



COVID- 19 Policy

At Central Montessori School (CMS), we are committed to providing a safe and healthy environment for children, families, and employees. We will take every reasonable precaution to prevent the risk of communicable diseases within all of our locations. The health & safety protocols entailed in this document apply to all employees, students, community members, and any other persons engaging in business with CMS. The purpose of these policies and procedures is to ensure that all persons are aware of and adhere to, the directives established by our local health departments and Children's Services, and in support of meeting requirements as set out under the Child Care and Early Years Act, 2014 (CCEYA). CMS will continue to operate with enhanced health and safety measures in place, including the use of medical masks/N95 masks for all staff/providers. Policies and Procedures will be modified as applicable when COVID-19 restrictions can be lifted and/or amended to reflect new advice from the appropriate authorities.

Environmental cleaning and disinfecting including cleaning and disinfecting of toys, Equipment and other shared materials

Cleaning, Sanitizing and Disinfecting Policy and Procedures

Policy Statement

At Central Montessori Schools (CMS) we are committed to providing a safe and healthy environment for children, families, and employees. We will take every reasonable precaution to prevent the risk of communicable diseases.

CMS is continuing to focus on regular hand hygiene to reduce the risk of infection related to high touch surfaces. Cleaning and disinfecting are conducted twice daily at a minimum, however, more frequent cleaning and disinfecting if necessary, depending on the frequency of use and extent of spoilage.

Purpose

To ensure that all employees are aware of, and adhere to, the directive established by our local health departments, and Children's Services regarding cleaning and disinfecting.

Application

This policy applies to all employees, students, community members, and any other persons engaged in business with us.

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) are required to clean surfaces. Rinsing with clean water is required to complete the cleaning process to ensure the detergent film is removed.

Sanitize: is defined as the reduction of microorganisms to levels considered safe from a public health viewpoint. Sanitizing takes place after the cleaning step because it is most effective on a minimally soiled surface.

Disinfecting: describes a process completed after cleaning in which a sanitizer, 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, may require a final rinse after the required contact time is observed.

Procedures: All products including cleaning agents and disinfectants must be kept in a secured location that is out of reach of children. All cleaning agents and disinfectants must be labelled and must have Safety Data Sheets (SDS) up to date (within three years), which are stored in a binder on top of the fridge.

Cleaning

- Use detergent and warm water to clean visibly soiled surfaces
- Rinse the surface with clean water (warm to tepid temperature preferred) to ensure detergent is removed
- Let the surface dry
- A sanitizing solution using: 1 Teaspoon (5ml) bleach per cup (250ml) of water or 1 litre of water (4 cups) to 20 ml of bleach (4 tsp) is an acceptable sanitary solution. You can check the solution strength with test strips.
- The sanitizing solution should be mixed fresh every day since it loses its strength and effectiveness after 8 hours. The contact time is 2 minutes.
- In an Outbreak, the solution is 1 litre of water with 125 ml of bleach

Disinfecting Surfaces

For general environmental disinfection of high touch, surfaces use the bleach and water mix, in a ready to use spray bottle - the contact time for disinfecting is **2 minutes. OR**

Oxivir: Disinfectant (Ready mix solution) Contact time: 1 minute.

How to Disinfect

- Staff must wear gloves, a face shield (optional) and a medical mask while disinfecting
- Spray or wipe on the bleach solution and leave it on the surface for the appropriate disinfecting contact time. Once the contact time has elapsed, the surface has now been disinfected
- Any surface that food or children may come in contact with requires a final rinse with a single-use paper towel (i.e. counters, trolleys, sinks)
- If the surface continues to be wet, you may wipe it dry with a single-use paper towel

Cleaning and Disinfection frequency requirements

Frequencies:

Cleaning and disinfecting routines must be increased as the risk of environmental contamination are higher:

- **Tables and countertops:** used for food preparation and food service must be cleaned and disinfected before and after each use
- **Spills:** must be cleaned and disinfected immediately
- **High Touch surfaces:** these are surfaces that have frequent contact with hands, food, and other objects. These surfaces must be cleaned at least twice per day and as often as necessary (i.e., when visibly contaminated). Examples include:
 - Countertops
 - Trolley's
 - Sinks
 - Door handles
- Shared indoor spaces will be cleaned and disinfected before and after each use by each cohort.
- Outdoor equipment will be disinfected daily at the end of the day.
- Each room will have designated toys and equipment (e.g., balls, loose equipment).
- Where toys and equipment are shared (if used) will be cleaned and disinfected by each group staff.
- If sensory materials (e.g., play dough, water, sand, etc.) are offered, they will be provided for single child use (i.e. available to the child for the day) and labelled with the child's name, if applicable.
- Mouthed toys will be removed immediately for cleaning and disinfecting and will not be shared with other children.
- All items will be labelled with the child's name to discourage accidental sharing
- Each group (cohort) has its designated bathroom and will be disinfected end of the day. If the bathroom is shared between different groups (cohorts) the bathrooms will be cleaned and disinfected after each group (cohort) has used the washroom.

CMS staff will conduct a deep cleaning daily at the end of the day making sure that the areas, where children/ staff have been used are disinfected.

HEALTH SCREENING & DROP-OFF/PICK-UP PROCEDURES

Daily health screening must be conducted for all children, employees, placement students, and visitors **before** arriving at the school. Parents/guardians must screen their children for symptoms of illness every day.

Any children, employees, placement students, or visitors to the school displaying **any new or worsening symptom** of COVID-19 (even with only one symptom as indicated in the COVID-19 School and Child Care Screening Tool from Section 1 and any 2 symptoms from section 2) must follow Public Health guidelines.

Section 1 Symptoms: Fever > 37.8°C and/or chills, Cough, Difficulty breathing, Decrease or loss of taste/smell

The child should stay home for 6 days on the onset of symptoms or get tested. Where an individual is experiencing the symptom(s) listed above, the individual is presumed to have COVID-19 based on their symptoms and should isolate as per the below criteria for those who test positive on a RAT or PCR test.

Section 2 Symptoms; Sore throat, Runny nose/ nasal congestion, Headache, Nausea, Vomiting or diarrhea, Feeling very tired, Muscle aches/ joint pain

Where an individual has only one of the following symptoms, or a different symptom (e.g., pink eye), the individual should isolate until symptoms are improving for at least 24 hours (or 48 hours if gastrointestinal symptoms are present), and household members are not required to isolate.

If an individual has two or more of the above-listed symptoms, will require Rapid Antigen tests to be taken 24 to 48 hours apart, or self-isolation ends. When a person who is symptomatic /COVID-19 positive completes their self-isolation, they do not need to self-isolate again if other household members become ill.

Screening & upon Arrival & Drop-Off:

To help reduce the risk of respiratory infections (including COVID-19), health screening is an essential step. This procedure applies to all employees, students, clients, community members, and any other persons engaging in business with CMS. Everyone must be screened before entering the building:

- Parents/Guardians will be provided with a staggered timing for the drop-off time.
- Parents/Guardians must wait until their child passes the screening process before being allowed to enter the school.
- Parents/Guardians are not permitted past the health screening line to ensure physical distancing. Only one parent/guardian is permitted near the screening area.
- There will be a screening station assigned for the children at different doors at each campus. Please contact your child's campus administrator for the details.
- The main entrance of the building will be opened for screening from 8 a.m. to 9:30 a.m. After this time, kindly ring the buzzer and an admin/screener will come to screen your child at their earliest availability).
- Staff and Parents/Guardians of children are required to complete the online screening form before they arrive. If the form is not completed, and there is no access to the online form, a hard copy will be provided.

