



Curlew Montessori School

81 Curlew Drive
North York, ON M3A 2P8
Tel: 416-385-7373

*“To Inspire Every Child Towards a
Lifetime of Learning and Discovery”*

Updated Covid-19 Policies and Procedures - 2021/22

At Curlew Montessori School, we are committed to providing a safe and healthy environment for all our students and staff. The health and safety protocols entailed in this document apply to all employees, students and their families, community members, and any other persons engaging in business with Curlew Montessori School.

The purpose of these policies and procedures is to ensure that all persons are aware of and adhere to the directives established by the 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 AND 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 symptoms of COVID-19 (even with only one symptom as indicated in the prescribed list of symptoms) must stay at home until:

- ✓ They receive a negative COVID-19 test results
- ✓ They receive an alternative diagnosis by a health care professional, or
- ✓ It has been 10 days since their symptom’s 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 symptom present as indicated in the prescribed list of COVID-19 symptoms.

These individuals are to wear a properly fitted mask for their entire time at the school. Their mask may only be removed to eat and drink, and the individual must remain at least 2 metres/6 feet away from others when their mask has been removed. If 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 and 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, community members and any persons engaging in business with Curlew Montessori School. Everyone must be screened before entering the building:

- Parents/Guardians must maintain physical distancing when dropping off children to school.
- Parents/Guardians must wait until there is confirmation of their child passing the screening process before leaving the premises.
- Parents/Guardians are not permitted past the screening area to ensure physical distancing. Only one parent is allowed in the screening area.
- The main lobby will be open for screening from 7:30 a.m. to 9 a.m. After this time, you will have to ring the buzzer and wait for a staff member to complete the screening process for you.
- Staff and Parents/guardians are required to complete the on-line screening before they arrive at school. The screener will verify that screening has been completed. If not, the screener will proceed to carry out screening and verify results; if all is clear, then the screener will proceed to take temperature.
- If answered questions are satisfactory, and the staff member or child does not have a fever (37.8 C or above), or other symptoms, they have passed the screening and now can enter the school.
- Physical distancing between the screener and persons being screened will be maintained to the greatest extent possible. Moreover, the screening area will contain a plexiglass shield to be used as a protective barrier. The screener will also use PPE (masks, eye protection, gloves).
- As persons enter the school they will be asked to sanitize/wash their hands.
- The screener will take temperatures using an infrared thermometer and then record the temperature (only children and staff will have their temperature taken).
- The child will then be accompanied to their classroom, or monitored by the screener who will ensure that the child reaches their respective classrooms
- If answered questions are not satisfactory, or answers are refused, and/or fever (37.8 and above) has been noted, entry to the school will be denied. The person or family

will be directed to go home and self-isolate and seek the advice of health provider, or Toronto Public Health for further direction.

- Health screening area will be disinfected thoroughly after screening is completed each day.

Pick-up procedures:

- Parents/guardians will be asked to stay physically distanced at pick-up times.
- The main lobby area will be used for toddler pick up and the playground area will be used to Casa pick-up (weather permitting). A Casa staff member will release the child to the parent at the time of pick-up.
- Students enrolled in the extended care program will also be picked up from the main lobby area.
- Parents are asked to ring the buzzer to announce their arrival. A staff member will bring their child to the front door to have them picked up.

Cohorting staff and children

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

- Curlew Montessori School is permitted to operate using maximum group sizes as set out under the CCEYA (licensed age groupings as prescribed by CCEYA).
- As much as possible supervisors and designates will limit their movements between rooms, doing so when absolutely necessary.
- Interactions between groups will be avoided as much as possible.

