**BLOSSOMING MINDS LEARNING CENTRE COVID-19 POLICY AND REOPENING PLAN**

**COVID-19**

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

* from person to person through coughing, sneezing, close contact; and touching contaminated surfaces.
* There is no vaccine available to protect against the novel coronavirus at this point in time.

**Symptoms**

Symptoms range from mild – like the common cold and other common respiratory infections – to severe, and can include: fever, cough, and difficulty breathing, muscle aches, fatigue, headache, sore throat, runny nose, difficulty swallowing, and new olfactory or taste disorder.

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

 **Symptoms for children could include**

* Sore throat, hoarse voice,
* Fever,
* Diarrhea
* A runny nose

**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**

* Unexplained fatigue/malaise,
* Delirium (acutely altered mental status and inattention)
* Unexplained or increased number of falls
* Acute functional decline
* Exacerbation of chronic conditions
* Chills, Headache
* Croup, Conjunctivitis.

**Atypical signs can include:**

* Unexplained tachycardia, including age specific tachycardia for children
* Decreased in blood pressure
* Unexplained hypoxia (even if mild i.e. O2 sat>90%)
* Lethargy, difficulty feeding in infants (if no other diagnosis)

**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 and temperature checks:**

**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 BMLC (must email if child is not attending)**

* All individuals, including children, parents/guardians and staff must be screened upon arrival.
* When intaking children, a staff member will be outside screening each person as they arrive on site. Parents or guardians will not be allowed into the Centre.
* BMC will actively screen and check the temperature of children, child care staff and any other individuals prior to entry/arrival to the child care centre/home child care setting.

**Screen all parents/guardians, their children and child care staff prior to entry by asking about the following:**

1. Do you/the child or any member of your household have any of the following symptoms: fever/feverish, new onset of cough, worsening chronic cough, shortness of breath, difficulty breathing, sore throat, difficulty swallowing, decrease or loss of sense of taste or smell, chills, headaches, unexplained fatigue/malaise/muscle aches, nausea/vomiting, diarrhea, abdominal pain, pink eye (conjunctivitis), runny nose/nasal congestion without other known cause?
2. Have you/the child travelled outside of Canada, including the United States, within the last 14 days?
3. Have you/the child had close contact with a confirmed or probable COVID-19 case?
4. Have you/the child had close contact with a person with acute respiratory illness who has been outside Canada, including the United States, in the last 14 days?

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

* Hand sanitizer (70-90% alcohol concentration) will be available at the screening stations for individuals who have answered NO to all questions for use prior to entry.
* Individuals who answer YES to any of the questions will not be permitted to BMLC.
* BMLC Staff will escort children into BMLC after screening**.**
* **Parents must not go past the screening area**
* Please bring your children's belongings in a clear ziplock bag (change of clothing only)

Staff will take appropriate precautions when screening, including maintaining a distance of at least 2 metres (6 feet) from those being screened, or being separated by a physical barrier (such as plexiglass barrier), and wearing personal protective equipment (PPE) (i.e. surgical/ procedure mask; gown; gloves; eye protection).

**All parents are required to wear a mask.**

BMLC will take the temperature of each person entering our facility using a No Touch infrared thermometer. We will also take the temperature of those dropping off the children to see if they are showing signs of COVID-19. Any child either exhibiting a fever over 38C or other symptoms, or with a family member exhibiting a fever over 38 C or other symptoms will not be allowed into the centre.

If the family unit has been in contact with a person that has been diagnosed with COVID-19 or exhibits symptoms, that child will not be allowed to enter our facility until a self-quarantine has been Completed or until that child has been tested negative to the disease. Child care centers within the meaning of the “Child Care and Early Years Act, 2014” have a duty to report suspected or confirmed cases of COVID-19 under the Health Protection and Promotion Act”. We will contact the local public health unit to report any suspected child that may have COVID-19. Once contacted, they 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 and children.

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

**Children /Parents/Guardians/Staff** **mus**t:

 ● Check their children’s temperature daily before coming to the childcare setting.

 ● If the temperature is equal or greater than 38 degrees Celsius or if the child/children have any cold-like symptoms or vomiting and/or diarrhea, they should stay home.

• It is recommended that child care staff and children with symptoms of COVID-19 attend an assessment centre for testing as soon as possible, and to self-isolate at home until their result is available.

• If a child becomes ill with symptoms while in care, immediately separate them from the rest of their group in a designated room (or space in a home child care setting) and supervise the child until they are picked-up.

 • Notify parents/guardians or emergency contacts to pick up the ill child as soon as possible.

 • 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 respiratory etiquette.

• Open outside doors and windows to increase air circulation in the area if it can be done so safely.

• 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 sent home.

• 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: o Supervisors must inform parents/guardians of children who were exposed to the ill child, and advise that they should monitor their child for symptoms. o 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 exposed to a confirmed case of COVID-19 must be excluded from the child care setting for 14 days.

