



COVID-19 POLICIES & PROCEDURES

At Central Montessori School (CMS), we are committed to providing a safe and healthy environment for all our students and staff. The health & safety protocols entailed in this document apply to all employees, students and their families, 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 in support of meeting requirements as set out by the Ministry of Education, and 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.

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) must stay home until:

- ✓ They receive a negative COVID-19 test result
- ✓ They receive an alternative diagnosis by a health care professional, or
- ✓ It has been 10 days since their symptom onset and they are feeling better.

If any child, employee, placement student, or visitor received a COVID-19 vaccination in the last 48 hours and is experiencing a mild headache, fatigue, muscle aches, and/or joint pain that only began after their vaccination, they may continue to attend school if they are feeling well enough. There must be no other symptoms present as indicated in the COVID-19 School and Child Care Screening Tool.

These individuals are to wear a properly fitted mask for their entire time at the school. Their mask may only be removed to eat or drink, and the individual must remain at least 2 metres/6 feet away from others when their mask has been removed.

If the mild headache, fatigue, muscle aches, and/or joint pain symptoms worsen, continue past 48 hours, or if the individual develops other symptoms, they should leave the school immediately to self-isolate and seek COVID-19 testing.

If any household members are experiencing any new COVID-19 symptoms and/or are waiting for COVID-19 test results after experiencing symptoms, the child, employee, or placement student must not attend school. (This direction does not pertain to those who received a COVID-19 vaccination in the last 48 hours and are experiencing mild headache, fatigue, muscle aches, and/or joint pain that only began after vaccination, and no other symptoms.)

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, then takes temperature.
- 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.
- A 2-metre/6 feet distance between the staff conducting the screening and the person being screened must be maintained. If a 2-metre 6 feet distance cannot be maintained, personal protective equipment (PPE) (i.e., medical mask, gown, and eye protection/face shield) should be worn.
- As persons enter the school, they will be asked to sanitize their hands.
- The screener will take temperatures using a laser thermometer, and then record the temperature. The thermometer will be sanitized after each use. (Only the children and staff members will have their temperature taken, not parents/guardians).
- 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 also be asked to call the telehealth hotline 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.
- 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.
- Only (main entrance) 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.

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 for a minimum of 7 days.

- 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 should not mix with other cohorts.
- CMS will maintain ratios as set out under CCEYE.

Staffing Scheduling:

- Staff will work at only one 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.
- Interaction with multiple groups will be avoided as much as possible.

- Supply/ replacement staff will be assigned to a specific cohort to limit staff interaction with multiple groups of children.

SPACE SET-UP AND PHYSICAL DISTANCING

CMS will adhere to physical distancing measures as follows:

- Each room/cohort will have designated toys and equipment (e.g., balls, loose equipment)
 - Activities will be planned that do not involve shared objects or toys and when possible, moving activities outside to allow for more space.
 - Children will be encouraged to sit further apart (at least 2 meters/6 feet apart). Children will be spread out into different areas, particularly at meal and dressing time (e.g. at entrances and in hallways)
 - More individual activities will be incorporated that encourage more space between children and visual cues will be used to promote physical distancing.
 - 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.
 - 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/6 feet between cohorts is maintained.
 - In shared outdoor space, the cohorts will maintain a distance of at least 2 metres/6 feet between groups and any other individual outside the cohort.
 - 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.
- CMS recognizes 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.

RESCHEDULING OR CANCELLATION OF PRE-PLANNED GROUP EVENTS AND IN-PERSON MEETINGS

- All pre-planned events i.e. field trips, parent 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. The use of in-person communication is limited.

CLEANING, SANITIZING, AND DISINFECTING

All products including cleaning agents and disinfectants are kept in a secured location that is out of reach of children. These cleaning agents and disinfectants are clearly labelled and have up-to-date (within three years) Material Safety Data Sheets (MSDS) stored in a binder in a designated location available to all staff.

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.

Disinfecting describes a process completed after cleaning in which a sanitizer is used to kill most disease-causing microorganisms. To be effective disinfectants must be left on a surface for a while (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.

Sanitizing is defined as the reduction of microorganisms to levels considered safe from a public health viewpoint. This process works by cleaning and disinfecting surfaces or object to lower the risk of spreading infection. Sanitizing takes place after the cleaning as it is most effective on a minimally soiled surface.

Cleaning & Disinfecting Procedure:

- Staff must wear gloves, a face shield, and a medical mask while disinfecting
- Detergent and warm water are used to clean visibly soiled surfaces
- The surfaces are rinsed with clean water (warm to tepid temperature preferred) to ensure detergent is removed
- Surfaces are left to dry
- To disinfect, a sanitizing solution is used as follows:
 - 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. Solution strength can be checked 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.
- The sanitizing solution is sprayed or wiped on the surface.
- Any surface that food or children may come in contact with required a final rinse with a single-use paper towel (i.e. counters, tables, trolleys, sinks)
- During an outbreak, a solution of 1 litre of water with 125 ml of bleach should be used

Cleaning and disinfecting frequency requirements:

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

- **Tables and countertops and other surfaces 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** 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 sinks and door handles.
- **Shared indoor spaces** will be cleaned and disinfected before and after each use by each cohort.
- **Outdoor equipment** will be disinfected at the end of each day.
- **Where toys and equipment are shared**, they must be cleaned and disinfected by each cohort.
- **Mouthed toys** will be removed immediately for cleaning and disinfecting and will not be shared with other children.
- Each group's (cohort's) designated bathroom will be disinfected at the 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 used by children and staff are disinfected for use the following day.

