

GUIDANCE FOR DAY CARE/OUT OF SCHOOL CARE (CHILD CARE)

Overview

Under current Chief Medical Officer of Health Orders, businesses and entities are required to:

- implement practices to minimize the risk of transmission of infection among attendees;
- provide procedures for rapid response if an attendee develops symptoms of illness;
- ensure that attendees maintain high levels of sanitation and personal hygiene;
- comply, to the extent possible, with the [COVID-19 General Relaunch Guidance](#), this guidance, and any other applicable Alberta Health guidance found at: <https://www.alberta.ca/biz-connect.aspx>.

This document has been developed to support licensed child care centres in reducing the risk of transmission of COVID-19. This guidance builds upon the [Alberta Health Services Health and Safety Childcare Guidelines](#), which all child care operators are required to follow. All re-opened licensed child care centres will also be required to be in compliance with applicable zoning and health and safety legislation, including the [Child Care Licensing Act](#) and [Child Care Licensing Regulation](#).

In the event of a conflict between this document and the AHS Health and Safety Childcare Guidelines, this document will prevail.

This document and the guidance within it is subject to change and will be updated as needed. Current information related to COVID-19 can be found at: <https://www.alberta.ca/covid-19-information.aspx>.

COVID-19 Risk Mitigation

General Guidance

- Operators should review the [COVID-19 General Relaunch Guidance](#) for considerations prior to reopening.
- Daycares should encourage and facilitate families of attendees staying up to date with developments related to [COVID-19](#).
- Daycares should notify families of attendees of the steps being taken to prevent the risk of transmission, and the importance of their roles in these measures.
 - COVID-19 signage should be posted in highly visible locations:
 - “Help prevent the spread” posters are [available](#).
 - When possible, provide necessary information in languages that are preferred by attendees.
- All Albertans must follow CMOH Order 05-2020, which establishes legal requirements for quarantine and isolation.
 - Anyone with symptoms of COVID-19, with a history of international travel in the last 14 days, or with close contact with a confirmed case of COVID-19 in the past 14 days must remain at home.

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	<ul style="list-style-type: none"> • Signs should be posted at the entrance reminding persons not to enter if they have signs or symptoms of COVID-19. • Activities must not violate a public health order. To help plan activities, staff should ask themselves the following questions to determine the risk of the activities and whether they are allowed to proceed: <ul style="list-style-type: none"> ◦ Does the activity involve shared surfaces or objects frequently touched by hands? ◦ Can an activity be modified to increase opportunities for physical distancing? • Where possible, physical distancing practices should occur, for example: <ul style="list-style-type: none"> ◦ Avoid close greetings like hugs or handshakes and encourage physically-distant greetings such as “air fives” and waves. ◦ Plan for physically-distant activities such as shadow tag . ◦ Consider ways to set up rooms to avoid clustering or congested areas.
<p>Screening and response plan</p>	<ul style="list-style-type: none"> • Staff, parents and children must not enter the child care space if they have COVID-19 symptoms. • Before leaving home, staff and children who will access the child care centre, must self-screen or be screened by a parent or guardian for symptoms each day that they enter the centre using the applicable checklist for their age group (Child Alberta Health Daily Checklist or Adult Alberta Health Daily Checklist). • The child care centre is expected to ask parents to check children’s temperatures daily before coming to the program. Parents should be reminded of this requirement when children are first registered for the child care program, and through visible signage at the entrance to the child care centre. For reference, normal temperatures are: <ul style="list-style-type: none"> ◦ Mouth: 35.5-37.5°C (95.9-99.5°F) ◦ Underarm: 36.5-37.5°C (97.7-99.5°F) ◦ Forehead: 36.6-38.0°C (97.9-100.4°F) ◦ Ear (not recommended in children under 2 years): 35.8-38.0°C (96.4-100.4°F) • Parents must be provided a copy of the Child Alberta Health Daily Checklist upon registration with the expectation that it needs to be completed on a daily basis. • If a child develops symptoms while at the facility, the child should be isolated in a separate room and the parent or guardian should be notified to come and pick up the child immediately. If a separate room is not available, the child needs to be kept at least two metres away from other children.

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- If the child is young and requires close contact and care, staff can continue to care for the child until the parent is able to pick the child. Staff should wear a non-medical mask and eye protection during all interactions with the child and should avoid contact with the child’s respiratory secretions.
- Staff should wash their hands before donning a non-medical mask and before and after removing the non-medical mask (as per [Alberta Health mask guidance](#)), and before and after touching any items used by the child.
- All items, such as bedding, toys etc., used by the child in the 48 hours prior to the onset of their symptoms and while isolated should be cleaned and disinfected as soon as the child has been picked up. Items that cannot be cleaned and disinfected (e.g. paper, books, cardboard puzzles) should be removed from the centre and stored in a sealed container for a minimum of 72 hours.
- Anyone that reports symptoms should be directed to stay home, seek health care advice as appropriate (e.g., call Health Link 811, or their primary health care practitioner, or 911 for emergency response), and fill out the AHS Online Self-Assessment tool to determine if they should be tested.
- Please see Appendix A for management of adults and children who are symptomatic and/or tested for COVID-19, as well as management of their close contacts.
- Proof of a negative COVID-19 test result is not necessary to return to childcare.
- Programs should keep records of children’s known pre-existing conditions. If a child develops symptoms that could be caused by either COVID-19 or by a known pre-existing condition (e.g., allergies), the child should be tested at least once for COVID-19 to confirm that it is not the source of their symptoms before entering or returning to child care. This will be considered the child’s baseline health.
- Written confirmation by a physician that a child or staff member’s symptoms are due to a chronic illness is not necessary. Repeat testing is not necessary unless the nature of the symptom changes (e.g., a chronic cough worsens).
- The AHS Coordinated Early Identification and Response (CEIR) team is available to all child care settings at 1-844-343-0971. A site that does not already have an outbreak of COVID-19 must contact the CEIR team as soon as there are two or more children/staff members showing [COVID-19 symptoms](#) for additional guidance and decision- making support at

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	<p>Programs directly associated with a confirmed or probable case of COVID-19 must adhere to requirements from Alberta Health Services. This may include temporary program closure to allow for contact tracing processes to occur.</p>
<p>Expectations for drop-off/pick-up and entry areas</p>	<ul style="list-style-type: none"> • Programs should develop procedures for drop off and pick up that support physical distancing and separate cohorts to the greatest extent possible. Possible strategies include separate cohort entrances, having one designated parent/guardian pick up and drop off each child, staggering entry, or limiting the number of people in entry areas. To support public health contact tracing efforts in the event that an attendee tests positive, daycare operators should keep daily records of anyone entering the daycare who stays for 15 minutes or longer (e.g. staff working each day, children, etc.). <ul style="list-style-type: none"> ◦ Daycare must obtain a parent or guardian consent (for children under 18) and notify parents or guardians about the purpose and legal authority for the collection. • Any personal information that is collected for COVID-19 contact tracing can only be used for this purpose, unless an individual provides their consent. <ul style="list-style-type: none"> ◦ Records should only be kept for 4 weeks. An organization must make reasonable security arrangements to protect the personal information. ◦ Program attendance needs to be reported weekly to the Ministry of Children’s Services. • There should be no non-essential visitors and no volunteers at the program. Parents or guardians are permitted to enter the program when needed, such as during pick-up and drop-off, but should minimize the time spent there, wear a non-medical mask and stay two metres away from staff and other children at all times. <ul style="list-style-type: none"> ◦ Facility operators and staff should use telephone or video conferencing when possible to meet with staff and parents. ◦ Parents picking up children from more than one cohort at the centre should not be allowed to enter the cohort room unless absolutely necessary. If they must enter, a distance of two metres must be maintained between staff and other children. • Hand sanitizer should be placed in all entrances to the program area in for use by staff, parents doing pick-ups/drop-offs, and any visitors to the centre. Dispensers should not be in locations that can be accessed by children, as there is a risk of accidental ingestion. The manufacturer’s instructions for each product must be followed. • Signs should be posted at the entrance reminding persons not to enter if they have signs or symptoms of COVID-19.

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Cohorts	<ul style="list-style-type: none">• Child care programs may operate in cohorts of 30 people. This includes both staff and children.<ul style="list-style-type: none">◦ A cohort is defined as a group of children and staff members assigned to them who stay together throughout the day, as well as day-to-day. Cohorts should remain as stable as possible over an extended period.<ul style="list-style-type: none">▪ Children may be enrolled in multiple programs, and would be considered to be a part of more than one cohort (e.g., for part-time child care programs, there may be one cohort on Monday, Wednesday and Friday and a different cohort on Tuesday and Thursday). Parents should consider limiting the number of cohorts their children are a part of as much as possible.▪ If a staff member must work with more than one cohort (i.e. multiple classes of 30 people), they are expected to wear a non-medical mask at all times and maintain physical distance as much as possible.◦ Cohorts cannot mix with other cohorts or be within in the same room/space at the same time, including pickups and drop-offs, mealtimes, playtime, outdoor activities, staff rooms, naptime, etc.<ul style="list-style-type: none">▪ If cohorts must share the same room or space for a short period of time (i.e. less than 15 minutes), such as when a child or staff member needs to access a washroom or a door, 2 metres distance should be maintained between cohorts.◦ Separate cohort groups may be divided by non-permeable physical barriers (e.g. bookshelves, plastic room dividers). These barriers must be at least two metres high or two metres apart.• In order to ensure that child care centres maintain licensing requirements for child/staff ratios, allow coverage for staff lunch and coffee breaks, and to protect the separation between cohorts, child care operators should adopt the following staffing practices:<ul style="list-style-type: none">◦ Designated room staff are assigned a cohort and should stay with that cohort and not interact with staff or children from any other cohort.◦ Where possible to do so and maintain ratio requirements, programs should avoid having substitute or “float” staff that work with multiple cohorts.◦ If float staff members are required to maintain adequate coverage, each float staff person should be assigned to no more than three designated cohorts and should limit physical interactions with children where possible (e.g. maintaining two metres of physical distance).• Any person (director, float staff, etc.) who will enter the space of more than one cohort is expected to wear a non-medical mask any time they
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	<p>are in the presence of other staff/children and should wash their hands (or use hand sanitizer) when entering or exiting each room. Information on how to use a non-medical mask can be found here</p> <ul style="list-style-type: none"> Whenever feasible, out of school care programs should consider assigning children who attend the same school or are in the same class at school to the same cohort at the start of the school year.
<p>Hand Hygiene and Respiratory Etiquette</p>	<ul style="list-style-type: none"> Staff and children should be frequently reminded to follow proper hand hygiene and respiratory etiquette (wash hands frequently, sneeze/cough into their elbow, put used tissues in a waste receptacle and wash hands immediately after using tissues). <ul style="list-style-type: none"> Post signs with visual cues around the program area to remind staff and children to perform proper hand hygiene and respiratory etiquette. Child care programs must adhere to handwashing guidelines outlined in the AHS Health and Safety Child Care Guidelines. Hand sanitizer containing at least 60% alcohol is recommended as there is evidence that this supports effectiveness against COVID-19. Hand sanitizer can help reduce the risk of infection by, or the spread of microorganisms when hand washing is not possible. If parents have questions about their child using alcohol-based hand sanitizer they should contact the child care operator to discuss potential alternatives. Access to hand sanitizer needs to be monitored at all times because it can result in accidental poisoning if ingested. Children should be closely supervised when using hand sanitizer. Manufacturer instructions for each product should be followed.
<p>Additional Public Health Measures</p>	<ul style="list-style-type: none"> Use of non-medical masks by program staff is only encouraged for prolonged close interactions with children (e.g. changing a diaper or assisting with feeding). <ul style="list-style-type: none"> If non-medical masks are worn, Alberta Health mask guidance should be followed and can be found here: www.alberta.ca/masks. Once a non-medical mask has been removed, it should be thrown in a lined trash bin (disposable masks) or placed in a sealed container to be laundered (reusable masks). Children attending a child care program are not required to wear a non-medical mask while at child care but can wear one if their parent prefers. Parents should ensure that the childcare program is provided with properly fitting masks for their child (labelled with the child's name), including an extra in the event that the mask become soiled or damaged. A face shield should not be used as a substitute for a face mask as there is no current evidence that shows wearing a face shield alone