Space set-up and physical Distancing

Curlew Montessori School will adhere to the physical distancing measures as follows:

Program Rooms

- CURLEW MONTESSORI SCHOOL will promote physical distancing, to the greatest extent possible, in all school settings. This may include limiting the number of adults and children per classroom, off-setting indoor and outdoor play, small-group interactions etc. Staff are asked to adhere to physical distancing at all times, to the greatest extent possible, including when taking their breaks/lunches.
- When staff are holding toddlers, blankets or cloths will be used over their clothing and changed between children.
- Staff will avoid getting close to faces of children, where possible.
- Encourage and model ways to greet teachers and children using non-physical gestures (e.g., wave hello, or nod).
- Configure classroom to use spare rooms for classroom set up to encourage physical distancing.
- Set up environments to reduce the number of children in a group in a specific area (practical life, sensorial, etc.).
- Separate and space out tables and defined work areas.

- Have specific chair and other shareable material should be assigned to each child.
- Ensure children are physically distanced while using the cubby area, by limiting the number of children using the cubby space.
- Encouraging outdoor play can support physical distancing
- Stagger groups exiting and entering the building and arrange small groupings at all times.
- Encourage children to practice physical distancing while playing.

Entrance / Screening Area

- Use visual and physical barriers to increase the physical distance between staff and families as they approach the screening area. This may include markings, pylons, posters, etc.
- Use visual signs to increase and promote physical distancing while families/staff are waiting to be screened, or at pick up times.

Hallways

- Hallway seating areas should be limited to enforce distancing.
- Limit any casual interactions that normally occur.
- Schedule transitions for each program at different times if possible or advise teachers in each program to take an alternative entry/exit.

Staff Areas

- Post signs to remind staff that the lunch area can only be used by one staff at a time.
- Staff are encouraged to eat lunch outside if weather permits and are encouraged to take a walk to get fresh air and a break from the work environment.
- Where possible open windows to promote circulation and ventilation.

Sleep Equipment and Arrangement:

Children are scheduled for sleeping periods as part of the daily routine. It is important to ensure this activity is carried out in a sanitary manner.

- Children must be placed in a sleeping arrangement that minimizes the spread of respiratory infections (i.e., head to toe)
- Sleep equipment must be labelled and assigned to a single child
- Sleep equipment must be cleaned and disinfected before being reassigned
- Cots must be cleaned and disinfected per use and as necessary (when soiled)
- Sleeping equipment and bedding must be stored in a manner to prevent contamination (e.g., avoid contact with mats/bedding used by another child)
- Bedding must be assigned per child and laundered daily, or when soiled or wet

Mealtimes

- Staff are encouraged to stagger snack and lunch times to allow spacing between children during meals.

- All food items should be handed out by staff to encourage physical distancing between children.
- Ensure that staff and children practice hand hygiene before and after mealtimes and snacks.

Note: Curlew Montessori School recognizes that physical distancing can be difficult with young children. Children don't have a concept of personal space. While staff will practice physical distancing measures listed there is no guarantee that 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 school tours are conducted virtually.
- Curlew Montessori School will contact parents personally through phone call, emails, or virtual meetings. The use of in-person communication is limited.

Cleaning, sanitizing, disinfecting

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 kill 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.

Disinfecting: describes a process completed after cleaning in which an approved chemical solution 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, requires a final rinse after the required contact time is observed.

Procedures

All products including cleaning agents and disinfectants must be out of reach of children, labelled, and must have Safety Data Sheets (SDS) up to date (within three years), which are stored in WHMIS binder. Expiry dates of all cleaning and disinfecting products, as well as manufacturer's instructions will be strictly adhered to.

Cleaning

- Use detergent and warm water to clean visibly soiled surfaces
- Rinse the surface with clean water (warm to tepid temperature preferred) to ensure detergent is removed, then let surface dry.
- Let the surface dry

Disinfecting

When disinfecting, only approved products can be used. The school will consider the use of Oxivir TB (RTU) sprays and cleaning wipes and bleach solution. All are considered high-level disinfectants which are defined as the complete elimination of all microorganisms in or on a surface. **Ensure that all manufacture labels and SDS are read and understood. All Appropriate contact times and PPE use must be adhered to for each individual items. Refer to WHIMIS and ask the Supervisor/designate if you have any questions.**

