**Policy**

Grace Christian School- Day Nursery is committed to providing a safe and healthy environment for children families and employees. In order to help reduce the risk of respiratory infections (including COVID-19), everyone entering the Child Care Centre must be screened prior to entering. This applies to all children, staff, clients, community support workers and any other person engaging in business with GCS.

**Procedures**

1. Prior to conducting health screening, the following requirements should have been completed or in place:
* Health Screening training for all Staff
* Identified entrance/ exit (maybe one for the whole Dare Care) with proper signage
* Visual guides installed in screening area to maintain physical distancing between Staff and Parent/ Guardian and child ex. Marks on the floor to ensure proper distancing of 2 metres or 6 feet is observed
* Visual guides in place to ensure social distancing when Parent/ Guardian and child are in line waiting for their turn to be screened
* Signage/ Visual Aide of Screening Procedure posted
* Table with Hand Sanitizer and Health Screening Questionnaire
* Staff are wearing masks, face shield and gloves
1. Ask the Health Screening Questions. Every person dropping off a child is required to answer the questions. (Refer to Attachment 1 Screening Questions)
2. Types of Respond
3. If the individual answers NO to all questions, take the child’s/ Staff’s temperature. If the child / Staff does not have a fever (38 degrees C or above), he/ she has passed the screening and can enter the building. Record all findings in the questionnaire.

To enter the Nursery, the child/ staff must sanitize his/her hands and change to indoor shoes at shoe station.

1. If the individual answers YES to any of the screening questions, refuses to answer, and/or has a fever (38 degrees Celsius or above), they have failed the screening and cannot enter the building to access child care service.
2. If the person responding is a Staff member and has failed the screening, the Staff will not be allowed to work. The Supervisor will be notified and will follow up later in the day with the Staff.
3. Record
* All responded questionnaire and attendance will be kept on file for future tracing purposes.
* If required daily attendance and this information will be handed to The Toronto Public Health

**Attachment 1**

**Screening Questions**

1. Do you/the child or any member of your household have any of the following symptoms: fever/feverish, new or existing 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), and runny nose/nasal congestion without known cause? Yes/No

 2. Have you/the child travelled outside of Canada, including the United States, within the last 14 days: Yes/No

 3. Have you/the child had close contact with a confirmed or probable COVID-19 case? Yes/No

 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? Yes/No

5. Have you/the child been given fever reducing medicine in the last 5 hours? Yes/No

This is to certify that I have read and understood the contents of the Health Screening Policy and Procedures and shall comply with it.

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| Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |