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November 24, 2020

Dear Guardians and Placing Agencies,

As you are aware, the number of COVID-19 cases in Ontario continues to rise. We understand how important maintaining family and community contact is for our youth, but we must balance our need to keep our youth and staff healthy with the need for access visits. To do this, we are basing the types and locations of visitation that we are able to support on the **colour-code** system that is part of the Ontario government's new plan, [COVID-19 Response Framework: Keeping Ontario Safe and Open](#). Please see the attached chart for a summary of the allowable visitation or read further for a more detailed explanation.

Visits occurring in or from the green and yellow zones are considered to be relatively low risk, given the lower number of COVID-19 cases in those regions. These visits can be in the family home, provided that the placing agency and family members that will be visited can attest that no one that the youth will have contact with has COVID-19 or is likely to have been in close contact with someone else who has a probable diagnosis of COVID-19 (please see the attached Letter of Attestation). Given that communities in the yellow zone are at a slightly higher risk than those the green zone, we require that youth visiting homes in the yellow zones be isolated for 14 days upon their return, or until they obtain a negative COVID-19 test result, whichever comes first. If the visit is a supervised access visit, where there is a placing agency worker and/or Bayfield personnel monitoring the visit to ensure social distancing protocol is maintained, there is no need for the isolation period or COVID-19 testing.

Visits occurring in or from the orange and red zones are considered to be at a higher risk, given the elevated number of COVID-19 cases in those regions. These visits are limited to being supervised access visits, where there is a placing agency worker and/or Bayfield personnel monitoring the visit to ensure social distancing protocol is maintained. Visits occurring with people from communities in orange zones may occur either at the placing agency's premises, in a rented meeting room or at Bayfield. Those from red zones may only occur at Bayfield, so that our staffs do not have to travel into the higher risk areas. There is no need for an isolation period or COVID-19 testing following the visit, but we still ask that the placing agency and family members that will be visited can attest that no one that the youth will have contact with has COVID-19 or is likely to have been in close contact with someone else who has a probable diagnosis of COVID-19.

We do not support any in-person visitation to or from communities that are in a lockdown situation and/or have been designated as being a grey zone. We will be happy to coordinate video conferencing visits through platforms like Zoom or Skype, for those youth that cannot have in-person visits.

Please contact your child's Case Manager/Team Leader to coordinate your visits. Should you wish to visit over the holidays, please note that there is an increased demand for staffing and vehicles to accommodate visits during these times, so at least 2 weeks of notice is requested to

allow time to coordinate the required resources. Otherwise, Bayfield may not be able to assist with the transportation. Please also note that no form of unsupervised public transportation methods (train, bus, etc.) are supported at this time, given the increased risk associated with the challenges of maintaining the required social distancing in those environments.

Thank you for your patience and understanding, while we attempt to keep those that we care about and for as safe as possible. We wish you and your loved ones good health during these challenging times.

Sincerely,

A handwritten signature in black ink, appearing to read "Todd Powell", written over a horizontal line.

Todd Powell
Director of Operations



Appendix A

Visitation During the Covid-19 Pandemic

(According to the Ontario Government's Current Colour Code Category for the Health Unit of the Visiting Family)

Colour Code Category	Home Visit with Family	Supervised Access in Home Area	Supervised Access At Bayfield	No Visitation	Advance Attestation Letter	COVID-19 Test	Isolation for 14 Days
Prevent	✓	✓	✓		✓		
Protect	✓	✓	✓		✓	✓	✓
Restrict		✓	✓		✓		
Control			✓		✓		
Lockdown				✓			
Notes	1	2, 3	3		4	5, 6	5, 6, 7

Notes (see corresponding numbers above)

1. Youth and family to commit to limiting the youth's contact to those in the family household.
2. May be at the local CAS office or a rented meeting room where there is sufficient space for social distancing. The visit is co-supervised by placing agency and Bayfield personnel.
3. Visitation is to be closely supervised to ensure the required social distancing, use of personal protective equipment and hygiene etiquette is maintained.
4. To be completed by all that the youth will have contact with and returned to Bayfield personnel prior to the youth's departure. Successful COVID-19 Screening is also required prior to entering the visitation area.
5. Required only if the visit is unsupervised at the family home.
6. Required upon return and youth must commit to conditions prior to departure.
7. Isolation (no indoor group activities, social distance outside, mask worn whenever outside of bedroom) upon return or until a Negative COVID-19 test result is obtained, whichever comes first.



Guardian/Visitor Letter of Attestation

(Please complete this form and return it to Bayfield personnel prior to the visit or admission)

Youth Name: _____

Home Placed: _____

Visit Start Date: _____

Visit End Date: _____

As a family member, or as a person performing essential support services, wishing to visit with or admit a youth that is or will be receiving services at Bayfield Treatment Centres, I attest to have personally witnessed or know to be true that neither I, the youth and anyone else that will be exposed to this youth during the visit, as well as those involved in the transportation of the youth, are: (please check ✓ all that apply)

- known to have had contact with a probable case of COVID-19, or
- experiencing symptoms of COVID-19, or;
- confirmed positive for COVID-19, and that;

they have completed the COVID-19 self-assessment at <https://covid-19.ontario.ca/self-assessment/> and have obtained a self-assessment result of, "It is unlikely that you have COVID-19," with: (please check ✓ all that apply)

- no recommendations that they should self-isolate at home until symptom-free;
- no recommendations that they should seek clinical assessment for COVID-19 via the phone, and;
- no recommendations that they should call 911 or go directly to the nearest emergency department.

I have been made aware of and understand that the inability to attest to any of the above must result in the postponement of the visit for a minimum of 14 days *and* until the person(s) is symptom free for 48 hours.

I understand that all visitation will occur according to the current colour code category for the local Health Unit of the visiting family or person (see attached Appendix A) and I further understand that anyone attending and/or returning to Bayfield Treatment Centres and/or any of its buildings will be subjected to further assessment with a screening tool (see attached Appendix B), *before* being permitted to proceed further within the building. Those who are deemed to pose a risk *will not* be permitted entry.

I further understand that any youth, that comes under investigation for or is confirmed positive for COVID-19 within 14 days of return from a home visit, will be *returned* to the care of the guardian for isolation or quarantine, until the youth is clinically assessed to be symptom free for at least 48 hours and is no longer contagious. We will also be obligated to advise our local community health authority, along with the community health authority of the guardian, of any suspected or confirmed case of COVID-19, so they may manage that risk accordingly.

By signing this attestation letter, I hereby attest to the above information being true,

Name of Legal Guardian/Visitor

Signature of Legal
Guardian/Visitor

Date of Signing

Name of Witness

Signature of Witness

Date Witnessed