygiene); and,
  - Incorporating additional hand hygiene opportunities into the daily schedule.
- Encourage more physical space between children by:
  - Spreading children out into different areas;
  - Staggering, or alternating, lunchtime and outdoor playtime; and,
  - Incorporating more individual activities or activities that encourage more space between children.
- Child care staff will be scheduled for each site, and the same staff will be placed in one group/cohort for a minimum of seven days. Staff will not be working at more than one site in a seven-day period.
- Group event and meetings will be scheduled via ZOOM or TEAMS to reduce person to person contact. Where applicable, communication between OCOF/Nena and families will happen on HiMama, Face Book Pages or on our Website. Meetings with families can be set up via Skype, ZOOM or TEAMS applications.
- OCOF/Nena staff will not use large sensory bins, but will provide individual sensory experiences with the child's name labeled on it.
- Outdoor play at licensed childcare sites will be encouraged in small groups/cohorts in order to encourage physical distancing.
- Sleeping mats/cots will be placed further apart, and every second crib will be used for infants, with a sign on every second crib that states: "do not use".
- Linens will be laundered between children.



- Children will not share soothers, bottles, sippy cups, toothbrushes, facecloths, etc. OCOF/Nena staff will label these items with the child's name to discourage accidental sharing.
- OCOF/Nena staff will reinforce "no food sharing" policies.
- OCOF/Nena staff will ensure each child has their own individual meal or snack. Multi-use utensils will be sanitized.
- Pick-up and drop-off of children will happen at the entrance of the child care site (where the screening takes place in the morning).
- When possible, OCOF/Nena staff will avoid getting close to faces of all children.
- OCOF/Nena staff will clearly communicate to parents/guardians to:
  - Check their children's temperature, AND to check their own temperature daily before coming to the childcare setting.
  - If the temperature is equal or greater than 37.8 degrees Celsius or if the child/children have any cold-like symptoms or vomiting and/or diarrhea, they should stay home (see *Appendix F: Testing and Exclusion of Sick Children or Staff Policy and Procedures*).
- More information on self-monitoring can be found on [Public Health Ontario's](#) website.

# Appendix C: Environmental Cleaning and Disinfecting

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## **Purpose**

To ensure that all staff are aware of, and adhere to, Our Children, Our Future/Nos enfants, notre avenir (OCOF/Nena) Sanitary Policies and Procedures and direction by the PHSD regarding cleaning and disinfecting in the Child Care Centre.

## **Policy**

OCOF/Nena is committed to providing a safe and healthy environment for staff, children and families. OCOF/Nena will take every reasonable precaution to prevent the risk of communicable diseases within our centre.

This policy applies to all staff, families and children. This policy and procedure will be reviewed and signed off by all staff prior to commencing employment and annually thereafter and at any time where a change is made.

Childcare centres are required to follow all existing health and safety requirements as directed by the local medical officer of health and as outlined in the CCEYA and other policies and guidelines issued by the Ministry of Education. Plans must also be in place to respond should any staff, children, or parents/guardians be exposed to COVID-19.

## **Definitions**

Cleaning: refers to the physical removal of foreign material (i.e. dust, soil) and organic material (i.e. blood, secretions, microorganisms). Cleaning removes, rather than kill microorganisms. Warm water, detergent and mechanical action (i.e. wiping) is required to clean surfaces. Rinsing with clean water is required to complete the cleaning process to ensure the detergent film is removed.

Disinfecting: describes a process completed after cleaning in which a chemical solution (i.e., SABER) is used to kill most disease-causing microorganisms. In order to be effective disinfectants must be left on a surface for a period of time (contact time). Contact times are generally prescribed by the product manufacturer. Any items children may come into contact with, requires a final rinse after the required contact time is observed.

## **Procedures**

All products including cleaning agents and disinfectants must be out of reach of children, labelled, and must have Safety Data Sheets (SDS) up to date (within three years), which are stored in the WHMIS binder. Cleaning and Disinfecting will be done twice a day and as needed. Staff will be responsible for the cleaning and disinfecting.

