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# OPERATING GUIDELINES DURING COVID -19

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## **Introduction and Purpose**

During the global COVID-19 pandemic, Brackendale Montessori remains committed to the safety and security of our students. The purpose of this document is to provide guidance on the measures that will be taken to help minimize the spread of COVID-19. This document forms an important part of your child's enrollment with Brackendale Montessori and works in conjunction with our parent handbook. As a school we are always striving to meet and exceed the needs and expectations of our children and their families.

These guidelines have been created based on the requirements laid out by the Ministry of Education and the Ministry of Health and Durham Health department and may be revised or modified at any time. To ensure appropriate preventative measures are put in place, this guidance document has been designed to work in collaboration with the Children Community Education Youth Association (CCEYA) and Ministry regulations. It includes enhanced health and safety measures, staff training protocols and operational restrictions in place.

Brackendale Montessori will do our best to provide childcare for your family, subject to the limitations required by the current circumstances, including Provincial, City, and Public Health directives. Please note, all guidelines, and limitations are mitigating the risk of COVID-19 and are not an elimination of risk. We believe every child belongs and will do our best to ensure that your child is welcomed.

Violations of this document can result in suspension; repeated or severe violations can lead to your child's withdrawal from the program. It is at the sole discretion of Brackendale Montessori when such actions need to be taken to best maintain a safe environment for students, staff, and parents.

## **About Us**

At Brackendale Montessori we serve families with children from 9 months to 12 years of age. We work in partnership with families, communities, and other service sectors to provide high quality early learning and childcare programs that promote and support education, health, and economic outcomes for families with young children.

Brackendale Montessori is a non-denominational, co-educational Montessori pre-school. In true Montessori form, we strive to create an environment, like home, that is nurturing, warm and welcoming. Our staff's commitment to embrace each child as a unique individual encourages and ignites the child's own natural desire to learn.

Our curriculum, at Brackendale, is thoughtfully structured, filled with purposeful activities that accommodate individual tempo and designed to lead to the empowerment of achievement. Our staff brings together many diverse elements to their teaching that in the end delivers a unique tapestry of learning.

## **Response to COVID-19**

Brackendale Montessori is dedicated to protecting the health and safety of your children, our staff, partners, and the community. We are closely monitoring COVID-19 and base our response and actions on recommendations from Public Health, the Ministry of Health, Health Canada, and additional relevant authorities.

While infection prevention and control has always been an integral part of our childcare culture, we have adapted and enhanced our policies and procedures in response to COVID-19 pandemic, to mitigate risk and ensure the health and safety of all.

### **These are a few of the practices that we will put in place:**

- Staff will be screened prior to entry into the facility,
- A screening area is isolated at designated “Screening Zones”
- Only one parent can enter the screening area with their child/children,
- Children will be screened before entering the childcare centre and monitored throughout the day for COVID-19 related symptoms,
- Children will be excluded from care if they develop any symptoms related to COVID-19,
- Policies and procedures have been developed specific to COVID-19 to protect the health and safety of children, staff, and families,
- Staff will monitor children to ensure social distancing and infection prevention and control practices are prioritized,
- Staff will receive thorough enhanced infection prevention and control, and health and safety training. Training will be updated as necessary and provided to ensure best practices and consistency,
- Families are welcome to request information on health and safety as well as infection prevention and control; and
- Procedures will be updated and revised regularly to ensure best practices in accordance with Public Health authorities.

## **Licensing guidelines**

### **1. Staffing**

For the purposes of this document, 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.

- I. Brackendale Montessori Staff includes Supervisors, Registered Early Childhood Educators, Montessori trained teachers and dedicated assistants who work together to ensure your child's needs will be met while they are in our care
- II. Brackendale Montessori encourages and emphasizes that interactions with multiple groups be avoided as much as possible.
- III. All staff will work solely at Brackendale Montessori. Supervisors and/or designates will limit their movement between rooms, doing so only when necessary.
- IV. Staff will be on staggered shifts to minimize the number of people in the screening area at a given time. All staff are to follow physical distancing and PPE rules at all times and will be screened prior to entering the center.
- V. Brackendale Montessori will ensure each group/cohort has the required number of qualified staff as set out in the CCEYA. If applicable staff director approvals will be submitted to the Ministry.
  - a. Supply/replacement staff will be assigned to specific cohorts/groups.
  - b. Brackendale Montessori can also request a staff have Director Approval for multiple age groups.
- VI. Students on field placement will be assigned to a specific licensed age group.
- VII. All staff that are included in ratios are required to have valid certification in first aid training including infant and child CPR infant and child CPR (unless exempted by the Ministry or extended by WSIB). Brackendale Montessori's administration will monitor the WSIB website for any updates on First Aid/CPR certificate extensions for any staff whose certification would have expired after March 1, 2020.
- VIII. Brackendale Montessori will obtain a Vulnerable Sector Check (VSC) from all staff who are interacting with children on site. If a staff is unable to obtain a VSC due to backlogs the following additional Measures are put in place to protect children:

