

COVID-19 INFORMATION

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

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 approved family day home agencies and licenced group family child care programs in reducing the risk of transmission of COVID-19. This guidance builds upon the [Alberta Health Services Health and Safety Childcare Guidelines](#). The guidance provided outlines public health and infection prevention control measures, specific to this setting.

All licensed group family child care programs and approved family day home providers and child care providers will also be required to be in compliance with applicable zoning and health and safety legislation, including the *Child Care Licensing Act* and/or Child Care Licensing Regulation, 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.

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
- Operators should encourage and facilitate families of attendees staying up to date with developments related to [COVID-19](#).
- Operators 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.

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	<ul style="list-style-type: none">• All Albertans must follow CMOH Order 05-2020, which establishes legal requirements for quarantine and isolation.<ul style="list-style-type: none">○ 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.• Signs should be posted at the entrance reminding persons not to enter if they have signs or symptoms of COVID-19.• 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:<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 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). Providers must not open their home for child care if they or anyone else residing in the home has symptoms of COVID-19 until the symptomatic person or persons have been tested for COVID-19.<ul style="list-style-type: none">○ If the person(s) is negative for COVID-19, the family home may re-open once the symptoms have resolved.○ If the COVID-19 test is positive, the family 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)

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- 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 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 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 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 home 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

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	<p>necessary unless the nature of the symptom changes (e.g., a chronic cough worsens).</p> <ul style="list-style-type: none">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 two 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. <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>
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 an attendee tests positive, programs should keep daily records of anyone entering the program who stays for 15 minutes or longer (e.g. staff working each day, children, etc.).<ul style="list-style-type: none">Programs 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.Records should only be kept for 4 weeks. An organization must make reasonable security arrangements to protect the personal information.Family 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 home. Information on how to use a mask can be found at www.alberta.ca/prevent-the-spread.aspx.
Hand hygiene and respiratory etiquette	<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.Day home providers should use the following handwashing guidelines. Engage in frequent handwashing with soap and water for at least 20 seconds at the following times:

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	<ul style="list-style-type: none">○ Before caring for a child each day and at the end of the day.○ After going to the washroom.○ After a diaper change (both children and providers).○ Before preparing food.○ Before and after eating.○ After getting hands dirty.○ After wiping nose or handling dirty tissues.○ After blowing nose.○ After cleaning tasks (providers). <ul style="list-style-type: none">● Child care 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 supports effectiveness 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 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.
Additional public health measures	<ul style="list-style-type: none">● Use of non-medical masks by day home 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 day home are not required to wear a mask while in the day home but can wear one if their parent prefers. Parents should ensure that the child care 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.● 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,

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	<p>including physical distancing, use of non-medical face masks, cohorting, hand hygiene, respiratory etiquette and enhanced cleaning and disinfection.</p> <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 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. ● If using a public or school playground, ensure that children engage in hand hygiene before and after play. ● 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"> ● 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 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.

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	<ul style="list-style-type: none"> • 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 operators 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>Cleaning and disinfecting items</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, 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: <ul style="list-style-type: none"> ○ Commercial dishwasher ○ A domestic dishwasher with a sanitizing cycle ○ If using a dishwasher without a sanitizing cycle, wipe/spray/immerse the toys in disinfectant after the dishwasher cycle is completed <p>OR :</p> <ul style="list-style-type: none"> ○ Wash with detergent and water; ○ Rinse with clean warm water;

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- 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
- 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 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 use 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.

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-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>

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	<p>https://www.albertahealthservices.ca/assets/wf/eph/wf-eh-youid-clean-em-2.pdf</p> <ul style="list-style-type: none">• Arts and crafts safety (AHS) https://www.albertahealthservices.ca/assets/wf/eph/wf-eh-arts-crafts-safety.pdf
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Superseded

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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

*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).