COVID-19 INFORMATION

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

Overview

This document should be used to support operators to reduce the risk of transmission of COVID-19 among participants, workers and volunteers. Operators are required to adhere to the Guidelines for Re-opening Licensed Child Care Centres and Alberta Health Services' <u>Health and Safety Guidelines for Child Care Facilities</u>. They should also review the <u>Workplace</u> <u>Guidance for Business Owners</u>.

COVID-19 Risk Mitigation

Safety	Obild care presents many analytic is achieved of 40 meanly. This is shuden both staff and shildren
	Child care programs may operate in cohorts of 10 people. This includes both staff and children.
	• A cohort is defined as a group of children and staff members assigned to them who stay together throughout the day.
	• Staff members, parents and guardians and children must not attend the program if they are sick, even if symptoms resemble a mild cold. Symptoms to look for include: fever, cough, shortness of breath, sore throat, runny nose, nasal congestion, headache, and a general feeling of being unwell.
	• Staff must ask parents and guardians to check the temperatures of their children daily before coming to the program. Parents and guardians should be reminded of this requirement when children are first registered for the program and through visible signage at the entrances and drop off areas.
	• Staff must conduct active symptom screening of each child every day with their parent or guardian during drop off.
	• Programs must keep daily records of anyone entering attending the facility who stays for 15 minutes or longer (e.g. staff working each day, children.). Records must be kept up-to-date and available to facilitate contact tracing in the event of an outbreak.
	• 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.
Illness	• If a child develops symptoms while at the program, the child should be isolated away from other children 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 2 metres away from other children.
	• 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.
	• Staff should wash their hands before donning a mask and before and after removing the mask (as per mask guidance), and before and after touching any items used by the child.
	• All items, 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 program and stored in a sealed container for a minimum of 10 days.
Physical Distancing	• Cohorts cannot mix with other cohorts or be within in the same room/space at the same time, including pickups and drop-offs, meal times, playtime, outdoor activities, staff rooms, etc.
	• Shared spaces and structures that cannot be cleaned and disinfected between cohorts should not be used.
	• More than one program can be offered per building as long as separation between programs is maintained (separate entrances/exits, washrooms) and all health requirements are followed.
	Where possible, physical distancing practices should occur.
	 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 and where possible, avoid activities that require clustering around a particular item or small area.

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Drop Off And Pick Up Procedures	• Programs must 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 or guardian pick up and drop off each child, staggering entry, or limiting the numbers of people in entry areas.
	• There should be no non-essential visitors at the program. Parents or guardians are able to attend the program when needed, but should minimize the time spent there.
	• Childcare 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 intermingle with children in the cohorts.
	 Alcohol-based sanitizer containing at least 60% alcohol should be placed in all entrances to the program area 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 young children as alcohol-based hand sanitizer is not generally recommended for use by young children.
	• Signs should be posted reminding persons not to enter if they are sick (even if symptoms resemble a mild cold).
Use Of Shared Spaces	• 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.
	• Only one cohort at a time may use the same outdoor play space. Follow physical distancing practices when possible. Each cohort should have designated equipment (e.g., balls, loose equipment) or clean and disinfect equipment between cohort uses.
	• The program should establish a plan to prevent mingling of cohorts in washrooms and to minimize the number of shared surfaces in washrooms.
	• Programs that utilize a space that has other user groups (e.g. programs in museums, 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.
Program Planning	• 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:
	 Does the activity violate a public health order?
	 Does the activity involve shared surfaces or objects frequently touched by hands?
	 Can an activity be modified to increase opportunities for physical distancing?
Food Service Meals And Snacks	No self-serve or family-style meal service.
	• 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.
	No activities involving child participation in food preparation are allowed.
	• Ensure that food handling staff practice hand hygiene and are excluded from work if they are symptomatic.
	Where possible, children should practice physical distancing while eating.
	• There should be no common food items (e.g., salt and pepper shakers).
	Meals should be served in individual portions by a designated staff member to each child.
	Utensils should be used to serve food items (not fingers).
Cleaning	Programs should engage in frequent, thorough cleaning and disinfecting each day.
	 Clean and disinfect frequently touched objects and surfaces as per <u>AHS' Guidelines for Environmental</u> <u>Cleaning of Public Facilities during Respiratory Illnesses in the Community.</u>

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