

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). 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.

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.

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 labeled 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 liter 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**.

How to Disinfect

- Staff must wear gloves, face shield and a medical mask while disinfecting
- Spray or wipe on the bleach solution and leave on the surface for the appropriate disinfecting contact time (**2 minutes**). 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 is 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 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). Each equipment (if used) will be cleaned and disinfected by each group staff.
- The bathrooms will be 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 used is disinfected.

Exclusion of Sick Children Policy and Procedures

Policy Statement

Central Montessori Schools (CMS) is 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 both our locations.

Purpose: To ensure that all employees are aware of and adhere to the directive established by Public Health and Children's Services regarding the exclusion of sick children.

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

Procedures: As required by the Child Care and Early Years Act, we must separate children of ill health and contact parents/guardians to take the child home.

When children are ill and/or exhibit COVID-19 related symptoms, child care employees will ensure the following:

- 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 from the centre by a parent/guardian.
- Symptoms of illness will be recorded in the child's daily record and in a daily log as per the CCEYA
- 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).
- Public health will be notified, and their advice will be followed.

If CMS suspect a child has symptoms of a reportable communicable disease, please report these immediately to the local Health Unit (416-392-7411 in Toronto).

When to exclude

Child care employees should exclude a sick child when the child has any signs and/or symptoms that are greater than normal, or if the child is unable to participate in regular programming because of illness.

Exclusions:

- 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, unexplained fatigue, feeling unwell, muscle aches, tired.

For more information, please visit:

http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019_reference_doc_symptoms.pdf.

- 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

How to exclude

- Supervise the child in a designated room with a handwashing sink and/or hand sanitizer available
- Notify parents/caregivers of the sick child for pick up
- Only one staff should be in the designated exclusion room and attempt physical distancing. If physical distancing cannot be avoided, staff should wear a mask, face shield, gown 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, but only if the child is able to understand that they cannot touch it
- Increase ventilation in the designated exclusion room if possible (e.g., open windows)
- Clean and disinfect the area immediately after the child has been sent home
- Staff and children who were in the same room with the ill child will be grouped together and not mixed with other care groups for 14 days
- Staff should self-monitor for symptoms for the next 14 days. During this period, they should avoid contact with vulnerable persons or settings where there are vulnerable persons (i.e., long-term care homes)
- Staff will inform parents/guardians of children who were in the same room of possible exposure and should monitor their child for symptoms for 14 days and they should avoid contact with vulnerable persons?
- Children who are being managed by Public Health should follow their instructions to determine when to return to the childcare centre

Surveillance

Ensuring that all environmental conditions are constantly monitored is essential in prevention and reducing illness. Employees must monitor for an increase in the above-normal amount of illnesses among other employees and children by looking at the normal occurrence of illness at that location and during the specific time period.

Ensure surveillance includes the following:

- Observe children for illness upon arrival and throughout the day

- Record symptoms of illness for each child including signs or complaints the child may describe (e.g., sore throat, stomach ache, headache, etc.)
- Record the date and time that the symptoms occur
- Record the room the child attends (e.g., room number/description)
- Record attendances and absences and maintain the records to facilitate contact tracing.

Returning from exclusion due to illness

Staff/children who are being managed by Public Health (e.g., confirmed cases of COVID-19, household contacts of cases) should follow instructions from PH to determine when to return to the facility. If not advised by PH, staff/children will not be permitted back to the facility for a minimum of 10 days from symptoms onset.

- 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 10 days from the date their symptom(s) started, and contact a health care provider for further advice or assessment, including if the child needs a COVID-19 test or other treatment. The child may return to child care setting after 10 days if they do not have a fever (without taking medication), their symptoms are improving for 24 hours and the individual is well enough to participate in program activities.

- CMS may allow symptomatic children that have not been tested to return to care based on an alternative assessment made by a physician or health care practitioner regarding symptoms or the determination that COVID-19 testing is not required.

Serious Occurrence Reporting:

CMS have a duty to report suspected or confirmed cases of COVID-19 under the Health Protection and Promotion Act. CMS will contact their local public health unit to report a child suspected to have COVID-9 and 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 a child, parent, the staff is suspected (i.e. has symptoms and has been tested) of having or has a confirmed case of COVID-19, CMS will report this to the ministry as a serious occurrence.
- Where a room, centre or premises closes due to COVID-19, licensees must report this to the ministry as a serious occurrence.
- A serious occurrence notification form will be posted on the parent board, as required under the CCEYA unless local public health advises otherwise. Parents' of the room that has a confirmed case will be informed through email.