- a. Where appropriate, a person who has not provided a VSC will be allowed to start/continue their employment, or otherwise start interacting with children if they apply to obtain a VSC as soon as possible and provide evidence of their application to the Supervisor.
- b. Brackendale Montessori will also:
  - i. verify the candidate's credentials (e.g., their standing with regulatory bodies) and three references.
  - ii. obtain an offence declaration from the individual until a VSC is obtained.
  - iii. ensure individual is not left alone with children and all interactions between the person and children are supervised at all times by an employee who has provided a clear VSC.
  - iv. monitor and document the individual's behaviour and interactions with children on a weekly basis, at a minimum, by the supervisor, designate or lead RECE in the program room(s) in which the individual works, where appropriate.
- c. If a VSC is not provided within 4 weeks of their start date, the childcare centre will suspend the employee, except in extenuating circumstances where evidence is provided that indicates that the delay for obtaining a VSC is out of the individual's control. (ex. Pandemic backlog)

## 2. **Cohort groupings & Maximum centre capacity**

Brackendale Montessori will operate at full capacity using maximum group sizes as set out by the CCEYA. While groups are permitted to return to the previous maximum group size under the CCEYA (i.e., maximum group size prior to the COVID-19 outbreak), each group should stay together throughout the day and as much as possible should not mix with other groups.

Brackendale Montessori will provide care for children from 9 months to 10 years of age.

In order to maintain physical distancing between cohorts/groups and adhere to all health and safety requirements, we will be implementing the following:

- I. We will provide flexibility on time requirements for outdoor play to mitigate challenges with accessing space and/or rotating children on playgrounds.
- II. We will set out additional exceptions for restricting access to premises to support in limiting the number of non-essential persons entering the premises.

## **Health and Safety guidelines**

Brackendale Montessori will follow the advice provided by the Durham health department when establishing health and safety protocols, including how to implement any provincial or local public health direction on health and safety guidance.

### **1. Immunization**

We are required to collect and retain up-to-date immunization for children in our care. Please provide us with current immunization information.

If your child has not been immunized, please provide The Statement of Medical Exemption Form completed by your health practitioner. You may also complete the Statement of Conscience or Religious Belief which requires a notarized affidavit. If you cannot provide either of these documents, we are unable to provide you with childcare.

If an outbreak occurs, the classroom in which the outbreak occurred will be closed and the rest of the facility will remain open. Any child who is not adequately immunized, regardless of legal exemption, will not be able to attend care unless the child receives the required vaccine or until the outbreak is over.

### **2. Daily cleaning and sanitization procedure**

#### **Policy**

Brackendale Montessori 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. This is a mitigation of risk not an elimination of risk.

#### **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. 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) is 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 by public health standards. 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.

### I. Cleaning and Disinfecting surfaces and items

- **High contact surfaces**
  - Surfaces that are frequently in contact with hands such as light switches, shelves, doorknobs, toilet seat and sinks will be cleaned and disinfected at least 2 times in the day or after each use.
  - Office equipment (photocopier, phones, desks etc.) will be sanitized after each use.
- **Low contact surfaces**
  - Surfaces such as windows, doors, ledges etc. will be cleaned and disinfected daily
- **Diaper tables and toilets**
  - Regular diapering and toileting procedures will be followed ensuring proper cleaning and disinfecting between diaper changes and toilet process is conducted. We will also increase the frequency of our cleaning schedule for toilets and toilet seats.
- **Materials & Toys**
  - Toys & materials such as electronic devices, cots & Montessori Materials should be cleaned and disinfected between users or at least 2 times per day.
- **Shared Space & Equipment**
  - Shared space and equipment should be cleaned in between each use and only one group at a time should access the shared space/equipment.

### II. Toy & Montessori Material Disinfection

The disinfection of toys and Montessori material is vital to ensuring the health and safety of children, as it reduces the potential spread of germs and viruses among children and those who may encounter them.

All toys that are plush will be removed and not used in play, these include stuffed animals, hand puppets, cloth toys, dramatic materials etc. In addition, all sensory play is suspended, this includes playdough, slime, and water play. All porous toys and material



that cannot be effectively cleaned and disinfected must be removed and not used in play.

