

COVID-19 INFORMATION

GUIDANCE FOR LICENSED CHILD CARE CENTRES (DAYCARES AND OUT-OF-SCHOOL CARE)

Overview

On May 14, operators of licensed child care centres (daycares and out-of-school care) are permitted to begin to re-open their programs or expand program access to all children. The purpose of this document is to provide information and public health guidelines for operators who wish to re-open and operate their program during the COVID-19 pandemic.

This guidance builds upon the **Alberta Health Services Health and Safety Childcare Guidelines**, which all child care operators are required to follow. These guidelines can be found at: www.albertahealthservices.ca/assets/wf/eph/wf-eh-health-safety-guidelines-child-care-facilities.pdf. All re-opened licensed child care centres will also be required to be in compliance with applicable zoning, health and safety legislation, including the *Child Care Licensing Act* and Child Care Regulation.

In the event of a conflict between this document and the AHS Health and Safety Childcare Guidelines, this document will prevail. These measures and restrictions in this document will remain in effect until further notice is given by the Chief Medical Officer of Health.

COVID-19 Risk Mitigation

Before re-opening	<ol style="list-style-type: none">1. Many buildings where child care centres are located have had reduced or no water flow through the plumbing water system during the pandemic, leading to the stagnation of water in the pipes. Prior to re-opening, each site needs to ensure fresh water replaces the stagnant water in the water lines. See Appendix A for instructions.
Additional public health measures	<ol style="list-style-type: none">2. Child care programs may operate in cohorts of 10 people. This includes both staff and children.<ol style="list-style-type: none">a. A cohort is defined as a group of children and staff members assigned to them who stay together throughout the day.b. 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.3. 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:<ol style="list-style-type: none">a. Designated room staff are assigned a cohort and must stay with that cohort and not interact with staff or children from any other cohort.b. Where possible to do so and maintain ratio requirements, programs should avoid having substitute or 'float' staff that work with multiple cohorts.c. 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.d. Any person (director, float staff, etc.) who will enter the space of more than 1 cohort must wear a mask any time they are in the presence of other staff/children and they must wash their hands (or use alcohol-based hand rub) when entering or exiting each room. Information on how to use a mask can be found at alberta.ca/masks4. More than one program can be offered per building (i.e. a daycare and an out of school program) as long as they are able to keep/maintain separation between the programs (separate entrances/exits, washrooms) and follow all health requirements.
Use of shared spaces	<ol style="list-style-type: none">5. Shared spaces and structures that cannot be cleaned and disinfected between cohorts should not be used.6. 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 must be cleaned and disinfected before and after use by each cohort.7. Only one cohort at a time may use a licensed outdoor play space. Centres are encouraged to also use alternatives to licensed outdoor play spaces, such as walks and supervised play in parks and safe open spaces (not playgrounds). Follow physical distancing practices when possible.