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	<p>adequately protect others from the wearer’s respiratory droplets.</p> <ul style="list-style-type: none"> • Holiday events, performances or celebrations that involve bringing in family members should be postponed or cancelled until further notice, as these events offer fewer possibilities for physical distancing and may lead to the mingling of cohorts or exposure to new people/places that may pose a risk of transmission. In-care celebrations with children and staff may occur. • Off-site activities (e.g., field trips) must follow the child care guidance, as well as any sector-specific guidance relevant to the location of the field trip, including physical distancing, use of non-medical face masks, cohorting, hand hygiene, respiratory etiquette and enhanced cleaning and disinfection. <ul style="list-style-type: none"> ◦ Individual cohorts should be maintained during transportation to and from any external field trip site, as well as at the location of the field trip site. ◦ Organizations providing off-site activities should comply with the general relaunch guidance and sector-specific guidance, and should implement the same measures in the school guidance. ◦ An organization or facility should only host one cohort at a time, or should take clear steps to separate multiple groups to ensure they do not use shared areas (e.g., washrooms, lunch rooms). ◦ Staff at the off-site activity must maintain physical distancing of at least two metres from the children and child care staff in the cohort. ◦ Hold activities outdoors as much as possible. ◦ Organizations providing off-site activities must develop procedures to address staff that become symptomatic during the field trip. • Child care programs must develop procedures to address children or staff developing symptoms during the field trip; plans should include a designated area to isolate the ill individual, what extra supplies may be needed (e.g., mask for the child, mask/face shield for the individual attending to the child), how to notify a parent/guardian and how the ill child will be transported home from the off-site activity. • Singing and playing wind instruments in close proximity to others are considered to be higher-risk activities, and should be carefully managed. <ul style="list-style-type: none"> ◦ Organizers of these activities should adhere to the guidance for singing and vocal performance and instrumental music.
<p>Food</p>	<ul style="list-style-type: none"> • Food provided by the family should be stored with the child’s belongings or, if refrigeration is required, should be kept in an area designated for the child’s cohort and should not be handled by other cohorts’ staff. <ul style="list-style-type: none"> ◦ Utensils should be used to serve food items (not fingers). • Close off the kitchen/meal-prep/snack areas that could be accessed by children, non-designated staff, or essential visitors.

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	<ul style="list-style-type: none"> • Ensure that staff handling food practice meticulous hand hygiene and are excluded from work if they are symptomatic.
<p>Transportation</p>	<ul style="list-style-type: none"> • Staff and children should not be in the pick-up area or enter the vehicle if they have symptoms of COVID-19. • The driver should be provided with a protective zone, which may include: <ul style="list-style-type: none"> ○ 2 metre physical distance; ○ Physical barrier; or ○ Non-medical mask. • Children should be assigned seats and a record of this seating plan should be kept in order to assist with contact tracing should a child test positive for COVID-19. Children who live in the same household should be seated together. • Child care programs should develop procedures for loading, unloading and transfers that support physical distancing of 2 metres between all persons (except household members) when possible. This may include: <ul style="list-style-type: none"> ○ Children start loading from the back to the front of the vehicle. ○ Where feasible, limit the number of children per bench unless from the same household or cohort. ○ Children from the same household may share seats. ○ Children start unloading from the front to the back of vehicle. ○ Children in grades 4 and above are expected to wear a non-medical mask while in the vehicle when distancing is not possible (especially if cohorts are mixed during transport). Non-medical masks may also be considered for younger children if appropriate. • If a child becomes symptomatic during the trip, a non-medical mask should be made available. The driver will contact the school to make the appropriate arrangements for the child to be picked up (see screening and response plan above). • Vehicle cleaning and records: <ul style="list-style-type: none"> ○ Increase frequency of cleaning and disinfection of applicable high-touch surfaces, such as door handles, child seats, window areas, rails, steering wheel, mobile devices and GPS prior to each run. ○ It is recommended that vehicle cleaning logs be kept.
<p>Out of school care programs</p>	<ul style="list-style-type: none"> • In the instance that a child arrives at the child care program directly after attending school (for which the child was assessed for symptoms by a parent before attending), program staff should assess the child for symptoms verbally before entering the program. <ul style="list-style-type: none"> ○ Program staff may also take the child’s temperature as an additional measure to ensure the child is symptom-free before entering.