### ***Toy & Montessori Material Washing Procedures – Manual Cleaning and Disinfection***

- Step 1: Inspect all toys and Montessori material to ensure there are no broken parts or jagged edges
- Step 2: Wash with soap and water, rinse with clean water & air dry.
- Step 3: Disinfect by either immersing in a mix of bleach and water or spray the bleach and water solution on the toy/Montessori material and let sit for 10 minutes, then air dry

### ***Handling used Toys & Montessori Materials***

Items that have become visibly dirty or that have come into contact with body fluids (e.g., toys that have been mouthed) should be taken out of circulation, cleaned, and disinfected immediately. Toys that cannot be cleaned and disinfected immediately should be placed in a designated dirty/mouthed toy bin. The bin should be clearly labeled and inaccessible to children.

### **Documentation of record of cleaning**

Licensees are recommended to keep a cleaning and disinfecting log to track and demonstrate cleaning schedules.

### **Review and monitor procedure**

Licensee should review existing practices to determine if changes or enhancements may be required, this includes:

- a. Frequency of cleaning and disinfecting
- b. Areas to clean and disinfect
- c. Choice of cleaning products
- d. Signage
- e. Appropriate PPE

### 3. Use of PPE and Screening for symptoms protocol

#### Policy

Every person entering the facility must be actively screened and the information will be documented on the daily screening form. Parents will be informed of this process at registration.

#### Procedures

All staff are trained on proper procedures for wearing appropriate PPE and screening all children, staff and parents entering the school.

Each group will have its own individual screening area & entrance/exit.

**Infant, Casa 2, 3 and 4 – Main Entrance (staggered timed entrance)**

**Toddler – Back door near main parking lot**

**C1 – Side/ lower-level door**

**Elementary prep & Lower elementary – Back building main entrance.**

Hand sanitizer of at least 60% alcohol content will be visible to clients/staff at the screening table set up at each entrance.

Screening personal should maintain a minimum of 2 metres distance between themselves and the person they are screening.

Where social distancing cannot be maintained staff are to use **appropriate PPE**

- Surgical/medical masks, gloves, gowns, face shields/goggles

#### **Expectations for adults in Childcare:**

- *All staff* will be required to wear medical mask and eye protection (i.e., Face shield or goggles) while inside the childcare premises, including hallways, outdoors and staff rooms (unless eating) – but time with mask off should be limited and physical distancing should be maintained.
- All other visitors must always wear face covering/non-medical masks while on the premises.

#### **Expectation for children:**

- Children grade 1 and up are required to always wear non-medical masks/face coverings while on the premises, including hallways and outdoors, if physical distancing cannot be practiced.
- Kindergarten and younger children are *encouraged* but not required to wear a mask while inside the childcare premise. Parents and guardians are responsible for providing their school aged children with masks.

- Masking requirements will also be in place for specified outdoor activities where physical distancing is not possible.
- There are some exceptions to the mask requirements while on the premises
  - Young children - under the age of two must not wear a face covering because of the risk of suffocation.
  - Situations where a child cannot tolerate wearing a mask for long periods of time.
  - Individuals with a medical condition that makes it difficult to wear a mask. This can include but is not limited to: Medical condition, mental health condition, cognitive condition or disability that prevents wearing a mask or face covering, condition that makes it difficult to breathe or someone who is unconscious or incapacitated.
  - People who are hearing impaired or are communicating with a person who is hearing impaired, and where the ability to see the mouth is essential for communication.
  - For staff who are unable to wear a mask due to health reasons or allergies – Brackendale Montessori requires a doctor's note to have them enter the premises and work their scheduled shift.

Brackendale Montessori can provide families with resources to support children in wearing mask as well as health and safety practices for children who cannot wear mask.

### Screening Procedure

All students, children, staff and parents are required to screen for symptoms of illness every day before coming to school or childcare.

As part of our efforts to strengthen health and safety measures and update guidance to reflect provincial trends and transmission risks, the government is making changes to the COVID-19 school and childcare screening criteria.

Effective January 25, Brackendale Montessori will validate all daily self-screening for all childcare centre staff, visitors and students completing post-secondary placements.

All staff will provide daily confirmation that they have completed and passed the online screener (if applicable) by the licensee prior to or upon entry to the childcare centre or home.

The [COVID-19 school and childcare screening tool](#) is available to support parents/guardians, staff/providers, and essential visitors in meeting this requirement.