# Appendix D: Toy Disinfecting

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## **Purpose**

To ensure that all staff are aware of, and adhere to, Our Children, Our Future/Nos enfants, notre avenir (OCOF/Nena) Policy regarding toy disinfecting in the Child Care Centre.

## **Policy**

OCOF/Nena is committed to providing a safe and healthy environment for staff, children and families. OCOF/Nena will take every reasonable precaution to prevent the risk of communicable diseases within our centre. This policy applies to all staff, families and children. This policy and procedure will be reviewed and signed off by all staff prior to commencing employment and annually thereafter and at any time where a change is made.

## **Definitions**

Cleaning: refers to the physical removal of foreign material (i.e. dust, soil) and organic material (i.e. blood, secretions, microorganisms). Cleaning removes, rather than kills microorganisms. Warm water, detergent and mechanical action (i.e. wiping) is required to clean surfaces. Rinsing with clean water is required to complete the cleaning process to ensure the detergent film is removed.

Disinfecting: describes a process completed after cleaning in which a chemical solution (i.e. Saber) is used to kill most disease-causing microorganisms. In order to be effective disinfectants must be left on a surface for a period of time (contact time). Contact times are generally prescribed by the product manufacturer. Any items children may come into contact with, requires a final rinse after the required contact time is observed.

## **Procedures**

It is important to clean and disinfect all toys, especially toys that may have been placed in children's mouths. Each toy should be cleaned and disinfected before being placed back into circulation.

- Choose toys that are washable, sturdy, and too large to be swallowed to prevent choking.
- Choose toys that can be cleaned and disinfected.
- Avoid plush toys.
- Clean toys when visibly dirty and daily.
- Remove toys from circulation that children have put in their mouths or that have other body fluids on them until they can be cleaned and disinfected. Put in labeled mouth toy bin.
- When cleaning toys, check them for sharp, jagged edges or small pieces that can be easily broken off. If toys cannot be fixed, throw them away.

## **Cleaning**

- Plastic toys that can be submersed in a sink or bucket must be cleaned with dish soap and water.
- Use soap and warm water to clean visibly soiled surfaces.
- Rinse the toys with clean water (warm to tepid temperature preferred) to ensure soap is removed.
- Allow toys to air dry.

# Appendix E: Hand Hygiene

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## **Purpose**

To ensure that all staff are aware of, and adhere to, Our Children, Our Future/Nos enfants, Notre avenir (OCOF/Nena) Sanitary Policies and Procedures and direction by the PHSD regarding cleaning and hand hygiene in the Child Care Centre.

## **Policy**

OCOF/Nena is committed to providing a safe and healthy environment for staff, children and families. OCOF/Nena will take every reasonable precaution to prevent the risk of communicable diseases within the centre. This policy applies to all staff, families and children. This policy and procedure will be reviewed and signed off by all staff prior to commencing employment and annually thereafter and at any time where a change is made.

## **Definitions**

Hand Hygiene: is a general term referring to any action of hand cleaning. Hand hygiene relates to the removal of visible soil and removal or killing of transient microorganisms from the hands. Hand hygiene may be accomplished using soap and running water or a hand sanitizer (60-90% alcohol based is acceptable). Hand washing with soap and running water must be performed when hands are visibly soiled.

## **Procedures**

Hands carry and spread germs. Touching your eyes, nose, mouth or sneezing or coughing into your hands may provide an opportunity for germs to get into your body or spread to others. Keeping your hands clean through good hygiene practice is one of the most important steps to avoid getting sick and spreading germs.

## **Hand Washing Procedure**

Hand washing is the best way to prevent the spread of infection. Proper hand washing significantly reduces the spread of colds, influenza, and diarrhea illnesses. When you wash your hands, you wash away the germs that you may have picked up from other people, surfaces, or from animals.

