# BLOSSOMING MINDS LEARNING CENTRE

# COVID 19 POLICY REVISED FEBRUARY 2021

**Coronaviruses are spread mainly through respiratory droplets:**

* from person to person through coughing, sneezing, close contact; and touchingcontaminated surfaces
* There is no vaccine available to protect against the novel coronavirus at this point intime

# Symptoms:

Symptoms range from mild – like the common cold and other common respiratory infections – to severe, and can include: fever, cough, and difficulty breathing, red eyes, muscle aches, fatigue, headache, sore throat, runny nose, difficulty breathing or swallowing, sore throat, and new olfactory or taste disorder, not feeling well, tired or sore muscles, nausea, vomiting, or diarrhea

Complications from the novel coronavirus can include serious conditions, like pneumonia or kidney failure, and in some cases, death

# Atypical Symptoms/signs of COVID-19 should be considered, particularly in children, older persons, and people living with a developmental disability. Atypical symptoms can include

* Unexplainedfatigue/malaise,
* Delirium (acutely altered mental status andinattention)
* Unexplained or increased number offalls
* Acute functionaldecline
* Exacerbation of chronicconditions
* Chills,Headache
* Croup,Conjunctivitis

# Atypical signs can include:

* Unexplained tachycardia, including age specific tachycardia forchildren
* Decreased in blood pressure
* Unexplained hypoxia (even if mild i.e. O2sat>90%)
* Lethargy, difficulty feeding in infants (if no otherdiagnosis)

# For more information about COVID-19 visit the Ministry of Health Ontario-

<https://www.ontario.ca/page/ministry-health> or Public Health Toronto <https://www.toronto.ca/home/covid-19/>

# Screening process:

**Screening guidelines as provided by the Toronto Public Health:**

<https://www.toronto.ca/wp-content/uploads/2020/06/8faf-Survey-poster-Child-care-centres-TPH-June-2020.pdf>

**Prior to arriving at Blossoming Minds, please complete and submit the daily online screening provided to you through the HiMama app:**

* Check your child’s temperature daily before coming to the childcare setting(“Pre-screening”)
* At drop off and pick up times, please line up in the designated areas to ensure socialdistancing
* Please wear a mask at all times when dropping off or picking up yourchild
* Staff and parents/guardians of children attending BMLC must not attend the child care program when they are ill, and must report any symptoms associated with COVID-19 to BMLC (must email if child is not attending). ALL ABSENCES MUST BE REPORTED DAILY

**Results of Screening Questions:**

**Please ensure that you follow the instructions given on the latest updated Screening Guidelines as provided by Toronto Public Health – link given above.**

**Screening results will be recorded daily. BMLC will keep all screening records available onsite.**

* At drop off and pick up times, please line up in the designated areas to ensure socialdistancing.
* Hand sanitizer (70-90% alcohol concentration) will be available for individuals who have answered NOto all questions for use prior toentry
* BMLC Staff will escort children into BMLC uponarrival

## Parents must not enter thebuilding

* Please bring your children's belongings in a clear zip lock bag (change of clothingonly)

## All parents are required to wear a mask when dropping or picking up children.

**Isolation of children and child care staff that become ill while attending the child care centre :**

* If a child becomes ill with symptoms while in care, immediately separate them from the rest of their group in a designated room and supervise the child until they are pickedup
* Notify parents/guardians or emergency contacts to pick up the ill child as soon aspossible
* The designated room/space must have a handwashing sink or hand sanitizer (70-90% alcohol concentration) available
* Provide tissues to the ill child to help support respiratoryetiquette
* Open outside doors and windows to increase air circulation in the area if it can be done sosafely
* Children older than two years should wear a mask (if tolerated) and they are able to use it properly (e.g. donning and doffing carefully, avoiding touching while on)

. Child care staff supervising the ill child should maintain physical distancing as best as possible and wear personal protective equipment including surgical mask

* Clean and disinfect the area immediately after the child with symptoms has been senthome

Child care staff and children who were exposed to an individual who became ill with symptoms (i.e. suspected COVID-19 case) must continue to be grouped together (i.e. cohorted) and monitored for signs and symptoms of illness: Supervisors must inform parents/guardians of children who were exposed to the ill child, and advise that they should monitor their child for symptoms. Child care staff must not work in other child care settings.

They must also be advised to avoid being in contact with vulnerable person or settings where there are vulnerable persons.

Child care staff and children who are being managed by Toronto Public Health (TPH) (e.g. confirmed or probable cases of COVID-19, close contacts of cases) must follow TPH instructions to determine when to return to the child care centre/home.

