

GUIDANCE FOR APPROVED FAMILY DAY HOME/ GROUP FAMILY CHILD CARE PROGRAMS

Overview

Chief Medical Officer of Health (CMOH) Order 25-2020 requires businesses and entities 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; and
- comply, to the extent possible, with any applicable Alberta Health guidance found at alberta.ca/biz-connect.aspx.

Program educators are required to follow this guidance, the [General Operational Guidance](#) and any other applicable CMOH orders.

This document has been developed to support operators of family day homes and licenced group family child care programs in reducing the risk of transmission of COVID-19 among attendees (children, adolescents, adults, parents, guardians, staff and volunteers). This guidance builds upon the [Alberta Health Services \(AHS\) Health and Safety Childcare Guidelines](#) and outlines public health and infection prevention and control requirements specific to these settings.

All licensed group family child care programs and approved family day home programs will also be required to be in compliance with applicable zoning and health and safety legislation, including the [Early Learning and Child Care Act](#), Early Learning and Child Care Regulation (or *Child Care Licensing Act* and Child Care Licensing Regulation, for group family child care programs), and/or [Alberta's Family Day Home Standards](#).

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

In all settings, it is important that measures are implemented to reduce the risk of transmission of COVID-19. This includes, but is not limited to ensuring: physical distancing, barrier use (where appropriate), proper hand hygiene and respiratory etiquette, enhanced cleaning and disinfecting, records management and building maintenance (e.g., ventilation).

COVID-19 Risk Mitigation

General Advice for Day Home Operators

- Program educators are expected to review and follow the [General Operational Guidance](#).
- Program educators 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.
- Activities cannot 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:

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	<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 congestion.
Screening and Response Plan	<ul style="list-style-type: none"> Staff, parents and children must not attend the program if they have COVID-19 symptoms. Before leaving home, staff and children who will enter the family day home program, must self-screen or be screened by a parent or guardian for symptoms each day that they enter the home using the Alberta Health Daily Checklist. Providers must not open their home for child care if they or anyone else residing in the home has symptoms of COVID-19. <ul style="list-style-type: none"> The symptomatic person or persons must be tested for COVID-19. If the person(s) is negative for COVID-19, the day home may re-open once the symptoms have resolved. If the COVID-19 test is positive, the day home must remain closed during the legal isolation period for the case and the legal quarantine period of the close contacts. The day home provider 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 day home program, and through visible signage at the entrance to the day home. 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 day home, the child should be isolated in a separate room and the parent/guardian should be notified to come and pick up the child immediately. If a separate room is not

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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, staff can continue to care for the child until the parent is able to pick the child. Staff should wear a face 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 face mask and before and after removing the face 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 either discarded or removed from the home and stored in a sealed container for a minimum of 24 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. The CEIR team must be contacted as soon as there are 2 or more children/staff members showing [COVID-19 symptoms](#) for additional guidance and decision-making support at a site that does not already have an outbreak of COVID-19.

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	<ul style="list-style-type: none"> Programs directly associated with a confirmed or probable case of COVID-19 must adhere to AHS requirements. This may include temporary program closure to allow for contact tracing processes to occur.
Expectations for Drop-off/Pick-up and Entry Areas	<ul style="list-style-type: none"> Programs should develop procedures for drop off and pick up that support physical distancing to the greatest extent possible. Possible strategies include having one designated parent/guardian pick up and drop off each child, staggering entry, and limiting the numbers of people in entry areas. To support public health contact tracing efforts in the event that a child or staff member tests positive or an outbreak is identified, the program educator is required to collect the names and contact information for all children, staff and visitors. For more instructions, refer to the General Operational Guidance. Day home agency consultants visiting approved provider homes must wear a mask and must wash their hands (or use hand sanitizer) when entering or exiting the day home.
Hand Hygiene	<ul style="list-style-type: none"> Hand sanitizer should be placed in convenient locations throughout the home, but be kept out of the unsupervised reach of children. Family day home programs must adhere to handwashing guidelines outlined in the AHS Health and Safety Guidelines for Child Care Facilities. Hand sanitizer containing at least 60% alcohol is recommended as there is evidence that it reduces the risk of transmission of COVID-19 protects against COVID-19. Hand sanitizer can help reduce the risk of infection by and 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 day home program educator to discuss potential alternatives.
Additional Public Health Measures	<ul style="list-style-type: none"> Use of face masks by day home staff is encouraged for prolonged close interactions with children (e.g. changing a diaper or assisting with feeding). <ul style="list-style-type: none"> If face masks are worn, mask guidance should be followed. Once a face 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 day home are not required to wear a face mask while in the day home but can wear one if their parent prefers. Parents should ensure that the family day home program is provided with properly fitting masks for their child (labelled with the child's name), including an extra(s) in the event that the mask become soiled or damaged. A face shield should not be used as a substitute for a mask as there is no current evidence that shows wearing a face shield alone adequately