## **Children should wash their hands:**

- upon arriving at the school or daycare
- sneezing, coughing, or blowing nose
- before and after eating
- before and after handling raw food
- after handling garbage
- after using the washroom
- after sneezing, coughing, or wiping their nose
- when their hands are dirty
- after playing with commonly used toys
- after playing outdoors or in a sandbox
- after coming in contact with bodily fluids

- after coming in contact with any soiled/mouthed items
- after gardening

**Staff should wash their hands:**

- upon arriving at work or returning from a break
- after sneezing, coughing, or blowing your nose
- before preparing, serving, or eating food
- after diapering a child or checking a diaper
- after cleaning up messes
- after wiping a nose
- after going to the bathroom or assisting a child to use the bathroom
- after playing outdoors with children
- before giving any medications
- after assisting a child with handwashing
- after handling garbage
- before and after handling raw foods
- after outdoor play
- after handling soiled laundry or dishes
- after handling soiled toys or other items
- after coming in contact with bodily fluids
- after coming into contact with any soiled/mouthed items
- after gardening

**Staff Handwashing**

- Leave jewelry at home or remove it upon handwashing.
- Use liquid soap and warm running water.
- Rub hands vigorously as you wash.
- Wash all surfaces including backs of hands, wrists, between fingers, and under fingernails for a minimum of 15 seconds.
- Rinse hands well. Leave water running.
- Dry hands on a single-use paper towel.
- Turn off faucet with a dry paper towel. Do not use bare hands to turn off faucet.
- Nail brushes are not to be used.

**Toddler Handwashing**

- Have child wet hands.
- Squirt a drop of liquid soap onto child's hands.
- Help child wash all areas of hands for 15 seconds.
- Rinse child's hands from wrist to fingertips under running water.
- Dry child's hands with a fresh paper towel.
- Turn off faucet with paper towel and discard.
- Wash your own hands.

### **Infant Handwashing**

- Clean infant's hands thoroughly with a damp paper towel moistened with liquid soap.
- Rinse hands from wrist to fingertips using a fresh paper towel moistened with clean water.
- Dry infant's hands with a fresh paper towel.
- Turn off faucet with paper towel and discard.
- Wash your own hands.

### **School-Age Handwashing**

- Ask the children to wash their hands correctly.
- Show the children how to wash their hands if they do not know how or have forgotten.
- Remind the children that handwashing will help keep them from getting sick.

### **Hand Hygiene Monitoring**

To ensure that employees are using proper hand hygiene methods, supervisors will review hand hygiene practices on a regular basis and provide feedback to employees as required.

### **Hand Sanitizing Information**

When your hands are not visibly dirty, a 60-90% alcohol based hand sanitizer can be used. Hand sanitizers can only be used on children who are over the age of two and must always be used under adult supervision. Adults must ensure that the product has completely evaporated from the child's hands before allowing the child to continue their activity.

Please ensure that written parent consent is obtained before applying hand sanitizer to any child.

### **Glove Use**

Gloves shall be worn when it is anticipated that hands will come into contact with mucous membranes, broken skin, tissue, blood, bodily fluids, secretions, excretions, contaminated equipment or environmental surfaces. Nitrile gloves are single use only.

### **Gloves and Hand Hygiene**

Hand hygiene shall be practised before applying and after removing gloves. Gloves shall be removed and discarded after each use.

To reduce hand irritation related to gloves:

- Wear gloves for as short as time as possible
- Ensure that hands are clean and dry before wearing gloves
- Ensure gloves are intact, clean and dry inside
- Gloves are single use only, and must be task specific such as nitrile gloves for diaper changes

### **Covering Your Cough Procedure**

Germs, such as influenza and cold viruses, are spread by coughing and/or sneezing. When you cough or sneeze on your hands, your hands carry and spread these germs.

Attempt to keep your distance (preferably more than 2 metres/6 feet) from people who are coughing or sneezing. Follow these steps to stop the spread of germs:

- If you have a tissue, cover your mouth and nose when you cough, sneeze or blow your nose.

- Put used tissues in the garbage.
- If you don't have a tissue, cough or sneeze into your sleeve, not in your hands.
- Clean your hands with soap and water or hand sanitizer (70-90% alcohol-based) regularly and after using a tissue on yourself or others.

# Appendix F: Testing and Exclusion of Sick Children or Staff

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## **Purpose**

To ensure that all employees are aware of and adhere to Our Children, Our Future/Nos enfants, notre avenir (OCOF/Nena) policy in regarding to the exclusion of sick children in OCOF/Nena Child Care Centres.

## **Policy**

OCOF/Nena is committed to providing a safe and healthy environment for children, families and employees. OCOF/Nena will take every reasonable precaution to prevent the risk of communicable diseases within our centre. This policy applies to all staff, families and children. This policy and procedure will be reviewed and signed off by all staff prior to commencing employment and annually thereafter and at any time where a change is made.

## **Procedures**

### Testing for COVID-19

- Symptomatic staff and children will be referred for testing. Testing of asymptomatic persons should only be performed as directed by PHSD as part of outbreak management. A list of symptoms, including atypical signs and symptoms, can also be found in the 'COVID-19 Reference Documents for Symptoms' on the Ministry of Health COVID-19 Website.
  - Those who test negative for COVID-19 must be excluded until 24 hours after symptoms resolution. If there are enteric symptoms such as vomiting and diarrhea, the exclusion would be 48 hours post-resolution of symptoms as the concern here is Norovirus. If there is no vomiting and/or diarrhea, the exclusion of 24 hours applies.
  - Those who test positive for COVID-19 must be excluded from the child care centre for 14 days after the onset of symptoms and clearance has been received from PHSD.
- OCOF/Nena will consider a single, symptomatic, laboratory confirmed case of COVID-19 in a staff member or child as a confirmed COVID-19 outbreak in consultation with PHSD. Outbreaks should be declared in collaboration between the centre and PHSD to ensure an outbreak number is provided.
- Children or staff who were in the same child care centre group/cohort as the ill child up to 48 hours prior to symptom onset should be identified as a close contact and further grouped/cohorted at the child care centre and to self-isolate at home in the evening and/or on weekends until a negative test has been confirmed. PHSD will provide further direction on testing and isolation of these close contacts.
- Staff members awaiting test results, who are asymptomatic, may continue to work unless there is reason to believe they would be considered a case (i.e. potential exposure to an ill or positive care or household contact). Staff should also monitor for symptoms while waiting for test results. If they become symptomatic, they should be excluded from work procedures.

As required by the CCEYA, OCOF/Nena staff must separate children of ill health and contact parents/guardians to take the child home.



If a child or staff begins to experience symptoms of COVID-19 while attending child care, the following recommendations will be followed:

- Symptomatic staff must be sent home to self-isolate. Symptomatic children must be immediately separated from others in a supervised area until a family member is able to pick them up. If they are not able to be isolated, then they should be kept at least two metres away from any other child or adult.
- Following active surveillance, any child with the following is considered symptomatic:
  - Fever (temperature of 37.8 degrees Celsius)
  - New or worsening cough
  - Shortness of breath
  - Sore throat
  - Difficulty swallowing
  - Decrease or loss of sense of taste or smell
  - Nausea/vomiting, diarrhea, abdominal pain
  - Runny nose/nasal congestion without other known cause

Or the following atypical symptoms:

- Unexplained fatigue, malaise, muscle aches
- Delirium (acutely altered mental status or inattention)
- Unexplained or increased number of falls
- Chills
- Headaches
- Croup\*
- Pink eye (conjunctivitis)
- Unexplained tachycardia (heart rate over 100 beats per minute) including age specific tachycardia for children \*
- Decreased blood pressure \*
- Unexplained hypoxia (oxygen saturation) \*
- Clinical or radiological evidence of pneumonia \*
- Multisystem inflammatory vasculitis in children