Cohort Size and Ratio/ Staff shifts scheduling:

A 'cohort' is defined as a group of children and the staff members assigned to them, who stay together throughout the duration of the program for a minimum of 7 days.

- As of September 1, CMS will return to maximum group sizes as set out under the CCEYE (i.e., licensed age groups prior to the COVID-19 outbreak).
- Maximum capacity rules does 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 and as much possible should not mix with other cohorts.
- CMS will maintain ratios set out under CCEYE.

Staffing Scheduling:

- Staff will work at the only location with the same cohort for a minimum of 7 days.
- Supervisors and/or designates will limit their movement between rooms, doing so when absolutely necessary.
- Supply/ replacement staff will be assigned to a specific cohort so as to limit staff interaction with multiple groups of children.

Space Set-Up and Physical Distancing.

- We recognize that physical distancing is difficult with small children and infants. (Please know that young children have no concept of 'personal space'. We will not be able to guarantee that the younger children will maintain social distancing.)
- We will be planning activities that do not involve shared objects or toys and when possible moving activities outside to allow for more space.
- We will encourage the children to sit further apart than usual at least 2 meters apart. Children will be spread out into different areas, particularly at meal and dressing time
- More individual activities will be incorporated that encourages more space between children and visual cues will be used to promote physical distancing.
- When two cohorts will be using the same indoor space (e.g. gym), CMS will ensure that a floor to ceiling temporary physical barrier is in place to ensure that physical distancing of at least 2 metres between cohorts is maintained.
- In shared outdoor space, the cohort will maintain a distance of at least 2 metres between groups and any other individual outside the cohort.
- cots will be further apart at nap time (placed head to toe OR toe to toe if the space is limited)
- All in adults in a child care setting are required to wear a medical mask and eye Protection. Exemptions or Exceptions will be permitted with the doctor's note.

Rescheduling or Cancellation of pre-planned group events and in-person meeting:

All pre-plan events ie filed trip, parents nights have been cancelled until further notice.

All meetings, tours, will be conducted virtually.

CMS will contact parents personally through phone calls, email, or virtual meetings CMS will limit the use of in-person communication.

Drop-off and Pick-up Procedures:

Health Screening:

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 childcare centre.

- Every staff, child, and visitor must be screened before being admitted into the school. Staff must follow the screening checklist for each person and record the outcome (passes or fails).
- There will be screening stations at all entrances
- A 2-metre distance between staff conducting the screening and the person being screened must be maintained. If a 2 meter distance or physical distance cannot be maintained, personal protective equipment (PPE) (i.e., medical mask, gown and eye protection (i.e., face shield) should be worn.
- Health screening areas will be disinfected regularly throughout the day
- As persons enter the school, they will be asked to sanitize hands..
- Parents/Guardians are not permitted past the health screening line to ensure physical distancing. Only one parent/guardian is permitted near the screening area.
- Health screening questions are for parents/guardians to answer on their child's behalf, and for all staff.
- All screening questions are provided to the parents/staff to complete online.
- Parents/staff are required to complete the form before they arrive.
- The screener verifies that the screening is done. If it's not done, the screener will ask the parent/staff to complete the form. The screener reviews the form and if it is all clear, then takes temperature.
- Staff will take temperatures using a laser thermometer, then record the temperature. The thermometer will be sanitized before the next child/staff is tested
- Then only the child will be allowed to enter the building
- Then the runner will take the child to his/her classroom.

- Only the children and staff will have their temperature taken, not parents/guardians
- Staff are not permitted past the health screening line until they have been cleared to enter the centre
- If questions have been answered satisfactory, and the staff member or child does not have a fever (37.7 degrees C or below) or other symptoms, they have passed the screening and can enter the building.
- If questions have not been answered satisfactory, or answers are refused, and/or a 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 also be asked to call the tele health or their care provider to find out if they need a test.
- 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, gloves, and eye protection (i.e., face shield) must be worn for this, with hand hygiene performed before and after donning and doffing the gloves, mask and eye protection.

Pick Up procedure:

- Parents have been provided with a staggered timing for the pick-up time.
- Only main Door and side door will be used for pick –up time.
- Parents call the classroom before pick up to make the child ready.
- Staff members advise the runner to bring the child. The runner brings the child from the classroom to the door where parents are waiting.
- If the child is in the playground, the screener informs the runner to bring the child from the playground. The child is brought by the runner and will be handed to the parents.