- The screener will verify that the screening has been completed. If not, the screener will ask the parent/guardian to complete the form. The screener reviews the form and if it is all clear.
- Staff and children are not permitted past the health screening line until they have been cleared to enter the building.
- If answered questions are satisfactory, and the staff member or child does not have a fever (37.8 degrees C or below) or other symptoms, they have passed the screening and can enter the building.
- As persons enter the school, they will be asked to sanitize their hands.
- Only the child will be allowed to enter the building (not the parent/guardian).
- A staff member will then take the child to his/her classroom.
- If answered questions are not satisfactory, or answers are refused, and/or fever (37.8 and above) has been noted, entry into the building will be denied. The person or family will be asked to go home and self-isolate right away. They will be asked to follow the above-mentioned protocols for isolation and testing requirements.
- Staff will then ensure that door handles and any other surfaces the individual has touched are disinfected immediately. Personal protective equipment (PPE), a medical mask, must be worn for this, with hand hygiene performed before and after donning and doffing the gloves and mask.
- Health screening areas will be disinfected regularly throughout the day.

Pick-up Procedures:

- Parents/Guardians will be provided with a staggered timing for pick-up time.
- Door **A** and Door **B** will be used for pick-up.
- Parents/Guardians are asked to call the classroom 10 minutes before pick-up to allow children to get ready, or to allow staff to help prepare younger children for pick-up.
- A staff member will pick up the child from their classroom and bring them to the door where parents/guardians will be waiting.
- If a child is on the playground, a staff member will bring the child from the playground and hand them to their parent/guardian.

ATTENDANCE RECORDS

- The attendance records will be maintained daily for all children and anyone entering the premises (e.g., staff, cleaners, people doing maintenance work, people providing support for children with special needs, and those delivering food).
- Record of attendances and absences are maintained by each program/class. Each program/class has its own attendance records of children attending to facilitate contact tracing.
- Records will be kept on-premises and contain name and contact information and must include an approximate time of arrival and time of departure for each individual.

- Public Health (PH) will be notified when the childcare’s absenteeism rate is at least 30% higher than usual.

COHORTING STAFF AND CHILDREN

A ‘cohort’ is defined as a group of children and the staff members assigned to them, who stay together throughout the program.

- CMS childcare settings are permitted to operate using maximum group sizes as set out under the CCEYE (licensed age groups before the COVID-19 outbreak).
- Maximum capacity rules do not apply to Special Needs Recourse staff (i.e., if they are not counted towards staff to child ratios they are not included in the maximum capacity rules).
- Each cohort will stay together throughout the day and as much as possible. CMS will maintain ratios as set out under CCEYE.

If your child is in a classroom cohort with a positive case, based on the new provincial guidance, being in the same classroom cohort is not considered a close contact because preventive and protective measures are in place. If a student in the child's cohort tests positive or has symptoms, parents/guardians should continue to monitor their child for symptoms every day. The new provincial guidance indicates that the children can continue to attend school if they do not have any symptoms.

Staffing Scheduling:

- Staff will work with the same cohort as much as possible.
- CMS staff, early childhood education students, and children will be assigned to a designated classroom if possible to limit the mixing of staff and children and contain the illnesses.
- The same staff (i.e., CMS staff, placement students) will remain with their assigned cohort if possible for the duration of the program.

Visitors and Students on Placement

All visitors to the program, including parents, students completing educational placements, or others, are subject to the health and safety protocols outlined above. The number of visitors indoors will be limited.

CMS will ensure that the attendance and contact information is up-to-date for both children and staff. This includes the emergency contact information of an individual who is able to pick up a student whenever needed.

Transportation

CMS does not provide transportation for the children

SPACE SET-UP AND PHYSICAL DISTANCING

CMS will adhere to physical distancing measures as follows:

- If sensory materials (e.g., play dough, water, sand, etc.) are offered, they will be provided for single-child use (i.e. available to the child for the day) and labelled with the child's name, if applicable.
- Cots/cribs will be further apart at nap time (placed head to toe OR toe to toe if the space is limited)
- Children must not share food, feeding utensils, soothers, bottles, sippy cups, etc.
- All items must be labelled with the child's name to discourage accidental sharing
- Mouthed toys will be removed immediately for cleaning and disinfecting and must not be shared with other children.
- If sensory materials (e.g., play dough, water, sand, etc.) are offered, emphasis should be placed on hand hygiene before and after the use of materials.
- Label these items with the child's name to discourage accidental sharing.