# BMLC will report cases and outbreaks to Toronto Public Health and the Ministry of Education

BMLC will immediately report the following to TPH by contacting the surveillance unit at 416-392-7411 during work hours (8:30am to 4:30pm, Monday to Friday) or 3-1-1 after hours.

BMLC will immediately report the following to the Ministry of Education as a Serious Occurance:

Confirmed cases of COVID-19 among staff or children, students, visitors.

# Enhanced attendance reporting practices for children, child care staff and all other individuals entering BMLC

* BMLC will maintain daily attendance records of all individuals entering the child care centre/home. Thisincludes, but is not limited to, maintenance workers, cleaning/environmental staff, food service workers and government agency employees (e.g. public health inspectors, fireinspectors)
* Records must be updated when a child, child care provider or staff person is absent

. BMLC will follow-up with all individuals to determine the reason for any unplanned absences, and determine if the absence is due to illness to note any symptoms (e.g. fever, sore throat, cough)

* Non-essential visitors must not be permitted to enter BMLC and any essential visitors will be screened prior to entry

. BMLC will monitor attendance records for patterns or trends (e.g. children and child care staff in the same group or cohort absent at the same time or over the course of a few days)

. Attendance records will be available on-site at all times

# Cohorting Staff and Children

* Maximum cohort size for each room in BMLC will return to maximum group sizes as set out under the CCEYA (ie. licensed age groups prior to the COVID-19outbreak)
* Child care staff and children will be assigned to designated cohorts or groups
* Cohorts will be assigned to individualclassrooms
* Programming must be planned in a manner that prevents cohorts from mixing throughout theday

BMLC will assign scheduling at drop-off and pick-up times to prevent parents/guardians from gathering or grouping together. Drop off will be done between 7:30 a.m. and 9 a.m., and pick up will be between 4:30 p.m. and 5:30

p.m. Early pick up is always available between 3:30-4 p.m. Please adhere to your assigned drop off and pick up times. Any other drop off or pick up time must be made by prior arrangement with BMLC.

* Playground times will be scheduled so that cohorts do not mix in thehallways
* temporary physical barriers will be used to prevent mixing ofgroups
* child care staff will ensure that physical distancing is maintained and that the groups do notmix
* Staffing will be sufficient to have multiple staff assigned to one room consistently over the course of the day, and not need to move to otherrooms

Physical distancing

Physical distancing will not compromise supervision or a child’s safety. BMLC will practice physical distancing as best as possible to maintain a two metre/six feet distance between staff and children by:

* + spreading children out into different areas, particularly at meal and dressingtime;
	+ incorporating more individual activities or activities that encourage more spacebetween children; and
	+ using visual cues to promote physicaldistancing
	+ Head to toe if the space islimited
	+ planning activities that do not involve shared objects ortoys;
	+ when possible, moving activities outside to allow for more space;and
	+ avoiding singing activitiesindoors

# Personal items are not to be brought into BMLC. Cups will be provided for drinking water throughout the day indoors.

**BMLC will practice hand hygiene and respiratory etiquette by:**

* + Ensuring all staff and children clean hands thoroughly with soap and water (or use hand sanitizer (70- 90% alcohol concentration) provided hands are not visiblysoiled)
	+ avoiding touching face, nose and mouth with unwashed hands
	+ Cover coughs or sneeze with elbow or a tissue. Immediately throw the tissue in the garbage and wash hands.
	+ Providing additional hand sanitizer (70-90% alcohol concentration) stations in supervised areaswhere children cannot access itindependently.
	+ Childcare staff will ensure that proper hand hygiene is practiced often and when necessary (e.g. before and after eating, after using the bathroom, after covering a cough or sneeze). This includes supervising and/or assisting children with handhygiene.
	+ Child care operators will monitor hand hygiene supplies to ensure adequate amounts of liquid soap, paper towel, hand sanitizer, tissues, and waste receptacles lined with plasticbags

# Food safety practices

* BMLC Staff will modify meal practices to ensure that there is no self-serving or sharing of food at meal times
* Meals will be served in individual portions to thechildren
* Utensils must be used to servefood
* Do not provide shared utensils or items (e.g. serving spoons,condiments)
* Children will not be allowed to prepare nor provide food that will be shared withothers
* There will be no outside food provided by (except where required and special precautions for handling and serving the food are put into place, e.g., expressed breastmilk)
* BMLC will ensure proper hand hygiene is practiced when staff are preparing food, and for all individuals before and aftereating

# Enhanced environmental cleaning and disinfection

* AllBMLCstaffwillreviewandfollowPublicHealthOntario’sCleaningandDisinfectionforPublicSettingsfact sheet
* Chlorine bleach solutions will be used for disinfection if appropriate for thesurface
* BMLC will educate staff on how to use cleaning agents anddisinfectants:
* environmental cleaning and disinfecting will be conducted throughout theday
* BMLB will clean and disinfect all high touch surfaces and objects (e.g. doorknobs, light switches ,toilet handles, sink faucets and tabletops) at least twice a day or when visibly dirty
* BMLC will clean and disinfect individual items that may be handled by more than one individual such as electronic devices, toys and balls between users.