- For general environmental disinfection of high touch surfaces large toys and equipment that cannot be immersed in a disinfectant solution use Oxivir TB RTU, which comes ready to use in spray bottles or wipes, the contact time for disinfecting is **1 minute**
- For all other Montessori material cleaning & disinfecting use Oxivir Tb wipes may be used.
- *Refer to Montessori Material and Surface Cleaning and Disinfection Procedures for further guidance.*

Disinfecting using Oxivir Tb Ready-To-Use (RTU) Spray & Wipes

- Put on rubber gloves and mask if the employee has scent sensitivities.
- Spray or wipe on **Oxivir Tb RTU-1 Minute** solution and leave on the surface for the appropriate disinfecting contact time (**1 minute**). Ensure the spray setting is **on stream** and not mist.
- Once the **1-minute** disinfecting contact time has elapsed, the surface has now been disinfected.
- Any surface children may come in contact with requires a final rinse with a single-use paper towel (i.e., lunch tables, chairs, floor, toy shelves).
- If the surface continues to be wet, you may wipe it dry with a single-use paper towel.

Cleaning and Disinfection Frequency Requirements

Clean and disinfect upon ENTRY to school (for staff):

- Any hard surfaces such as water bottles, travel mugs, cell phones, lunch containers.

Clean and disinfect upon children's ENTRY to school:

- Any hard surfaces such as water bottles, containers, toothbrush handles, toothpaste.

Clean and disinfect frequencies for other surfaces and items:

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

- **Tables and countertops:** used for food preparation and food service must be cleaned and disinfected before and after each use.
- **Spills** must be cleaned and disinfected immediately.
- **Handwash sinks** staff and children washroom areas must be cleaned and disinfected at least once per day and as often as necessary (e.g., when visibly dirty or contaminated with body fluids).

- **Floors:** cleaning and disinfecting must be performed as required, i.e., when spills occur, and throughout the day when rooms are available, i.e., during outdoor play.
- **Floor Mats:** cleaning and disinfecting must be performed throughout the day, and at a minimum of once daily.
- **Outdoor play equipment:** must be disinfected before each group uses it, and additionally as required (e.g., visibly dirty). Any outdoor play equipment that is used must be easy to clean and disinfect.
- **High-touch surfaces:** any surfaces at your location that has frequent contact with hands (e.g., light switches, shelving, containers, handrails, doorknobs, sinks toilets etc.) These surfaces should be cleaned at least twice per day and as often as necessary (e.g., when visibly dirty or contaminated with body fluids).
- **Other shared items:** e.g., phones, IPADs, attendance binders etc., these must be disinfected at least once daily and as required.

Clean and disinfect daily:

- Low-touch surfaces (any surfaces at your location that has minimal contact with hands), must be cleaned and disinfected daily (e.g., Window ledges, doors, sides of furnishings etc.).

Clean and disinfect as required:

Blood/Bodily Fluid Spills: Using the steps below, the surface must be cleaned first then disinfected:

1. Isolate the area around the spill so that no other objects/humans can be contaminated.
2. Gather all supplies, perform hand hygiene, then put on single-use nitrile gloves.
3. Scoop up the fluid with disposable paper towels (check the surrounding area for splash/splatter) and dispose of in separate garbage bag.
4. Clean the spill area with detergent, warm water, and single-use towels.
5. Rinse to remove detergent residue with clean water and single-use towel.
6. Discard used paper towels and gloves immediately in a tied plastic bag.
7. Spray Oxivir TB Ready-to-Use Disinfectant in and around the spill area and allow the appropriate **1-minute** disinfecting contact time.
8. A final rinse is required if children come into contact with the area.
9. Remove gloves as directed and discard them immediately.
10. Perform hand hygiene as directed.

❖ **Notes:**

- If the spill includes broken glass, ensure a brush and dustpan is used to pick it up and discard after wrapping in paper. Disinfect the brush and dustpan after use. **NEVER** use your hands to clean up the glass.
- If the spill occurs on a carpet, follow the above steps along with

- professional steam/wet cleaning the carpet.
- Please refer to the TPH, 'Blood and Bodily Fluid Spills' poster for further guidance.