Hand Hygiene and Respiratory Etiquette

Appropriate hand hygiene is conducted by anyone entering the child care setting and incorporated into the daily schedule at regular intervals during the day, (for example, before eating food, after using the washroom, after cough and sneeze). CMS staff, visitors, students on educational placement and children will be provided with age-appropriate education in proper hand hygiene and respiratory etiquette.

USE OF MASKS, PERSONAL PROTECTIVE EQUIPMENT (PPE), AND HAND HYGIENE

All staff members, placement students, and visitors are recommended to wear high Quality/3 ply surgical or medical well-fitted mask/non-fit-tested N95 mask a while inside the school, including in hallways and staff rooms (unless eating – but time with masks off should be limited and physical distancing should be maintained).

Staff should replace the N95 mask by factors including but not limited to:

- When it is no longer tolerated or accepted;
- When the filtering part of the mask is wet;

- When the mask has lost some of its integrity: relaxed elastic, damaged filtering part; and
- When there were potentially infectious droplets splashing onto the mask.

For Medical/ 3ply surgical mask replacement:

- When the mask is damp, wet or dirty
- When it is hard to breathe

Expectations for children:

- All children in grades 1 and above are recommended to wear a medical or non-medical mask.
- Children younger than grade 1 are encouraged to wear a non-medical mask or face covering while inside, including in hallways.
- Masks are not recommended for children under the age of two.
- Parents/guardians are responsible for providing their child(ren) mask (s) for each day and should be reminded that if children are wearing masks, they will require a way to store their mask when not in use (i.e., paper bag or belt bag)
- The use of high quality /3-ply medical/surgical well fitted mask is for the safety of child care staff/providers and the children in their care.

Proper use of PPE:

- All staff members have been trained and given instructions on how to properly wear and take off masks.
- All staff members have been advised to keep in mind that it may be difficult to put on a mask properly (i.e. without contamination) after having removed them, given the frequent and spontaneous need for close interactions with young children.
- All staff members have been advised to perform and promote frequent, proper hand hygiene (including supervising or assisting children with hand hygiene). Hand washing using soap and water is recommended over alcohol-based hand rubs when hands are visibly soiled and for children. (*Refer to Public Health Ontario's How to Wash Your Hands fact sheet*)
- Masks should be replaced when they become damp or visibly soiled.

Sourcing PPE:

- CMS will secure and sustain an amount of PPE (medical masks, gloves, etc.) and cleaning supplies that can support their current and ongoing operations.
- To support the healthy and safe operation of child care programs, a supply of medical masks is being procured and delivered through the Ministry of Government and Consumer Services to licensed child care centres on a monthly basis.

MONITORING AND RESPONDING TO REPORTS OF COVID-19 SYMPTOMS

Case And Contact Management For Childcare Related Covid-19 Cases- Exposure To A Positive Or Presumed Covid-19 Case

When to stay home and self-isolate:

- Symptoms of COVID-19 from category 1(A) (see above symptoms), or 2 or more new or worsening symptoms from 1(B) (see above symptoms)
- A positive PCR test or RAT
- An individual must isolate (stay home) while there is anyone in the home who is isolating because of symptoms of COVID-19, a positive COVID-19 test result, or is isolating while waiting for a COVID-19 test result. An individual should only leave home for a medical emergency or clinical assessment.

All household members must stay home at the same time as the household member who has COVID-19 symptoms or is a positive COVID-19 case, unless they are 17 or younger and fully vaccinated, 18 or older, and have received their COVID-19 booster dose AND/OR they have previously tested positive for COVID-19 on a rapid antigen test or molecular test (PCR or rapid molecular) in the past 90 days and have already completed their isolation.