Screening staff must follow the **COVID- 19 daily screening form** which consists of a series of Yes/No COVID – 19 related questions along with a daily temperature check for each person and record the outcomes. Alternatively, parents will be provided with this form electronically to be completed prior to arrival at the center.

Screening personnel must record **child and parents' temperature** on the form along with an initial. **A temperature higher than 37.8 °C or 100.04 °F is considered a fever.**

ONLY ONE parent/caregiver will be allowed to enter the screening area with the child(ren), to reduce the number of visitors. We request that the parent/caregiver use the hand sanitizer provided when entering the screening area.

Once screening is complete the staff will take the student(s) into the facility.

**Parent/caregivers are not allowed into the facility unless it is determined by the supervisor that there is a need for the parent/caregiver to enter.**

Screening personnel can refuse entry to anyone, students included, who are showing symptoms of illness. If the individual answers YES to any of the screening questions, or refuses to answer, then they have failed the screening and cannot enter the building. This will be recorded in the comment section of **COVID- 19 daily screening form**.

Screening personnel will also do a visual check of anyone entering the screening area. Where a child or adult is obviously ill, vomiting, diarrhea, fever, runny nose, sore throat, staff must refuse entry into the facility to reduce the chances of having an outbreak at the centre.

The staff, parent/caregiver, child(ren) and essential visitors pass screening by answering NO to all the questions, having a body temperature below 37.8 °C and being visibly in good health.

For staff that answer YES to the screening questions or are experiencing any symptoms of ill health must stay home and report their absence to the supervisor.

The screening poster and **COVID- 19 daily screening form** will be updated as advised by the Medical Officer of Health.

Documentation of the information received during active screening will be recorded on the **COVID- 19 daily screening form**. These forms will be filed on site and available for Durham health department & Ministry of education in the event of an outbreak.

Effective February 2021, all staff, children and their households with **any new or worsening symptom** of COVID-19, as indicated in the school and childcare screening tool, even those with **only one symptom, 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.

#### 4. **Attendance records**

All **COVID- 19 daily screening form** and Essential Visitor logs with sign in and out times will be completed upon arrival and will record the following:

- Name
- Company (if applicable)
- Contact information
- Date & Time of arrival and Departure
- Temperature check
- Screening completion/results
- Rooms visited

These records will be kept up to date and available to facilitate contact tracing in the event of a confirmed case of COVID 19 or an outbreak.

**Records must be updated when a child or staff is absent.**

**Childcare operators should follow-up with all individuals to determine the reason for any unplanned absences, and if the absence is due to illness to note any symptoms (e.g., fever, sore throat, cough) in the office logbook.**

#### 5. **Serious occurrence reporting**

As per the Child Care and Early Years Act, 2014, all childcare centers have a duty to report suspected or confirmed cases of COVID-19 under the Health Protection and Promotion Act.

Brackendale Montessori will report a confirmed case of COVID 19 child or staff COVID-19. Durham health 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.

Brackendale Montessori must report the following as Serious Occurrence to the ministry of Education:

- I. Where a child, parent, staff, student, or regular visitor has a confirmed case of COVID-19.
- II. Where a room, centre or premises closes due to COVID-19

Upon reporting – Brackendale Montessori is required to post the serious occurrence notification form near the license unless directed otherwise by the Durham health department.

Should additional individuals at the childcare program develop a confirmed case, licensees must either:

- I. Revise the open serious occurrence report to include the additional cases; or Submit a new serious occurrence report if the first has been closed already.
- II. While licensees are no longer required to report a serious occurrence for suspected cases; if the local public health unit determines that a full or partial closure is required (i.e., program room, home premises or entire childcare centre must remain closed for a period of time), a serious occurrence report must be submitted under the “Unplanned Disruption of Service” category.
- III. Brackendale Montessori is required to let workers know if they may have been exposed in the workplace

## 6. **Testing**

Any symptomatic staff and children should be referred for testing.

- I. Those who test **negative for COVID-19** must be excluded from the program until 24 hours after symptom resolution.
- II. Those who test **positive for COVID-19** must be excluded from the program for 14 days after the onset of symptoms and/or clearance has been received from the local public health unit.

Testing of asymptomatic persons should only be performed as per provincial testing guidance.

## 7. **Monitoring and responding to reports of COVID 19 symptoms in childcare**

- I. A single, symptomatic, laboratory confirmed case of COVID-19 in a staff member or child must be considered a confirmed COVID-19 outbreak, in consultation with the local public health unit.
- II. Outbreaks should be declared in collaboration between the program and the local public health unit to ensure an outbreak number is provided.
- III. Children, childcare centre staff & student volunteers who are symptomatic or have been advised to self-isolate by the local public health unit, must not attend the program and stay home. Asymptomatic individuals awaiting results should follow the advice of the local public health unit.
- IV. Symptoms to look for include but are not limited to:
  - a. fever, cough, shortness of breath, sore throat, runny nose, nasal congestion, headache, and a general feeling of being unwell.
  - b. Children in particular should be monitored for atypical symptoms and signs of COVID-19.

