

HEALTH GUIDELINES FOR CHILD CARE

Overview

To maintain the safe care of children, families and community members, the re-opening of licensed child care programs will follow a measured approach, in accordance with Public Health Guidance from Alberta Health and Alberta Health Services (AHS) and in compliance with the *Child Care Licensing Act* and regulations from Children's Services

Restrictions may be re-instituted as needed if there is increasing incidence of COVID-19 in the community setting. When the incidence of COVID-19 is eliminated or greatly reduced, all child care licensing activities will return to conditions prior to the COVID-19 program closure with enhanced public health guidelines.

Considerations:

- 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.
- Currently, Alberta is recommending people keep a physical distance of 6 feet or 2 metres when possible. While it is understood that caring for children does not allow for a 2 metre separation, where possible, it is still recommended this distance is maintained (for example, staff should try to maintain 2 metres of space between each other).
- In addition to these requirements, these centres must adhere to the public health measures below.

Required Public Health Measures

1. Licensed child care facilities that have been permitted to open can maintain operations with a **maximum program occupancy of 30** (including staff and children) as long as they are separated into separate classrooms and do not congregate.
 - no more than 15 people should be together in a single room or space where they cannot be spread out with two metres between them.
2. The **maximum capacity of any room at any one time is 10** (staff and children). As it was with essential services child care, child/staff and age ratios are generally recommended, but flexibility will be afforded so centres can meet parents needs.
3. **Any child, staff or parent 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.
 - 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.
 - If the child is young and requires close contact and care, caregivers can continue to care for the child until the parent is able to pick the child. Caregivers should be mindful of handwashing and avoid contact with the respiratory secretions of the child.
 - All items, bedding, toys etc. used by the child while isolated should be sanitized as soon as the child has been picked up.
4. Parents must be reminded through visible signage (posters) at the child care program and when children are first registered for the program to **check children's temperatures daily before coming to the program**. For reference, normal temperatures are:
 - Mouth: 35.5-37.5°C (95.9-99.5°F)
 - Underarm: 36.5-37.5°C (97.7-99.5°)
 - Ear (not recommended in infants): 35.8-38.0°C (96.4-100.4°F)

Active symptoms screening must occur every morning using the attached tool (Appendix A). Child care staff must review the tool with the parent each morning when children are dropped off.

5. The **Alberta Services Child Care Guidelines must be adhered to**. The guidelines can be found here: www.albertahealthservices.ca/assets/wf/eph/wf-eh-health-safety-guidlines-child-care-facilities.pdf.
6. Child care programs **must adhere to the following handwashing guidelines**. Specifically, programs must engage in frequent handwashing with soap and water for at least 20 seconds at the following times:

- At the start of the day and before going home.
- After going to the washroom.
- After a diaper change (both children and staff).
- Before preparing food.
- Before eating.
- After getting hands dirty.
- After wiping nose or handling dirty tissues.
- After blowing nose.
- After cleaning tasks (staff).

Child care staff should help young children to ensure handwashing is done correctly. Alcohol-based hand rub (ABHR) is not recommended for routine use in child care.

7. **Parents should provide meals and snacks.** If a child does not show up with food for the day, the program may provide the child food. At meal times, **children should not serve themselves** food items that are not individually wrapped. There should be **no common food items** (e.g. shared snack bowl). **Utensils should be used** to serve food items (not fingers). **See Appendix B for more information.**
8. **Programs should engage in frequent thorough cleaning each day.** Child care programs shall follow regulations regarding cleaning, sanitizing and disinfecting. Follow the program's routine cleaning and disinfecting practices. Clean and disinfect frequently touched objects and surfaces as per the AHS Guidelines <https://www.albertahealthservices.ca/assets/wf/eph/wf-eh-health-safety-guidlines-child-care-facilities.pdf> as well as existing regulations.

Water in play tables should be changed between groups of children and the basin washed, rinsed, and sanitized. Any child participating in an activity at a water play table or basin washes his or her hands before the activity and the water table emptied as soon as the activity is over.

9. There should be **no non-essential visitors and no volunteers at the program.** Parents or guardians are able to enter the program.
10. Post signs. As part of routine measures for the respiratory season, existing signs should be visible and include visual cues that remind staff and children to perform hand hygiene (sneeze/cough into their elbow, put used tissues in a waste receptacle and to wash hands immediately after using tissues). Signs reminding persons not to enter if they are sick (even if symptoms resemble a mild cold) should also be posted.
11. Where possible, **social distancing practices should occur**, for example, avoid close greetings like hugs or handshakes. Try to maintain 2 metres between people.

Appendix A

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
	• Runny Nose / Nasal Congestion	YES	NO
	• Feeling unwell / Fatigued	YES	NO
	• Nausea / Vomiting / Diarrhea	YES	NO
	• Muscle 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 _____

Signature _____

Date _____

Current as of DATE

Appendix B

Food Handling Guidance

Best practice is that parents provide their own food for their child. If this is not possible, the following guidance applies:

- Close buffet lines, or, have staff dispense foods from the buffet onto plates for children
- Cease Family-style meal service
- Remove shared food containers from dining areas (e.g., shared pitchers of water, milk, salt & pepper shakers, etc.)
- If using single service packets of condiments, provide packet directly to each child, rather than self-serve in a bulk container
- For snack programs, dispense snacks directly to children and use prepackaged snacks only
- Close the kitchen/nourishment areas off that could be accessed by children/visitors
- Cease activities involving child participation in food preparation
- Other measures as necessary/appropriate if directed by local public health
- Ensure that food handling staff:
 - Practice meticulous hand hygiene
 - Are excluded from work if they are symptomatic