If a doctor, health care provider or public health unit has instructed to **isolate (staying at home)**, **the individual** must isolate (stay home) for [5, 10] days and not leave except to get tested, to get a clinical assessment, or for a medical emergency. When determining your isolation period, the day a person was exposed to an individual with symptoms of COVID-19 is day 0. For example, for those isolating 5 days, if an individual was exposed on Saturday (day 0), then an individual can return to school/child care on Friday (day 6).

If the isolation period is 5 days, from days 6 to 10, the individual should not visit or attend work in any highest risk settings (unless they have tested positive for COVID-19 in the past 90 days and have already completed your isolation)

Change to Travel Guidance for Families

Students and their families who choose to travel must follow all federal and provincial travel restrictions and guidelines. These can be found on the government of Canada website <https://travel.gc.ca/travel-covid/travel-restrictions/isolation>.

If you develop symptoms, you must also follow isolation guidance.

EXCLUSION OF SICK CHILDREN POLICY AND PROCEDURES

This policy applies to all employees, students, community members, and any other persons engaged in business with CMS, and ensures that all are aware of and adhere to the directives established by Public Health and Children's Services regarding the exclusion of sick children.

Based on the new provincial guidance, being in the same classroom cohort is not considered a close contact because preventive and protective measures are in place. If a student in the child's cohort tests positive or has symptoms, then the cohort (children) should continue to

monitor for symptoms every day. The new provincial guidance indicates that the child can continue to attend school if they do not have any symptoms.

As required by the Child Care and Early Years Act (CCEYA), children who are ill must be separated from others and parents/guardians will be contacted to take the child home.

Anyone who is sick or has any new or worsening symptoms of illness, including those not listed above, should stay home until their symptoms are improving for 24 hours (or 48 hours for nausea, vomiting, and/or diarrhea) and should seek an assessment from their health care provider if needed.

When Exclusion Happens:

CMS will exclude a sick child:

- If the child has one or more of the following symptoms: fever (37.8 C or greater), cough, difficulty breathing, sore throat, painful swallowing, loss of taste, nausea/ vomiting, diarrhea, stuffy/runny nose, headache, unexplained fatigue, feeling unwell, muscle aches, tiredness, etc.

For more information, please visit:

<https://covid-19.ontario.ca/school-screening/>

https://www.toronto.ca/wp-content/uploads/2020/02/8d59-Fact-Sheet_Novel-Coronavirus.pdf

- When the child displays any signs and/or symptoms that are greater than normal, or if the child is unable to participate in regular programming because of illness. Symptoms defined as greater than normal would be if a child has diarrhea consistent with teething, and an additional symptom presents itself, such as lethargy.

When children are ill and/or exhibit COVID-19 related symptoms, CMS staff will exclude the child as follows:

- Ill children will be separated from all other children to the designated exclusion room and will be supervised and monitored by staff until they are picked up by a parent/guardian.
- The parent/guardian of the ill child will be notified of the child's symptoms and of the need to pick the child up immediately; or
- If it appears that the child requires immediate medical attention, the child will be taken to the hospital by ambulance and examined by a legally qualified medical practitioner or a nurse registered under the Health Disciplines Act. R.R.O. 1990, Reg. 262, s. 34 (3).
- Only one staff should be in the designated exclusion room. The staff must wear 3ply fitted medical/surgical masks or N95, and gloves. In addition, staff should perform hand hygiene and attempt to not touch their face with unwashed hands.

- If possible, a mask should be placed on the ill child. For younger children only if the child can understand that they cannot touch it.
- Ventilation in the designated exclusion room will be increased if possible (e.g. open windows).
- Symptoms of illness will be recorded in the child's daily record and a daily log as per the CCEYA
- The area will be cleaned and disinfected immediately after the child has been sent home.
- Staff should self-monitor for symptoms for the next 10 days.
- If there is a confirmed positive COVID-19 case, parents/guardians of children who were in the same room will be informed of possible exposure and be told to monitor their child for symptoms for 10 days and avoid contact with vulnerable persons.
- Based on provincial guidance, an individual sharing a classroom or child care cohort with an infected individual is not considered a close contact. Continue to monitor your child for symptoms. If your child has no symptoms, they may continue to attend school/child care.