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	<ul style="list-style-type: none"> ▪ Thermometers should be disinfected between uses according to manufacturer’s instructions or by using an alcohol wipe. • Children in grades 4 and higher who must use school common areas to access or exit a child care program must wear a non-medical mask while in these spaces before entering the program’s space. The child may remove their non-medical mask after being assessed for symptoms and permitted to enter the program. <ul style="list-style-type: none"> ○ Store reusable non-medical masks in a clean, breathable bag or container if it will be worn it again. Consider using a bag that can be washed. ○ Non-medical masks and storage containers/bags should be labeled with the child’s name and kept with the child’s personal belongings (i.e. coat hook, cubbie or locker).
Staff	<p>Ensure staff:</p> <ul style="list-style-type: none"> • Are trained on the child care operator’s policies regarding physical distancing, hand hygiene, respiratory etiquette, cleaning and disinfecting, and any other updated policies or procedures related to preventing transmission of COVID-19. • Have access to hand sanitizer or hand washing stations, as required. • Are permitted to wear non-medical masks if preferred, even if a non-medical mask is not necessary for the work they are performing. Guidance is available online. • Designate lockers and storage spaces to individual staff. • Encourage staff to launder uniforms between shifts as appropriate. • Continue to follow existing occupational health and safety (OHS) requirements. <p>OHS questions and concerns can be directed to the OHS Contact Centre by telephone at 1-866-415-8690 (in Alberta) or 780-415-8690 (in Edmonton) or online.</p>
Use of shared spaces	<ul style="list-style-type: none"> • If play structures are to be used by more than one group, the structures can only be used by one cohort at a time and where possible, should be cleaned and disinfected before and after use by each cohort. • Only one cohort at a time may use a licensed outdoor play space. Programs are encouraged to also use alternatives to licensed outdoor play spaces, such as walks and supervised play in parks and safe open spaces. Follow physical distancing practices when possible. <ul style="list-style-type: none"> ○ If using a public or school playground, ensure that children engage in hand hygiene before and after play.

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	<ul style="list-style-type: none"> • Each cohort should have designated equipment (e.g., balls, loose equipment) for each cohort or should clean and disinfect equipment between cohort uses. • Naps should take place within the cohort’s designated room. • The centre should establish a plan to prevent mingling of cohorts in washrooms. No unnecessary items should be stored in washrooms. • Programs that utilize a space that has other after-hours user groups (e.g. programs in churches, community centres) should ensure the space is cleaned before and after using the space. It is recommended that cleaning be done by one person within the cohort directly before the group enters the space and after it exits the space. A cleaning log should be posted and used to track cleaning. • Programs that are located in seniors centres that do not have the ability to operate as a stand-alone program (separate entrance, separate washrooms, and separate play areas) will not be able to open. • Where provided, water fountains may remain open and should be cleaned and disinfected frequently.
<p>Cleaning and disinfecting</p>	<ul style="list-style-type: none"> • Programs should engage in frequent, thorough cleaning and disinfecting each day. • Clean and disinfect frequently touched objects and surfaces as per AHS’ COVID-19 Public Health Recommendations for Environmental Cleaning of Public Facilities. • Cleaning and disinfecting of toys should be done by: <ul style="list-style-type: none"> ○ Commercial dishwasher OR ○ Washing with detergent and water; ○ Rinsing with clean, warm water; ○ Wiping, spraying or immersing for two minutes in an approved disinfectant; and ○ Air dry. • Discontinue shared use of items that cannot be cleaned and disinfected. • Area rugs and soft furnishings (e.g. large pillows or cushions, bean bag chairs) that cannot be easily cleaned and disinfected should be removed. Increased frequency of cleaning of permanent carpets and upholstered furniture is recommended. • Ensure mouthed toys are immediately put into a designated bucket to be cleaned and disinfected. • Soft toys (plush toys and blankets) should not be shared at this time. Launder in hot water and dry thoroughly between children or discontinue use.