The following items should be considered as items to be frequently cleaned and sanitized:

* Eating areas
* Play equipment
* Toys and other playitems
* Offices and commonareas
* Washrooms
* Door knobs, light switches, toilet seats, handles, table tops, at least twice aday
* Stairways (handrails)
* Play areas, Rest areas
* Others as identified
* Cots and cribs will be cleaned and disinfected after each use.
* BMLC will maintain logs to track cleaning and disinfecting activities for each room/area, individual/play items and sleeping equipment such as cots andcribs

# Requirements for the use of toys, equipment and other materials

* + BMLC will provide toys and equipment that are made of materials that can be cleaned and disinfected..
	+ BMLC will assign specific toys to onecohort
	+ Toys must be cleaned and disinfected betweencohorts
	+ Mouthed toys will be separated, cleaned and disinfected immediately after the child has finished usingit
	+ Clean and disinfect toys in a three compartment sink. Toys must be washed and rinsed prior to disinfection. Using two sinks is acceptable if washing and rinsing are done in the firstsink
	+ Alternatively,t oys can be cleaned and disinfected in a mechanical dishwasher provided that the rinse cycle reaches a minimum of 82 degrees Celsius. Only use the dishwasher in the kitchen when it is not being used for any other purposes (i.e. washing dishes, foodpreparation)
	+ Ensure required disinfectant contact times are achieved or alternatively allow toys to airdry
	+ Dry toys in a designated area that is separate from bathrooms ,change tables and protected from sources of contamination
	+ Suspend group sensory playactivities
	+ Provide individualized bins or packs for art materials and supplies for each child. Label these bins to prevent sharing

# Use of masks and personal protective equipment

* + BMLC will provide personal protective equipment (PPE) for use by staff when necessary
	+ Staff must wear a surgical mask and eye protection (e.g. goggles, faceshield):
		- when inside the childcare premises, including in hallways
		- the use of masks and eye protection is not required for staff/students or children when outdoors if physical distancing can be maintained• All child care staff are required to wear medical masks outdoors when a distance of 2 metres cannot be maintained. All children in grades 1 and above are required to wear a nonmedical mask or face covering outdoors when a distance of 2 metres cannot be maintained. All younger children (aged 2 to SK) are also encouraged to do this, but it is not required.
	+ Gloves must be worn when it is anticipated that hands will come into contact with mucous membranes, broken skin, tissue, blood, bodily fluids, secretions, excretions, contaminated equipment or environmentalsurfaces
	+ Children in **grades 1 and above** are required to wear a non-medical mask or face covering when indoors at the childcare centre. All younger children (aged 2 to SK) are also encouraged to do this, but it is not required.

# Communication with families/guardians and otherstakeholders

* + BMLC will share the COVID-19 opening policies with all parents/guardians and other stakeholders
	+ Communication platforms may include the website, himama app, or email
	+ BMLC will post signs at all entrances instructing participants and their families not to enter if they aresick
	+ BMLC will communicate with stakeholders such as building owners/property managers on a routine basis to provide updates about policies and procedures and to align any gaps or concerns regarding IPACpractices
	+ Toronto Public Health will provide further advice about information that should be shared with other staff and parents/guardians in the event there is a case or outbreak of COVID-19 in the child caresetting
	+ Communication with parents will be through phone calls/HiMama app.
	+ Staff communication will be done through email or small meetings using PPE and social distancing.

# Health and safety

* In collaboration with local public health, BMLC will ensure that training is provided to all child care staff/providers on the health, safety and other operational measures outlined by the Ministry of Education and Toronto Public Health
* This may include instruction on how to properly clean the space and equipment, and keep daily attendance records, and what to do in the case that someone becomes sick

# The following learning modules will be mandatory for all staff (Toronto Children’s Services)

* + Infection prevention and control(IPAC)
	+ Personal Protective Equipment(PPE)
	+ Screening
	+ Exclusion
	+ Environment andinteractions
	+ Resource links

There may be families served through the Emergency Child Care for school-aged children program that were not accessing service prior to the closure; these families will no longer be eligible for their current space upon 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 upon the re-opening of school aged programs and in-person schooling.