*\*Refers to symptoms better diagnosed by a health provider*

- If a 2-metre distance cannot be maintained from the ill child, at minimum staff are required to wear a medical mask, eye protection (goggles or face shield), and have a barrier to protect their clothing (a blanket or a gown) in order to prevent/limit virus transmission to those providing care.
- Contact the PHSD at 705-522-9200 ext. 301 to notify them of a potential case and seek advice regarding the information that should be shared with the other parents/guardians of children in the child care centre. A serious occurrence must be submitted to the Ministry of Education for each child or staff. Children's Services at the City of Greater Sudbury should also be informed, and Lori Clark at the MSDSB.
- While contacting the PHSD, at a minimum the child who is over 2 and staff member should wear a surgical/procedure mask (if tolerated), and any other PPE appropriate for the circumstance.
- Hand hygiene and respiratory etiquette should be practiced while the child is waiting to be picked up.

- Tissues should be provided to the child for proper respiratory etiquette, along with proper disposal of the tissues.
- Environmental cleaning of the space the child was separated from should be conducted once the child has been picked up. Items that cannot be cleaned and disinfected should be removed and store in a sealed container for a minimum of 7 days.
- Siblings of the sick child are also to be picked up and excluded until a negative test has been confirmed and 48 hours after the last symptom.
- Children of an ill staff member should also be sent home and excluded until a negative test has been confirmed and 48 hours after the last symptom.

If you suspect a child has symptoms of another reportable communicable disease (Please refer to Reporting Communicable Diseases in the Ounce of Prevention Binder), please report these immediately to PHSD 705-522-9200 as is normal protocol.

### **Returning from Exclusion Due to Illness**

Staff/children who are being managed by PHSD (i.e., confirmed cases of COVID-19, household contacts of cases) should follow instructions from PHSD to determine when to return to the facility.

### **Occupational Health & Safety**

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

- a. Ministry of Labour;
- b. Joint Health and Safety Committee (or health and safety representative); and
- c. Trade union, if any.

Any instances of occupationally acquired infection shall be reported to WSIB within 72 hours of receiving notification of said illness.

# Appendix G: COVID-19 Internal Protocol for Handling a Symptomatic Child

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## Procedures

- When a child shows symptoms of illness, staff must record the symptoms in a report to be signed by the parent.
- Staff must inform the supervisor/designate immediately.
- The supervisor/designate will need to analyze the severity of the symptoms to determine the procedure and whether a call to PHSD is required. See list below:
  - Fever (temperature of 37.8 degrees Celsius)
  - New or worsening cough
  - Shortness of breath
  - Sore throat
  - Difficulty swallowing
  - Decrease or loss of sense of taste or smell
  - Nausea/vomiting, diarrhea, abdominal pain
  - Runny nose/nasal congestion without other known cause

Or the following atypical symptoms:

- Unexplained fatigue, malaise, muscle aches
  - Delirium (acutely altered mental status or inattention)
  - Unexplained or increased number of falls
  - Chills
  - Headaches
  - Croup\*
  - Pink eye (conjunctivitis)
  - Unexplained tachycardia (heart rate over 100 beats per minute) including age specific tachycardia for children \*
  - Decreased blood pressure \*
  - Unexplained hypoxia (oxygen saturation) \*
  - Clinical or radiological evidence of pneumonia \*
  - Multisystem inflammatory vasculitis in children
- \*Refers to symptoms better diagnosed by a health provider*
- In the absence of the supervisor, the designated person will contact the backup supervisor for advice on how to proceed.
  - If a call to PHSD is required, here is the procedure to follow:
    - **The supervisor/designate calls the parent to advise that a call to PHSD will be placed.**
    - In the absence of the supervisor, if the designated person calls the parent and the parent does not agree with the call to PHSD, the designated person will contact the backup supervisor and the backup supervisor can call the parent to discuss the situation.
  - The supervisor/designate will call PHSD and make a note of any recommendations given.
  - The supervisor/designate will call the parent and share the PHSD recommendations with them.
  - The supervisor/designate will follow all recommendations made by PHSD.
  - In the absence of the supervisor, the designated person will call the backup supervisor and share with her all the recommendations offered by PHSD.