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	<p>8. Each cohort should have designated equipment (e.g., balls, loose equipment) or clean and disinfect equipment between cohort uses.</p> <p>9. Naps should take place within the cohort's designated room.</p> <p>10. The centre should establish a plan to prevent mingling of cohorts in washrooms and to minimize the number of shared surfaces in washrooms.</p> <p>11. Programs that utilize a space that has other after-hour user groups (e.g. programs in churches, community centres, etc.) must 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 must be posted and used to track cleaning.</p> <p>12. 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.</p>
<p>Entering and exiting the centre</p>	<p>13. 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 numbers of people in entry areas.</p> <p>14. Programs must keep daily records of anyone entering the facility who stays for 15 minutes or longer (e.g. staff working each day, children, contractors, etc.). Records must be kept up-to-date and available to facilitate contact tracing in the event of an outbreak.</p> <p>a. Program attendance will need to be reported weekly to the Ministry of Children's Services.</p> <p>15. There should be no non-essential visitors and no volunteers at the program. Parents or guardians are able to enter the program when needed, but should minimize the time spent there and stay two meters away from staff and other children at all times.</p> <p>a. Facility operators and staff should use telephone or video conferencing when possible to meet with staff and parents.</p> <p>b. 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 2 meters must be maintained between staff and other children.</p> <p>16. Alcohol-based hand rub (with at least 60% alcohol) must be placed in all entrances to the program area in for use by staff, parents doing pick-ups/drop-offs, and other essential visitors. Dispensers should not be in locations that can be accessed by children as there is a risk of accidental ingestion. Manufacture instructions for each product must be followed.</p> <p>17. Signs should be posted at the entrance reminding persons not to enter if they are sick (even if symptoms resemble a mild cold).</p>
<p>Sick parents, staff or children</p>	<p>18. Staff members, parents, and children must not enter the child care space if they are sick, even if symptoms resemble a mild cold. Symptoms to look for include but are not limited to fever, cough, shortness of breath, sore throat, runny nose, nasal congestion, headache, and a general feeling of being unwell.</p> <p>19. The child care centre must 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:</p> <p>a. Mouth: 35.5-37.5°C (95.9-99.5°F)</p> <p>b. Underarm: 36.5-37.5°C (97.7-99.5°)</p> <p>c. Ear (not recommended in infants): 35.8-38.0°C (96.4-100.4°F)</p> <p>Child care staff must conduct active symptom screening of each child every morning with the parent conducting the drop off, using the attached screening tool (Appendix B).</p> <p>20. If a child develops symptoms while at the facility, the child should be isolated in a separate room and the parent 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 2 meters away from other children.</p> <p>a. 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 mask during all interactions with the child and should avoid contact with the child's respiratory secretions.</p>

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	<ul style="list-style-type: none"> b. Staff should wash their hands before donning a mask and before and after removing the mask (as per Alberta Health mask guidance), and before and after touching any items used by the child. c. All items, bedding, toys etc. used by the child 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 10 days. <p>21. Programs should keep records of children’s known pre-existing conditions. If a child develops symptoms in or outside of the program that could be caused by COVID-19 or by a known pre-existing condition (e.g. allergies), the child should be tested for COVID-19 to confirm that it is not the source of their symptoms before entering or returning to the program.</p> <p>22. If two or more children are identified as having symptoms consistent with COVID-19, the child care program should follow outbreak notification procedures as per routine zone protocols.</p> <p>23. Any program connected to a confirmed or probable case of COVID-19 will be required to close for a minimum of 72 hours to allow contact tracing, and then adhere to recommendations from Alberta Health.</p>
<p>Safe practices onsite</p>	<p>24. 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:</p> <ul style="list-style-type: none"> a. Does the activity violate a public health order? b. Does the activity involve shared surfaces or objects frequently touched by hands? c. Can an activity be modified to increase opportunities for physical distancing? <p>25. Where possible, physical distancing practices should occur, for example:</p> <ul style="list-style-type: none"> a. Avoid close greetings like hugs or handshakes and encourage physically-distant greetings such as “air fives” and waves, b. Plan for physically-distant activities such as shadow tag and where possible avoid activities that require clustering around a particular item or part of the room. c. Consider ways to set up rooms to avoid clustering or traffic jams d. Consider staggering individual participation in activities or use of equipment to avoid clustering in any specific area. e. For naps, increase distance between sleeping mats/cots up to 2 meters if possible, and always practice head-to-toe placement. <p>26. Use of masks by program staff is only encouraged for prolonged close interactions with children (e.g. changing a diaper or assisting with feeding).</p> <ul style="list-style-type: none"> a. If masks are worn, Alberta Health mask guidance must be followed and can be found at alberta.ca/masks. b. Once a 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). c. Young children are unlikely to be able to wear a mask properly and not touch it so mask wearing is not recommended. <p>27. Staff and children 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)</p> <ul style="list-style-type: none"> a. Post signs with visual cues around the program area to remind staff and children to perform proper hand hygiene and respiratory etiquette. <p>28. Child care programs must adhere to handwashing guidelines outlined in the AHS Health and Safety Child Care Guidelines. While alcohol-based hand sanitizer is not typically recommended for routine use in child care, it has been proven effective for hand hygiene when soap and water is not readily available. Access to hand sanitizer needs to be monitored in all times and can result in accidental poisoning if ingested. Children must be closely supervised when using alcohol based hand sanitizer. Manufacture instructions for each product must be followed.</p> <p>29. For food service, meals and snacks:</p> <ul style="list-style-type: none"> a. No self-serve or family-style meal service.