Cot cleaning and disinfecting:

- Cots must be labelled and assigned/designated to a single child per use.
- Cots must be cleaned and disinfected before being assigned to a child.
- High touch surfaces on cots and cribs must be disinfected once per day and as often as necessary.
- Cots must be stored in a manner which there is no contact with the sleeping surface of another cot.
- Bedding must be laundered weekly on the "hot" setting, and when soiled or wet.

Additional Infection Prevention and Control Practices for Hygiene Items

- Pacifiers must be individually labelled and stored separately (not touching each other), they must not be shared among children. The pacifier must be washed in soap and water upon arrival to the centre.
- Label individual hygiene items such as toothpaste tubes and store them separately.
- For creams and lotions during diapering, never put hands directly into lotion or cream bottles, use a tissue or single-use gloves.

Montessori Material and Surface Cleaning and Disinfecting Procedures

- Put on rubber or heavy-duty single-use gloves and mask if the employee has scent sensitivities.
- Spray or wipe on the selected disinfecting product (refer to the instructions set out under the "Cleaning and Disinfecting Products" heading above).
- Any surface children may come in contact with requires a final rinse with a single-use paper towel (i.e., lunch tables, highchair tray, floor, toy shelves).
- If the surface continues to be wet, you may wipe it dry with a single-use paper towel.
- It is recommended that books, puzzles, cardboard items etc. that are absorbent and cannot easily be thoroughly cleaned and disinfected, be limited or rotated.
- Should any child present symptoms of COVID-19 (discussed further below), all toys and equipment accessed or potentially accessed by the child must be removed from the classroom and cleaned and disinfected as soon as possible.
- Staff must document the cleaning and disinfecting of classroom play materials on the schedule provided. These records must be kept in a small binder/folder and available as required.

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 and disinfected at least twice per day and as often as necessary (i.e., when visibly contaminated), e.g., sinks, door handles, etc.
- Outdoor equipment will be disinfected at the end of each day.
- Mouthed toys will be removed immediately for cleaning and disinfecting and will not be shared with other children.
- Bathrooms will be cleaned and disinfected between cohort use.

Note: deep cleaning is performed each night by the school's cleaning staff. All high touch surfaces are cleaned and disinfected, and washrooms and hallways are cleaned and disinfected for use the next 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 (face shields, goggles) while inside the school, including hallways and staff rooms (unless eating - but time with masks off should be limited and physical distancing should be maintained). Exemptions and exceptions will be permitted with a 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 meters (6 ft) cannot be maintained.

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

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 and/or assisting children with hand hygiene). Handwashing 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 there are medical exemptions, etc.).
- Curlew Montessori School will provide ways to support nutritional breaks and mask breaks safely (i.e., a space where staff can maintain at least 2 meters (6 ft) 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 children who are not required to wear face coverings (i.e., young children under the age of two).

Sourcing PPE:

- Curlew Montessori School will secure and sustain a sufficient 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 on-going operations.
- To support the healthy and safe operations 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 centre monthly.

Attendance Records

The attendance records will be maintained daily for all children and anyone entering the premises (staff, cleaners, maintenance workers, Resource consultants, etc.).

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 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:

1. Receives a negative COVID-19 test results, or
2. 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 on the on-set of symptoms, and all household contacts must isolate 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 their local public health unit. Is not permitted to attend school (this includes students, staff members, placement students and 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 prescribed list of COVID-19 symptoms, 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 local public health unit.

Exclusion of sick children policy and procedures

Reference to CURLEW MONTESSORI SCHOOL's Illness Policy will be made in conjunction with this policy and procedures.

This policy applies to all employees, students, community members, and any other persons engaged in business with Curlew Montessori School 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 Year Act (CCEYA), children who are ill must be separated must be separated from the other members of their community (children and staff) and arrangements will be made with the parents/guardians to take the child home.

When to exclude:

A sick child must be excluded when they have any signs and/or symptoms that are greater than normal, or if the child is unable to participate in regular programming, because of illness.