## **8. Protocols for Children or Staff that become ill during care**

### **Policy Statement**

Brackendale Montessori is committed to providing a safe and healthy environment for children, families, and employees. We will take every reasonable precaution to prevent and mitigate the risk of communicable diseases.

**The measures below replace any previous ill child policies in place.**

### **If a child begins to experience symptoms of COVID-19 while at school:**

- I. Parents of the child will be contacted and must arrange for immediate pick up.
- II. The child will be isolated in a separate room. If not possible to separate, the person or child who is symptomatic should be kept at a minimum 2 meters from others.
- III. Childcare staff should remain with the child until a parent arrives. If tolerated, the child (over the age of 2) should wear a medical mask and the staff member should always wear a medical mask and eye protection and avoid interacting with others.
- IV. Hand hygiene and respiratory protocol should be practiced while the child is waiting to be picked up.
- V. Tissues should be provided to the child for proper respiratory hygiene, along with proper disposal of the tissues.
- VI. Environmental cleaning of the space the child was separated from should be conducted once the child has been picked up.
- VII. All items used by the child will be cleaned and disinfected. All items that cannot be cleaned or disinfected will be removed and stored in a sealed container for a minimum of 7 days.
- VIII. The school will contact the Durham health Department to notify them of a potential case and seek advice regarding the information that should be shared with other parents/guardians of children in the school.
- IX. Other children and staff in the school who were present while a child or staff member became ill should be identified as a close contact and grouped together. The Health department will provide any further direction on testing and isolation of these close contacts.

If a staff member becomes ill while at the centre they should, if possible, isolate themselves immediately until they are able to leave the premise.

A staff person who presents with symptoms of ill health must notify their supervisor. The Health Department will be notified, and staff will follow the direction of Durham public health. Direction may include further self-isolation, monitoring of symptoms, completing self assessment, and testing.

## 9. Protocols for Children or Staff that become ill at home

If your child is showing ill symptoms at home (e.g., sore throat, stomach ache, headache, cough, lethargy, change in appetite) your child should not attend care and remain home and seek medical advice from your physician.

If you or your child are/have been managed by Public Health, (e.g., confirmed cases of COVID-19, household contacts of cases) follow instructions from the health department to determine when to return to the facility.

### **Isolation requirement for household contacts of symptomatic individuals**

As of February 12, the Ministry of Health has issued guidance to public health units regarding COVID-19 variants of concern (*COVID-19 Variant of Concern: Case, Contact and Outbreak Management Interim Guidance, Version 2.0 – February 12, 2021*), requiring all household contacts of symptomatic individuals to quarantine.

All staff, students and children are now required to stay home from school or childcare if anyone in their household has new or worsening symptoms of COVID-19 and has been recommended for isolation and testing.

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

- receives a negative COVID-19 test result, or
- 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 symptom onset, and all household contacts must isolate until 14 days from their last contact with the symptomatic individual.

### **Staff Illness**

Staff can use the following [online self assessment tool](#) to ensure awareness of possible symptoms of COVID 19. Any staff who suspects that they have an infectious disease should not attend the childcare program, particularly if their symptoms include any outlined in the COVID-19 screening. Staff must also pass the active screening process daily to work at the site.

A staff person who presents with symptoms of ill health must notify their supervisor. The Health Department will be notified, and staff will follow the direction of Durham public health. Direction may include further self-isolation, monitoring of symptoms, completing self assessment, and testing.



## 10. **Outbreak Management**

An outbreak may be declared by the local public health unit when:

- I. within a 14-day period, there are two or more laboratory-confirmed COVID-19 cases in children, staff/providers, or other 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 childcare setting.
- II. The local public health unit will work with the licensee to determine whether epidemiological links exist between cases and whether transmission may have occurred in the childcare setting.
- III. If the local public health unit declares an outbreak, they will determine what happens next. This could include closing particular childcare rooms or cohorts or an entire childcare setting.
- IV. The public health unit will help determine which groups of children and/or staff/providers need to be sent home or if a partial or full closure of the childcare setting is required. If the public health unit determines that partial or full closure of the childcare setting is required, the licensee must revise their existing serious occurrence report for a confirmed COVID-19 case to include information about the closure.

### **Communication of COVID 19 outbreak with parents, families, and staff**

In the event of a confirmed case or an outbreak of COVID 19 – Parents, Families and staff will be informed via email. It will include information about next steps, school closure and sanitizing procedures.

No personal information will be shared with families unless we are directed to do so by Durham public health for the purpose of contact tracing.

## Administration guidelines

### 1. Communication with families and guardians

- I. Communication with families regarding the enhancement of health and safety measures facilitates transparency of expectations. All new policies will be shared with families, to ensure they are aware of these expectations, including keeping children home when they are sick.
- II. Brackendale Montessori will share with parents and new registrations the operating guidelines during COVID-19 – which includes enhanced health and safety protocols, requirements and exceptions related to masks.
- III. Brackendale Montessori is not required as part of re-opening to revise our program statement, full parent handbook and other policies.
- IV. Brackendale Montessori may provide helpful resources links to helpful information, as well as detailed instructions regarding screening and enhanced health and safety protocols.
- V. Where possible, the use of in-person communication will be limited.

### 2. Parent Fees

- I. In an effort to stabilize parent fees when re-opening, the ministry encourages childcare operators to set fees at the level they were at prior to the closure, where possible.
- II. **In the event of Government closure or closure due to an outbreak**
  - a. **Short terms closure – up to 2 weeks**
    - i. Payment/Fees will not be refunded however Brackendale Montessori will look at alternatives to compensate for that closure. This may include but is not limited to an extension to the school year, online learning or learning packages sent home.
  - b. **Long term Closure – 3 or more weeks**
    - i. Monthly fees will no longer be withdrawn until re- opening.
- III. Where a child who was receiving care in a childcare centre immediately prior to the closure is offered a childcare space for September 1, 2020, or later, parents will have 14 days to accept or decline the placement.
  - a. If the placement is accepted, childcare operators may charge a fee to use or hold the space as of September 1, 2020, whether the child attends or not.
  - b. If the placement is declined, childcare operators may offer the placement to

another child.

- c. operators continue to be prohibited from charging or accepting fees or deposits to add families to a priority list for preferred access to spaces;

### **3. Access to Child Care Spaces and Prioritizing Families**

- I. Given the strict health and safety measures in place and the advice of local public health units, some childcare licensees/providers may continue to operate at reduced capacity for a period of time. When determining prioritization of limited childcare spaces, licensees, and providers may wish to consider the following:
  - a. Returning children served through emergency childcare to their original placement and continuity of service for these families.
  - b. Care for families where parents must return to work and that work outside of the home; o Families with special circumstances that would benefit from children returning to care, such as children with special needs; and o Other local circumstances.
  - c. Assessing demand for care as the COVID-19 outbreak and health and operational advice changes, is recommended.
  - d. There may be families served through the Emergency Child Care for school-aged children program that were not accessing service prior to the closure and are no longer eligible for their space with the conclusion of the Emergency Child Care program. Service system managers and licensees should work together to support families to transition to the service level, program location, and payment structure that best suits their needs.

### **4. Staff Training**

- I. Brackendale Montessori will ensure that training is provided to all childcare staff/providers on the health, safety and other operational measures outlined in this document plus any additional local requirements in place. **Staff training will be on going as updates are made to this document.**
- II. Training will include instruction on how to; thoroughly clean the space and equipment, proper use of PPE, safely conduct daily screening, keep daily attendance records, and proceed in case someone becomes sick or symptomatic of COVID-19.

## **Operational guidelines**

### **1. Pick up and Drop off procedure**

To ensure stringent infection prevention and control practices are in place, each group will have its own individual screening area & entrance/exit. Families will be directed via signage to the screening area upon their arrival.

- **Infant room, Casa 2, 3 and 4 – Main Entrance (staggered timed entrance)**
- **Toddler – Back door near main parking lot**
- **C1 – Side/ lower-level door**
- **Link & Lower elementary – Back building side entrance**

Our staff will greet you and perform the daily screening of your child – this includes a form with a series of Yes/No questions followed by a daily temperature check. Children should bring only the minimal number of belongings needed for the day and must be labelled.

Children will then be transferred into the care of staff; parents cannot go beyond the screening area.

We understand that this may be unsettling; however, this step will reduce any chances of exposure.

Only one parent/ caregiver can enter the screening area and should follow proper physical distancing (6 feet/2 metres apart), sanitize their hands, and wear a face covering/mask.