Returning from exclusion due to illness

The child/Staff has completed 6 days of self-isolation from when their symptom(s) started or the test date. The child/staff does not have a fever (without the use of medication) and has been symptom free for over 24 hours (or 48 hours in the case of nausea/vomiting/diarrhea)

- All staff members and children should follow instructions on the screening tool to determine when to return to school.
- If an ill child who has not been exposed to someone with COVID-19 is not tested: The parent/guardian should ensure that the symptomatic child self-isolates for 5, 10 days from the date their symptom(s) started. The child may return to the childcare setting after 6, or 10 days if they do not have a fever (without taking medication), their symptoms are improving for 24 hours and they are well enough to participate in program activities.
- An ill individual who has a known alternative diagnosis provided by a health care professional may return to child care if they do not have a fever and their symptoms have been improving for at least 24 hours.

Continued Surveillance

Continued surveillance is important in the prevention and reduction of illness.

Surveillance includes the following:

- Observing children for illness upon arrival and throughout the day
- Recording symptoms of illness for each child including signs or complaints the child may describe (e.g., sore throat, stomach ache, headache, etc.)
- Recording the date and time that the symptoms occur
- Recording the room, the child attends (e.g., room number/description).

SERIOUS OCCURRENCE REPORTING

In alignment with the changes to the reporting of a positive covid 19 case, under the Child care and Early years act, 2014(CCEYA), CMS is no longer required to report confirmed cases of COVID- 19 as serious Occurrence to the Ministry of Education, Unless there is a school closure.

CMS will contact their local public health unit Toronto Public Health (TPH) to report that the child's school or child care setting's absenteeism rate is at least 30% higher than usual. Children & staff, having a confirmed case of COVID-19 will follow the specific advice from the local public health unit on what control measures should be implemented to prevent the potential spread and how to monitor for other possible infected staff member and children.

- Where there is a closure is subsequently ordered by Public Health or decision made to voluntarily close entire child care CMS will report this to the ministry as a serious occurrence on CCLS licensing portal.
- Parents' of the room that has a confirmed case will be informed through Owlwise hoot or email.

WHAT IS CONSIDERED AN OUTBREAK?

An outbreak may be declared by the local public health unit based on the number of confirmed COVID- 19 cases in children, staff, or visitors with an epidemiological link (e.g., cases in the same room, cases that are part of the same before/after school care cohort).

Outbreak Management:

The Ministry of Health recently made changes to the provincial case, contact and outbreak management approach, resulting in an end to routine notification of confirmed cases to families in schools and child care settings. In addition, on the advice of the OCMOH, the ministry has suspended public reporting of COVID-19 cases in child care.

CMS will monitor absenteeism rates in their classes. If absenteeism rises to a defined level (approximately 30% above baseline), CMS is expected to send a notification to families and staff/providers in the affected classrooms, signed by the local medical officer of health, with information on public health measures for families and staff/providers to follow (e.g., monitoring of COVID-19 symptoms).

When a PHU receives information from CMS regarding absenteeism, or other required reporting under the [Health Protection and Promotion Act, R.S.O. 1990, c. H.7](#), guidance outlined in the following documents and related protocols and guidelines should be followed:

- [Ontario Public Health Standards: Requirements for Programs, Services, and Accountability](#)
- Infectious Diseases Protocol, 2020

- [COVID-19 Integrated Testing & Case, Contact and Outbreak Management Interim Guidance: Omicron Surge](#)

FOOD SAFETY PRACTICES:

CMS ensures proper hand hygiene is practiced when staff are preparing food and for all individuals before and after eating.

VENTILATION

Additional measures such as improved ventilation, hygiene and cleaning protocols, and other strategies to minimize the risk of transmission are implemented.

CMS has individual HVAC systems for the majority of our campus classrooms and also has government-provided Air Purifiers. The HVAC systems use fresh air from outdoors to provide high indoor air quality and are equipped with filters that are designed to reduce airborne pollutants including virus particles. These filters are replaced regularly.