- Follow the steps outlined below on How to exclude a child with COVID-19 symptoms, if symptoms are considered to be COVID-19 related (refer to screening checklist).
- Follow the steps on How to exclude a child with non-COVID-19 symptoms as outlined below if symptoms are not COVID-19 related.
- 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 diarrhea consistent with teething, and an additional symptoms presents itself, such as lethargy.

How to exclude a child with COVID-19 symptoms

- A staff member will supervise the ill child in a designated exclusion area away from the other children. A hand washing sink and/or hand sanitizer will be available in the designated area.
- Notify the parents/guardians of the sick child for pick up.
- Only one staff member should be in the designated exclusion area and will attempt physical distancing.
- Staff must wear a mask, gloves, and eye protection. Refer to PPE Policy and Procedures for COVID-19 for specific instructions.
- Staff should perform appropriate hand hygiene measures and attempt to not touch their face with unwashed hands.
- If possible, a mask should be placed on the ill child, but only if the child is able to understand that they cannot touch it, and if the child is over the age of 2.
- Increase ventilation in the designated exclusion area, if possible, to do so.
- Tissues should be provided to the child for proper respiratory etiquette, with proper disposal of the tissues.
- Clean and disinfect the area immediately after the child has been sent home, including all the items used by the ill child.
- While cleaning and disinfecting wear PPE (mask and gloves).
- If the child's symptoms are consistent with COVID-19, staff, children who were exposed to the ill child should be identified as a close contact and will continue to be cohorted.
- Staff should self-monitor and children should be monitored for symptoms for the next 14 days. During this period, they should avoid contact with vulnerable persons or settings where there are vulnerable persons (long-term care homes, people with compromised immune systems, etc.).
- Supervisors will inform parents/guardians of children who were exposed to the ill child. And advise that they should monitor their child for symptoms or take the child for a COVID test.
- Children who are being managed by TPH should follow their instructions to determine when it is safe to return back to the school.
- Staff must refer to Procedure for Suspected or Positive COVID-19 cases- COVID-19 for detailed steps.

How to exclude a child with non-COVID -19 symptoms

Refer to the Management of Common Communicable Diseases Policy and Procedures - COVID-19 for non-COVID-19 signs and symptoms.

- One staff will supervise the child in a designated exclusion area with a hand washing sink and/or hand sanitizer available.
- Notify parents/guardians of the sick child for pick up.
- Only one staff should be in the designated exclusion area and attempt physical distancing. Staff must wear a mask, gloves, and eye protection. Staff should perform hand hygiene and attempt to not touch their face with unwashed hands.

- Increase ventilation in the designated exclusion area if possible.
- Clean and disinfect the area immediately after the child has been sent home, including all the items used by the ill child.

Surveillance and monitoring

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

Ensure surveillance includes the following:

- Observe children for illness upon arrival (screening procedures in place).
- Record symptoms of illness for each child including signs or complaints the child may describe (sore throat, headache, stomach-ache, etc.)
- Record the date and time that the symptoms occur.
- Record the program the child attends.
- Record attendances and absences. Follow-up with all individuals to determine the reason for any unplanned absences and determine if the absence is due to illness and note any symptoms.

Returning from exclusion due to illness

Staff/children who are being managed by TPH (for e.g., confirmed cases of COVID-19, household contacts of cases) should follow instructions from TPH to determine when to return to the school.

Serious Occurrence Reporting:

Curlew Montessori School must report cases of COVID-19 under the Health Protection and Promotion Act. Curlew Montessori School will contact its local public health unit to report a child or staff member 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, Curlew Montessori School will report this to the Ministry of Education through the use of the CCLS.
- Whereas a classroom/program closes due to COVID-19, Curlew Montessori School must file a Serious Occurrence to the Ministry of Education.
- Registered families of the classroom/program that has had a confirmed case of COVID-19 will be informed through school email.

What is considered an Outbreak?

An outbreak may be declared by the local public health unit when a 14-day period, there are two or more laboratory-confirmed cases 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 childcare setting.