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	<ul style="list-style-type: none"> b. 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. c. Close the kitchen/nourishment areas off that could be accessed by children, non-designated staff, or essential visitors. d. Cease activities involving child participation in food preparation. e. Ensure that food handling staff practice meticulous hand hygiene and are excluded from work if they are symptomatic. f. Where possible, children should practice physical distancing while eating. g. There should be no common food items (e.g., salt and pepper shakers). h. Meals should be served in individual portions by a designated staff member to each child. i. Utensils should be used to serve food items (not fingers). <p>30. Field trips, group transportation, holiday events, performances or celebrations must be postponed or cancelled until further notice is given, as these events offer fewer possibilities for physical distancing and may lead to the mingling of cohorts.</p>
<p>Cleaning and disinfecting items</p>	<p>31. Programs should engage in frequent, thorough cleaning and disinfecting each day.</p> <p>32. With the exception of diaper change tables, clean and disinfect frequently touched objects and surfaces as per AHS’ Guidelines for Environmental Cleaning of Public Facilities during Respiratory Illnesses in the Community https://www.albertahealthservices.ca/assets/info/ppih/if-ppih-covid-19-environmental-cleaning-public-facilities.pdf.</p> <ul style="list-style-type: none"> a. Cleaning and disinfection of diapering areas must continue to be done as per usual protocols. <p>33. Cleaning and disinfecting of toys should be done by:</p> <ul style="list-style-type: none"> a. Commercial dishwasher b. OR : <ul style="list-style-type: none"> i. Wash with detergent and water ii. Rinse with clean warm water iii. Wipe, spray or immerse for 2 minutes in an approved disinfectant. iv. Air dry <p>34. Discontinue shared use of items that cannot be cleaned and disinfected (natural materials such as acorns, sticks, cardboard etc.)</p> <p>35. Ensure mouthed toys are immediately put into a designated bucket to be cleaned and disinfected.</p> <p>36. Soft toys (plush toys and blankets) should not be shared at this time. Launder in hot water and dryer between children or discontinue use.</p> <p>37. Close all shared sensory tables including water tables, sand tables, shared play dough.</p> <ul style="list-style-type: none"> a. 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) b. 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. <p>38. Regarding items that travel with the child from home to the child care centre on a daily or regular basis:</p> <ul style="list-style-type: none"> a. Children bringing in non-essential personal items should be discouraged. b. 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>39.</p>
<p>Other resources</p>	<p>General information regarding COVID-19 (Government of Alberta) alberta.ca/COVID19</p> <p>How to hand wash (AHS) albertahealthservices.ca/assets/healthinfo/ipc/if-hp-ipc-flu-handwash-how-to.pdf</p>

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	<p>How to use alcohol-based hand sanitizer (AHS) albertahealthservices.ca/assets/healthinfo/ipc/if-hp-flu-hand-rub-how-to.pdf</p> <p>Diapering procedures poster (AHS) albertahealthservices.ca/assets/wf/eph/wf-eph-diapering-procedure-poster.pdf</p> <p>Hand washing posters (AHS) albertahealthservices.ca/assets/wf/eph/wf-eh-you-d-clean-em.pdf albertahealthservices.ca/assets/wf/eph/wf-eh-you-d-clean-em-2.pdf</p> <p>Arts and crafts safety (AHS) albertahealthservices.ca/assets/wf/eph/wf-eh-arts-crafts-safety.pdf</p>
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APPENDIX A

Drinking water safety

During the response to the COVID-19 pandemic, many buildings where child care facilities are located have had reduced or no water flow through the plumbing water system. Under these conditions, water may stagnate, disinfection residuals may decline and water temperatures change, creating environments with poor water quality. As a result, each site needs to ensure fresh water replaces the stagnant water in the water lines.

Child care facilities in larger buildings

If the child care facility is located within a large building that has been vacant or at significantly reduced occupancy, speak with the building owner/operator to ensure:

- The water feed lines to the premises have been thoroughly flushed, the plumbing system and fixtures in common areas of the building have been thoroughly flushed,
- HVAC, humidifiers etc. in the building have been maintained and operating effectively,
- Any hot water tanks, reservoirs are replenished with fresh water as needed.

After the above is confirmed, flush the child care facilities water supply, this will refresh the child care facilities area's water supply and disinfectant residual.

1. Flush all water faucets in the premises for 5 minutes. Flush cold water supply first.
2. Drain the hot water tank if one is present in the child care facilities.
3. Flush all hot water taps for 5 minutes.
4. Run any automatic dishwashers through one cycle. Flush other water equipment. For example, refrigerators with ice makers and ice machines should be flushed and the first batch of ice discarded.
5. At the end of each hot and cold timed flushing process, water temperature should be stable and water should not be discolored or have any sediment.
6. Report any observations of discolored water or problems with the water to the building operator.

Child care facilities in stand alone sites

If the child care facility is located within a stand-alone building the following needs to be completed:

1. Flush the feed line to the premises first by opening the closest faucet to the water line coming into the premises. Flush this faucet for at least 10 minutes. Flush the remaining cold water taps for 5 minutes.
2. Drain the hot water tank.
3. After draining the hot water tank, flush all hot water taps for 5 minutes.
4. Run any automatic dishwashers through one cycle. Flush other water equipment. For example, refrigerators with ice makers and ice machines should be flushed and the first batch of ice discarded.

At the end of each hot and cold timed flushing process, water temperature should be stable and water should not be discolored or have any sediment.

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APPENDIX B

Screening Questionnaire

ESSENTIAL VISITORS MUST FILL OUT THIS QUESTIONNAIRE TO DECIDE IF YOU SHOULD ENTER TODAY

Risk Assessment: Initial Screening Questions:

1.	Do you, or your child attending the program, have any of the below symptoms:	CIRCLE ONE	
		YES	NO
	• Fever	YES	NO
	• Cough	YES	NO
	• Shortness of Breath / Difficulty Breathing	Yes	NO
	• Sore throat	YES	NO
	• Chills	YES	NO
	• Painful swallowing	YES	NO
	• Runny Nose / Nasal Congestion	YES	NO
	• Feeling unwell / Fatigued	YES	NO
	• Nausea / Vomiting / Diarrhea	YES	NO
	• Unexplained loss of appetite	YES	NO
	• Loss of sense of taste or smell	YES	NO
	• Muscle/ Joint aches	YES	NO
	• Headache	YES	NO
	• Conjunctivitis	YES	NO
2.	Have you, or anyone in your household, travelled outside of Canada in the last 14 days?	YES	NO
3.	Have you or your children attending the program had close <u>unprotected</u> * contact (face-to-face contact within 2 meters/6 feet) with someone who is ill with cough and/or fever?	YES	NO
4.	Have you or anyone in your household been in close <u>unprotected</u> contact in the last 14 days with someone who is being investigated or confirmed to be a case of COVID-19?	YES	NO

* "unprotected" means close contact without appropriate personal protection equipment (PPE).

If you have answered "Yes" to any of the above questions, please **DO NOT** enter at this time.

If you have answered "No" to all the above questions, please sign in and out and practice hand hygiene (wash hands for 30 seconds, and or use hand sanitizer) before and after your visit.

Our goal is to minimize the risk of infection to our staff and children, thank you for your understanding and cooperation.

Name _____
Date _____

Signature _____

Current as of May 11, 2020