Drop-off will take place between 7:30 am – 8:30 am and pick up between 3 pm – 5:30 pm. All families will be assigned staggered drop-off and pick-up times, families who miss their timeslot must contact the office and make arrangements for a new timeslot.

All changes to the drop-off or pick-up schedule must be approved by the Supervisor. Please share instructions and/or custody arrangements with the Supervisor concerning pick up or access to your child. We will only release your child to individuals that you have authorized for pick up and we will confirm identity by requesting government issued identification. Once this has been completed, your child will be brought to their pre-assigned entrance/exit, to maintain physical distancing.

## **2. Visitors and Tours**

- I. Non-essential visitors are not permitted to enter Brackendale Montessori. Video conferencing or telephone conversations will replace any in-person interactions with families.
- II. Students on placement will be permitted to enter the childcare but will only be assigned to one group of children. They will also be subject to the same health and safety protocol as other staff members such as – screening, use of PPE and must review all health and safety protocols.
- III. Special needs services may continue, and we will use our discretion to determine whether the services being provided are essential and necessary at the time.
- IV. Ministry staff and other public officials (e.g., fire marshal, public health inspectors) will be permitted to enter, and will be screened prior to entry and will follow physical distancing protocols. All attendance trackers must be filled out and will be filed on site in case of an outbreak.
- V. Volunteers are not allowed to participate in the program at this time.
- VI. On site tours will be limited to after hours and weekends only. Tours will only be conducted in empty classrooms and will be sanitized after.

## **3. Equipment/toys use and restrictions.**

- I. All toys used will be made of material that can be thoroughly cleaned and disinfected (i.e., no plush toys or playdough).
- II. When we offer sensory play – it will be provided for single use (only 1 child for the day) and will have the child's name on it.
- III. Each room will have their own designated set of toys and equipment will not be shared between cohorts. If toys are to be shared between groups – they have to be cleaned and disinfected prior to each use.
- IV. Mouthed toys will be cleaned and sanitized immediately after a child is finished using it.
- V. Each child will have their own set of material to use within the classroom (i.e., pencil, eraser, art supplies etc., which will be stored in a labeled container).
- VI. Licensees should schedule outdoor play by groups in order to facilitate physical distancing.

#### **4. Classroom set up and physical distancing**

Brackendale Montessori understand that it may be difficult to maintain physical distancing between children and will continue to provide a welcoming and caring environment for all children.

- I. Each group of children must have their own assigned indoor space separated from all other groups by a physical barrier
- II. When in the same common space (e.g., entrances, hallways) physical distancing of at least 2 metres must be maintained between different groups and should be encouraged, where possible, between children within the same group by:
  - a. spreading children out into different areas, particularly at meal and dressing time.
  - b. incorporating more individual activities or activities that encourage more space between children; and
  - c. using visual cues to promote physical distancing.
- III. In shared outdoor space, a distance of at least 2 metres must be maintained between groups and any other individuals outside of the group at all times.
- IV. We will increase the distance between cribs and cots & place the children head to toe or toe to toe if the space is limited.
- V. Shared spaces and structures that cannot be cleaned and disinfected between groups will not be used.
- VI. When using gymnasiums to provide opportunities for physical activity for children and youth:
  - a. Children and staff should not be engaged in moderate to vigorous physical activity indoors.
  - b. When moderate to vigorous physical activity takes place outdoors, children and staff should maintain physical distancing.
  - c. Masks should not be worn for high intensity activity.
  - d. Gymnasiums should only be used for moderate activity where physical distancing measures and current masking protocols for children and program staff can be followed.
- VII. Recognizing that physical distancing is difficult with small children and infants, additional suggestions include:
  - a. planning activities that do not involve shared objects or toys.
  - b. when possible, moving activities outside to allow for more space; and
  - c. avoiding singing activities indoors or in alignment with the COVID guidelines.

## **5. Program Statement /Activities**

- I. Brackendale Montessori will continue to implement our program statement and provide a well-designed program.
- II. There may be approaches outlined within our program statement that may not be possible due to physical distancing.
- III. No updates are required to our program statement at this time.

## **6. Outdoor play procedure**

Each group will be assigned a designated outdoor play area, which will be used by only one group at a time and play structures will be cleaned and sanitized before each use.

Each cohort will have their own toys, toys will not be shared between cohorts. If they are to be shared – they will be thoroughly cleaned and disinfected prior to each use.

Transition to and from play areas will be staggered, to ensure physical distancing between cohorts. Physical markers may be used to ensure cohorts are separated by at least 2 meters, when using adjoining playgrounds.

Each child must have their own sunscreen, which will not be shared. Staff will assist children with sunscreen as necessary, washing hands before and after application or wearing gloves.

## **7. Infant and toddler interactions**

Cribs will be removed, or infants will be placed in every other crib, to ensure physical distancing while napping, and unused cribs will be marked. Toddler cots will be placed with increased space in between and children will be positioned head to toe or toe to toe if distance is not possible.

All belongings will be labeled to ensure items are not shared.

Activities will be planned that do not involve shared toys. When possible, activities will be moved outdoors to allow for more space.

Staff will sit with children during lunch and snack times, to ensure there is no sharing of food, utensils, sippy cups etc.

Mouthed toys will be immediately removed for cleaning and sanitizing.

## **8. Catering provisions**

To prevent an outbreak and maintain physical distancing, Staff will serve individual portions to children during mealtimes. Children will not prepare or provide food to be shared with others.

Staff will follow proper hand washing procedure prior to serving food. Children will be seated in a manner that ensures physical distancing.

Yummy catering will be providing catered lunch and snacks for children under the age of 3.8 years. Catered food will be delivered to the screening area and distributed by supervisor to the classrooms.

Families of children over the age of 3.8 years have the option of participating in the catered lunch/snack program or provide food from home. Lunch/snacks brought from home must be food that is prepared and ready to eat, to ensure child's independence (i.e. – no heating, cutting or assembly required).

Each cohort will have their own serving utensils that will be cleaned and sanitized between uses, there will be no sharing of food serving utensils between cohorts.

Food will always be protected from contamination; catered food will be stored in closed containers in the designated area within each room and all food from home will be stored in labeled containers in the child's cubby.

All disposable plates, cups and utensils will be stored in sealed containers in each room.

## **9. Special need resource services**

Brackendale Montessori recognizes that children with special needs and their families continue to require additional supports and services.

The provision of in-person services will continue where appropriate and will work with SNR when in person is not possible.



All Special Needs Resources staff will be screened before entering Brackendale Montessori, they will be required to wear medical masks, goggles, and practice proper hand hygiene.

Brackendale Montessori will consult with Durham Region Health as to which service providers are to enter the premises and will work with special needs service providers to explore alternative modes of service delivery where in-person delivery is not possible.

Brackendale Montessori will inform all families when Special Needs Resources are provided through external service providers on site and keep a record of their attendance for contact tracing purposes.

Maximum group size rules do not apply to special needs resource staff on site.

## COVID 19 - Liability form

New policies and procedures will be in place to minimize the risk of Covid-19 transmission. At times this will be frustrating, but we ask that you please be patient as we do our best to keep your children and our teachers as safe as possible.

### Our plan to keep everyone safe:

- I. All staff will be trained on the proper use, care, and limitations of any required PPE.
- II. Children and parents are screened at dropped off daily
- III. Staff are cleaning and sanitizing all rooms, common areas & washrooms throughout the day.
- IV. We are helping the children wash their hands properly and frequently
- V. We are keeping all classrooms separate to reduce the possibility of transmission
- VI. We will encourage the children to sit further apart than usual (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.)
- VII. Cribs and cots will be further apart at nap time
- VIII. If any child shows signs of illness, we will separate the child and call the parents immediately. We will advise all families in the event of an outbreak.

### How you can help:

- I. Monitor your children for signs of illness - **If in doubt, use the following [COVID-19 school and childcare screening tool](#).** Never give your child medication to bring down a fever and then bring them to school.
- II. Wash your hands often with soap and water or alcohol-based hand sanitizer (with greater than 60% alcohol content)
- III. Sneeze and cough into your elbow.
- IV. Avoid touching your face. Especially your eyes, nose, or mouth.
- V. Avoid contact with people who are sick.
- VI. Stay home if you are sick or suspect you could be sick.
- VII. Avoid high-touch areas, where possible, or ensure you clean your hands after.
- VIII. Implement all measures to ensure physical distancing & wear face covering/mask.
- IX. Ensure we have your current phone numbers and provide back-up numbers.
- X. **For Casa and Elementary students:** We ask that you provide a pencil case, clearly labelled with your child's name (include pencils, an eraser, coloured pencil crayons, scissors, etc. to minimize the possibility of transmission)

One case of Covid-19 could shut down our school for two or more weeks. Do not take any risks as there are families with vulnerable people who live in the same home as our students.

Despite all our collective efforts, we could end up with a case of Covid-19 at our facility.

Please sign below to indicate that you are aware of the potential for illness, and that you accept the risk associated with sending your child to school during this time.

On behalf of my family, I accept the risks associated with enrolling my child at Brackendale Montessori School.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_