- Individuals who have been exposed to a confirmed case of COVID-19 should get tested as soon as any symptoms develop.

-If asymptomatic, individuals who have been exposed are also encouraged to get tested any time within 14 days of the potential exposure. They will need to continue to self-isolate for 14 days even if the test is negative.

• 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:

-Staff must also report to their occupational health and safety department prior to return to work when applicable.

- Clearance tests are not required for staff or children to return to the child care centre.

**BMLC will report cases and outbreaks to Toronto Public Health**

• 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:

- Clusters of suspected cases (e.g. two or more children or staff with COVID-19 symptoms within a 48-hour period).

-Cases of COVID-19 among staff or child attendees that are laboratory-confirmed or probable (symptoms occurring among a staff or child who has been exposed to a person with confirmed COVID-19).

**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. This includes, but is not limited to, maintenance workers, cleaning/environmental staff, food service workers and government agency employees (e.g. public health inspectors, fire inspectors).

• Records will include the following information: name, company, contact information, date, time of arrival/departure, reason for visit, rooms/areas visited, screening and temperature check results.

 • 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).

 • BMLC will encourage parents/guardians of ill children and ill or unwell child care staff to seek COVID-19 testing at assessment centres, and to call Telehealth or their primary care provider to determine if further care is required.

 • Non-essential visitors must not be permitted to enter BMLC

. • 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 consist of no more than 15 children plus staff to allow physical distancing.

• Child care staff and children will be assigned to designated cohorts or groups.

• Cohorts will be assigned to individual classrooms

 • Programming must be planned in a manner that prevents cohorts from mixing throughout the day

• 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 8 a.m. and 9 a.m., and pick up will be between 4 p.m. and 5 p.m. 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 the hallways
* temporary physical barriers will be used to prevent mixing of groups
* child care staff will ensure that physical distancing is maintained and that the groups do not mix
* 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 other rooms.

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 dressing time;
* incorporating more individual activities or activities that encourage more space between children; and
* using visual cues to promote physical distancing.
* to toe if the space is limited.
* planning activities that do not involve shared objects or toys;
* when possible, moving activities outside to allow for more space; and
* avoiding singing activities indoors.

**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 visibly soiled)

 • to avoid 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 areas where children cannot access it independently. • Child care 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 hand hygiene.

• 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 plastic bags

 **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 the children.
* Utensils must be used to serve food.
* 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 with others.
* 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 breast milk).
* BMLC will ensure proper hand hygiene is practiced when staff are preparing food, and for all individuals before and after eating.

 **Enhanced environmental cleaning and disinfection**

•All BMLC staff will review and follow Public Health Ontario’s Cleaning and Disinfection for Public Settings fact sheet.

• Chlorine bleach solutions will be used for disinfection if appropriate for the surface.

• BMLC will educate staff on how to use cleaning agents and disinfectants:

• environmental cleaning and disinfecting will be conducted throughout the day.

• 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 play items

● Offices and common areas

● Washrooms

● Door knobs, light switches, toilet seats, handles, table tops, at least twice a day

● 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 and cribs.

**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 one cohort
* if possible, toys must be cleaned and disinfected between cohorts:
* Mouthed toys will be separated, cleaned and disinfected immediately after the child has finished using it.
* 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 first sink.
* Alternatively, toys 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, food preparation).
* Ensure required disinfectant contact times are achieved or alternatively allow toys to air dry.
* Dry toys in a designated area that is separate from bathrooms, change tables and protected from sources of contamination.
* Suspend group sensory play activities.
* Provide individualized bins or packs for art materials and supplies for each child. Label these bins to prevent sharing

**Use of 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, face shield):

 - In the screening area, when screening or escorting children to child care area.

 - When cleaning and disinfecting blood or bodily fluid spills if there is a risk of splashing or droplets.

 - When caring for a sick child or a child showing symptoms of illness.

 • Staff must wear a mask (medical or non-medical) or face covering at other times when physical distancing cannot be maintained, including, but not limited to:

- Providing direct care (e.g. feeding, assisting a child with hand hygiene, diapering).

-Consoling an upset child.

- Assisting a child with dressing or changing clothes.

 • 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 environmental surfaces.

• BMLC will use blankets over clothing if holding or carrying infants or toddlers. Change the blankets or cloths between children.

 **Communication with families/guardians and other stakeholders**

* BMLC will share the COVID-19 opening policies with all parents/guardians and other stakeholders
* Communication platforms may include the websites, email, or social media accounts.
* BMLC will use telephone or video conferencing when possible for meetings between child care staff and with parents/guardians.

 • BMLC will post signs at all entrances instructing participants and their families not to enter if they are sick.

• 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 IPAC practices.

• 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 care setting.

 **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 prior to re-opening.

• This may include instruction on how to properly clean the space and equipment, how to safely conduct daily screening 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 and interactions
* Resource links