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	<ul style="list-style-type: none"> • Close all shared sensory tables including water tables, sand tables, and shared play dough. <ul style="list-style-type: none"> ○ Individual sensory bins or activities that are not shared between children may be used (play dough labelled for individual child use, small individual water bowl with sensory activities). • Items such as books and puzzles should not be moved between rooms and should stay within each cohort room only as they cannot be fully cleaned and disinfected between cohort uses. • Regarding items that travel with the child from home to the child care centre on a daily or regular basis: <ul style="list-style-type: none"> ○ Children bringing in non-essential personal items should be discouraged. ○ If coat hooks, lockers or open cubbies are to be used to store personal items, they should be assigned to a single child or they must be cleaned and disinfected in between uses. ○ Equipment that is required for children’s day-to-day use (e.g. mobility or feeding devices, weighted blankets, headphones) should be cleaned and disinfected at drop off and pick up, and should not be used by anyone other than the child.
<p>Other resources</p>	<ul style="list-style-type: none"> • General information regarding COVID-19 (Government of Alberta) www.alberta.ca/coronavirus-info-for-albertans.aspx • How to hand wash (AHS) https://www.albertahealthservices.ca/assets/healthinfo/ipc/if-hp-ipc-flu-handwash-how-to.pdf • How to use alcohol-based hand sanitizer (AHS) https://www.albertahealthservices.ca/assets/healthinfo/ipc/if-hp-flu-hand-rub-how-to.pdf • Diapering procedures poster (AHS) https://www.albertahealthservices.ca/assets/wf/eph/wf-eph-diapering-procedure-poster.pdf • Hand washing posters (AHS) https://www.albertahealthservices.ca/assets/wf/eph/wf-eh-you-d-clean-em.pdf https://www.albertahealthservices.ca/assets/wf/eph/wf-eh-you-d-clean-em-2.pdf • Arts and crafts safety (AHS) https://www.albertahealthservices.ca/assets/wf/eph/wf-eh-arts-crafts-safety.pdf

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Appendix A: Management of children who are tested for COVID-19

Symptoms	COVID-19 Test Result:	Management of Individual:	Management of Individual's Close Contacts*:
Symptomatic	Positive	Isolate for a minimum 10 days or until symptoms resolve, whichever is longer.	Quarantine for 14 days from last exposure.
	Negative	Stay home until symptoms resolve. Except if identified as a close contact of a confirmed case: Quarantine for 14 days since the last exposure (even with negative result).	N/A
	Not tested	If symptoms include fever, cough, shortness of breath or loss of sense of taste/smell: Isolate for a minimum for 10 days or until symptoms resolve, whichever is longer. Except if identified as a close contact of a confirmed case: Quarantine for 14 days since the last exposure.	N/A Except if symptomatic individual identified as a close contact of a confirmed case: Close contacts of this individual should quarantine for 14 days from last exposure to this individual.
Asymptomatic	Positive	Isolate for a minimum of 10 days from the collection date of the swab.	Quarantine for 14 days from last exposure.
	Negative	No isolation required. Except if identified as a close contact of a confirmed case: Quarantine for 14 days since the last exposure (even with negative result).	N/A

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Management of adults who are tested for COVID-19

Symptoms	COVID-19 Test Result:	Management of Individual:	Management of Individual's Close Contacts*:
Symptomatic	Positive	Isolate for a minimum 10 days or until symptoms resolve, whichever is longer.	Quarantine for 14 days from last exposure.
	Negative	Stay home until symptoms resolve. Except if identified as a close contact of a confirmed case: Quarantine for 14 days since the last exposure (even with a negative result).	N/A
	Not tested	If symptoms include fever, cough, shortness of breath, sore throat or runny nose: Isolate for a minimum for 10 days or until symptoms resolve, whichever is longer. Except if identified as a close contact of a confirmed case: Quarantine for 14 days since the last exposure.	N/A Except if symptomatic individual identified as a close contact of a confirmed case: Close contacts of this individual should quarantine for 14 days from last exposure to this individual.
		If other symptoms, stay home until symptoms resolve. Except if identified as a close contact of a confirmed case: Quarantine for 14 days since the last exposure.	N/A
Asymptomatic	Positive	Isolate for a minimum of 10 days from the collection date of the swab.	Quarantine for 14 days from last exposure.
	Negative	No isolation required. Except if identified as a close contact of a confirmed case: Quarantine for 14 days since the last exposure (even with a negative result).	N/A

*Close Contacts:

- Provide direct care for an individual with COVID-19 or who had similar close physical contact OR
- Had close prolonged contact OR
- Had direct contact with infectious body fluids of an individual with COVID-19 (i.e., was coughed or sneezed on).