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	<p>protect others from the wearer's respiratory droplets.</p> <ul style="list-style-type: none"> 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 (i.e. the day home provider and children) 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 Operational 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 2 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. Family day home 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., face 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.
Food	<ul style="list-style-type: none"> Close off kitchen/meal-prep/snack areas that could be accessed by children, non-designated staff, or essential visitors. <ul style="list-style-type: none"> Utensils should be used to serve food items (not fingers). Ensure that food handling staff practice frequent hand hygiene and are excluded from work if they are symptomatic.
Entertainment and Performances	<ul style="list-style-type: none"> Day home residents are allowed to practice, rehearse, or take part in performance activities that align with the Guidance for Performing Arts. <ul style="list-style-type: none"> Audiences are not permitted for indoor performance activities. People performing outdoors can have an audience of up to 10 individuals, spaced at 2 metres' apart. Day home attendees are allowed to participate in permitted sport, fitness and recreational activities as described in the Guidance for Sport, Fitness and Recreation.

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	<ul style="list-style-type: none"> When doing permitted group sport, fitness or recreation, attendees must only group together with other attendees from the same day home No in-person holiday events, performances or celebrations that involve bringing in family members are permitted at this time. In-care celebrations among children and staff may occur.
Transportation	<ul style="list-style-type: none"> 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. Family day home program educators 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"> Fill the vehicle from the back to the front. 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 face mask while in the vehicle when distancing is not possible (especially if cohorts are mixed during transport). Face masks may also be considered for younger children if appropriate. If a child becomes symptomatic during the trip, a face mask should be made available. The driver will contact the day home 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"> Enhance the frequency of cleaning and disinfection of 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.
Cleaning and Disinfecting Items	<ul style="list-style-type: none"> Programs should engage in frequent, thorough cleaning and disinfecting each day.

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- Clean and disinfect frequently touched objects and surfaces, including diapering areas, as per [AHS' COVID-19 Public Health Recommendations for Environmental Cleaning of Public Facilities](#).
- Cleaning and disinfecting of toys should be done by:
 - Commercial dishwasher.
 - A domestic dishwasher with a sanitizing cycle.
 - If using a dishwasher without a sanitizing cycle, wipe/spray/immerse/rinse the toys in disinfectant after the dishwasher cycle is completedOR
 1. Wash with detergent and water;
 2. Rinse with clean warm water;
 3. Wipe, spray or immerse for 2 minutes in an approved disinfectant. Toys that may be mouthed by young children should be rinsed prior to disinfecting if using 1000 ppm bleach or another non-food grade disinfectant is used; and,
 4. 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 should be removed. Increased frequency of cleaning of permanent carpets and upholstered furniture is recommended.
- Ensure mouthed toys are immediately set aside (e.g., put into a designated bucket) until cleaned and disinfected.
- Soft toys (plush toys and blankets) should not be shared. Launder in hot water and dryer between children or discontinue use.
- Close all shared sensory tables including water tables, sand tables, shared play dough.
 - 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).
- 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.

COVID-19 INFORMATION

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Other Resources

- 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-ipc-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>

This document and the guidance within it is subject to change and will be updated as needed.

Last Revised: April 2021

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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.
		If other symptoms (chills, sore throat/painful swallowing, runny nose/congestion, feeling unwell/fatigued, nausea/vomiting/diarrhea, unexplained loss of appetite, muscle/joint aches, headache or conjunctivitis): <ul style="list-style-type: none"> • ONE symptom: stay home, monitor for 24h. If improves, return when well enough to go (testing not necessary). • TWO symptoms OR ONE symptom that persists or worsens: Stay home until symptom(s) resolve (testing recommended but not required). 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 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

* All close contacts are recommended to be tested twice during their quarantine period. Close contacts should be tested once as soon as possible after receiving confirmation that they are a close contact of an individual with COVID-19. If the first test is negative, close contacts should book a second test 10 days after their last contact with the individual with COVID-19.

**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 (e.g., coughed or sneezed on).