# Appendix H: COVID-19 Serious Occurrence Reporting

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## Procedures

Effective September 20, 2020, and in accordance with the August 2020 Operational Guidance document, child care licensees will be required to submit serious occurrences for a suspected case of COVID-19 for individuals exhibiting 1 or more symptoms (previous requirements were for 2 or more symptoms).

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:

1. a child at the child care centre
2. a parent/guardian of the child
3. a staff member at a child care centre
4. a student at a child care centre

## Additional Information/Tips:

- Where a serious occurrence has been reported for a suspected case (as defined above) and the individual’s test results are positive, licensees must update the original serious occurrence report submitted to add this information. **Please do not upload test results to the report. These documents are not required.**
- Where a serious occurrence has been reported under this category and that report remains open in CCLS, should a second individual develop a suspected or confirmed case, licensees must revise the existing/open serious occurrence report; i.e. a new serious occurrence is NOT required to be submitted where there is an existing report that remains open. However, where a second individual develops a suspected or confirmed case and there is not an open serious occurrence report under this category, the licensee must submit a NEW report.
- Please note: should the entire child care, part of the child care (i.e. a program room) close due to a “confirmed or suspected case” (as defined above), a separate serious occurrence for an unplanned disruption of service is NOT required to be submitted. Licensees must include this information in the Serious Occurrence report and/or revise the serious occurrence report when the closure occurs.

With the change in definition to reporting Suspected COVID-19 Cases for individuals exhibiting 1 or more symptoms, the requirement for Serious Occurrences to be submitted under the category “Unplanned Disruption of Service”, with the sub-type of “Other emergency relocation or temporary closure” is no longer required.

## Appendix I: City of Greater Sudbury Fees

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<b>Infants</b>	<b>Full Time</b>	<b>Part Time</b>
Less than 6 hours	\$44.00	\$46.00
6 to 9 hours	\$56.75	\$58.75
Extended day (more than 9 hours)	\$60.50	\$62.50

<b>Toddlers</b>	<b>Full Time</b>	<b>Part Time</b>
Socialization (9:00 to 11:30 a.m.)	\$23.00	\$25.00
Less than 6 hours	\$35.00	\$37.00
6 to 9 hours	\$46.00	\$48.00
Extended day (more than 9 hours)	\$50.50	\$52.50

<b>Preschool</b>	<b>Full Time</b>	<b>Part Time</b>
Socialization (9:00 to 11:30 a.m.)	\$21.25	\$23.25
Less than 6 hours	\$30.75	\$32.75
6 to 9 hours	\$42.00	\$44.00
Extended day (more than 9 hours)	\$45.25	\$47.25

<b>School Age</b>	<b>Full Time</b>	<b>Part Time</b>
Before school	\$12.00	\$14.00
After school	\$14.00	\$16.00
Before and after school	\$18.00	\$20.00

<b>PD Days / Summer</b>	<b>Full Time</b>	<b>Part Time</b>
Less than 6 hours	\$29.50	\$31.50
6 to 9 hours	\$38.50	\$40.50
Extended day (more than 9 hours)	\$42.50	\$44.50

# Appendix J: Manitoulin-Sudbury District Services Board Fees

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<b>Infants</b>	
Full Day (over 4 hours)	\$35.70
Socialization (less than 4 hours)	\$15.30

<b>Toddlers</b>	
Full Day (over 4 hours)	\$30.60
Socialization (less than 4 hours)	\$15.30

<b>Preschool</b>	
Full Day (over 4 hours)	\$25.50
Socialization (less than 4 hours)	\$15.30

<b>School Age</b>	
Before school	\$5.10
After school	\$10.20
Before and after school	\$10.20
Full Day (over 4 hours) (PD Days/Summer)	\$20.40
Socialization (less than 4 hours)	\$15.30