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

All staff members, placement students, and visitors are required to wear medical masks and eye protection (i.e., face shield or goggles) 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). Exemptions or exceptions will be permitted with the physician's note. If a staff member is unable to wear a mask due to medical reasons and has provided a physician's note, a face shield will be provided to the staff member to wear.

All staff members, placement students, and visitors are required to wear medical masks outdoors when a distance of 2 metres/ 6 feet cannot be maintained.

All other adults (i.e., parents/guardians, or visitors) are required to wear a face-covering or non-medical mask while inside the premises (see information about the use of face coverings on the provincial COVID-19 website).

Expectations for children:

- All children in grades 1 and above are required to wear a non-medical mask or face covering while inside, including in hallways.
- All children in grades 1 and above are required to wear a non-medical mask or face covering outdoors when a distance of 2 metres/ 6 feet cannot be maintained.
- 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. More information about the use of masks is available on the provincial COVID-19 website.
- Parents/guardians are responsible for providing their child(ren) with a nonmedical mask(s) or face-covering 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)

Proper use of PPE:

- All staff members have been trained and given instructions on how to properly wear and take off masks and eye protection.
- All staff members have been advised to keep in mind that it may be difficult to put on a mask and eye protection 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.
- Exceptions to wearing masks indoors could include circumstances where physical distancing of at least 2 metres/6 feet can be maintained in situations where a child cannot tolerate wearing a mask, reasonable exemptions for medical conditions, etc.
- CMS will discuss with parents/guardians, in consultation with the child's health care professional, whether other types of face coverings might work for a child.
- CMS will consider ways to support nutrition breaks/mask breaks safely (i.e., a space where staff can maintain at least 2 metres/6 feet to remove masks and eat).
- The use of medical masks and eye protection is for the safety of staff members and the children in their care. This is especially important when working with individuals who may not be wearing face coverings (i.e., young children under the age of two).

Sourcing PPE:

- CMS will secure and sustain an amount of PPE (including but not limited to face shields or goggles, medical masks, gloves, etc.) and cleaning supplies that can support their current and ongoing operations.
- To support the healthy and safe operation of our programs, a supply of medical masks and eye protection (i.e., face shields) is being procured and delivered through the Ministry of Government and Consumer Services to licensed childcare centres monthly.
- A backup supply of non-medical masks will also be provided for school-aged children in case they cannot bring one from home.

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.
- Records will be kept up-to-date and available to facilitate contact tracing in the event of a confirmed COVID-19 case or outbreak (i.e., records can be made available to public health within 24 hours of a confirmed COVID-19 case or outbreak).

MONITORING AND RESPONDING TO REPORTS OF COVID-19 SYMPTOMS

The Ministry of Health updated guidance to public health units regarding COVID-19 variants of concern, requiring all household contacts of symptomatic individuals to quarantine.

All asymptomatic household contacts of symptomatic individuals are required to quarantine until the symptomatic household member:

- a) receives a negative COVID-19 test result, or
- b) receives an alternative diagnosis by a health care professional

If the symptomatic individual tests positive or is not tested and does not receive an alternative diagnosis from a health care professional, the symptomatic individual must isolate (including from household members) for 10 days from the onset of symptoms, and all household contacts must isolate until 14 days from their last contact with the symptomatic individual.

Anyone who is symptomatic, does not pass screening, or has been advised to self-isolate by the local public health unit, is not permitted to come to school. (This includes children, staff members, placement students or visitors)

If a household member received a COVID-19 vaccination in the last 48 hours and is experiencing mild headache, fatigue, muscle aches, and/or joint pain that only began after vaccination, and no other symptoms as indicated in the COVID-19 School and Child Care Screening Tool, they are not required to self-isolate (stay home). If the symptoms worsen, continue past 48 hours, or if the individual develops other symptoms, they should immediately self-isolate and seek COVID-19 testing.

Persons who test positive for COVID-19 should follow the guidance of their local public health unit and health care professional regarding direction for isolation and return to school. The individual cannot return until cleared by their public health unit.

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.

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.

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, pink eye

For more information, please visit:

<https://www.toronto.ca/wp-content/uploads/2021/06/9173-Screening-Poster-Child-Care-Day-Camp-School.pdf>

<https://www.ontario.ca/page/covid-19-stop-spread#section-0>

- 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 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. 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
- Public health will be notified, and their advice will be followed if required.
- The area will be cleaned and disinfected 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 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 be told to monitor their child for symptoms for 14 days and 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

If CMS suspects a child has symptoms of a reportable communicable disease, the local Health Unit (416-392-7411 in Toronto) will be contacted immediately.

Returning from exclusion due to illness

- All staff members and children who are being managed by Public Health (e.g., confirmed cases of COVID-19, household contacts of cases) should follow instructions to determine when to return to school. If not advised by Public Health, staff members or 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 the childcare setting after 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.
- If a health care provider has diagnosed a condition that isn't related to COVID-19, CMS may allow the child to return 24 hours after their symptoms are improving.

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:

CMS must report confirmed cases of COVID-19 under the Health Protection and Promotion Act. CMS will contact its local public health unit to report a child, staff, or student having a confirmed case of COVID-19 and will follow their specific advice 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, or staff member has been tested and has a confirmed case of COVID-19, CMS will report this to the Ministry.
- Where a classroom or campus closes due to COVID-19, CMS must report this to the ministry as a serious occurrence.
- Parents of the room that has a confirmed case will be informed through Owlwise as a hoot or email.

What is considered an Outbreak?

An outbreak may be declared by the local public health unit when within a 14-day period, there are two or more laboratory-confirmed COVID-19 cases in children, staff, 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) where at least one case could have reasonably acquired their infection in the child care setting.