STAGE 3: GUIDANCE FOR LICENSED FAMILY DAY HOME/GROUP FAMILY CHILD CARE PROGRAMS

Overview

By implementing good public health practices, businesses and entities can reduce transmission of COVID-19 and other infections such as influenza, common colds and norovirus (a common germ that causes diarrhea and vomiting). All businesses and entities should promote all staff, volunteers and attendees and other eligible persons to be fully vaccinated with COVID-19 vaccine as well as supporting good public health practices such as:

- 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 any applicable Alberta Health guidance found at <u>alberta.ca/biz-connect.aspx</u>.

Children 0-11 years of age are not currently eligible for immunization against COVID-19 and remain the only age cohort in Alberta that is unprotected. To support ongoing safe operations, Operators should follow this guidance and the <u>General Operational Guidance</u>. All Albertans are required to follow all applicable Chief Medical Officer of Health (CMOH) Orders including the continued requirement for isolation and quarantine.

This document has been developed to support operators of licensed family day homes and licensed group family child care programs in reducing the risk of transmission of COVID-19 as well as other infections among attendees (children, adolescents, adults, parents, guardians, staff and volunteers). It will continue to be updated as requirements change in July and August 2021. This guidance builds upon the <u>Alberta Health Services (AHS) Health and Safety Childcare Guidelines</u>, which all child care operators are required to follow.

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

General Guidance	 Program educators are encouraged to review and follow the <u>General</u> <u>Operational Guidance</u>.
	• 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.
	 Where possible, physical distancing practices should occur, for example: Avoid close greetings like hugs or handshakes and encourage physically-distant greetings such as "air fives" and waves.

COVID-19 Risk Mitigation



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	 Plan for physically-distant activities such as shadow tag.
	 Consider ways to set up rooms to avoid clustering or congestion.
Screening and Response Plan	• 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 or group family child care program, should self-screen or be screened by a parent or guardian for symptoms each day that they enter the home using the applicable checklist for their age group (<u>Child Alberta Health Daily Checklist</u> 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.
	 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 program educators should ask parents if the child is feeling well.
C	Parents should be provided a copy of the <u>Child Alberta Health Daily</u> <u>Checklist</u> upon registration.
	Operators are encouraged to set an expectation with parents that the checklist should be completed on a daily basis.
	• 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.
	• Proof of a negative COVID-19 test result is not necessary to return to child care.
	• 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).

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	 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 <u>COVID-19 symptoms</u> for additional guidance and decision-making support at a site that does not already have an outbreak of COVID-19. 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	 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 should keep a record of the names and contact information for all children, staff and visitors. For more instructions, refer to the <u>General Operational Guidance</u>.
	• Day home agency consultants visiting licensed provider homes can consider wearing a mask, based on their assessment of their personal risk, and should wash their hands (or use hand sanitizer) when entering or exiting the day home.
Hand Hygiene	 Hand sanitizer should be placed in convenient locations throughout the home, but be kept out of the unsupervised reach of children.
C	 Programs must adhere to handwashing guidelines outlined in the <u>AHS</u> <u>Health and Safety Guidelines for Child Care Facilities</u>. Hand sanitizer containing at least 60% alcohol is recommended as there is evidence that it reduces the risk of transmission of 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 child care program to discuss potential alternatives.
Additional Public Health Measures	 Use of masks by program educators can be considered based on a staff member's personal assessment of their risk of contracting COVID-19.
	• Children attending a family day home or group family child care program are not required to wear a mask while at child care but should be supported to wear one if their parent prefers.
	• If masks are worn, Alberta Health mask guidance should be followed and can be found here: <u>www.alberta.ca/masks</u> .
	 Once a mask has been removed, it should be thrown in a lined trash

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	bin (disposable masks) or placed in a sealed container to be laundered (reusable masks).
	Organizations providing off-site activities (e.g., field trips):
	 Child care programs should seek alternative space during field trips to eat lunch or to be separate from multiple groups to ensure they do not use shared areas (e.g., lunch rooms). In order to limit the number of individuals who may be required to quarantine in the event of a positive case, staff at the off-site activity (i.e. staff that are not part of the child care program) should maintain physical distancing of at least 2 metres from the children and child care staff.
	 Hold activities outdoors as much as possible. Organizations providing off-site activities should develop procedures to address staff that become symptomatic during the field trip.
	• Family day home and group family child care programs should 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 offsite activity.
Food	Utensils should be used to serve food (not fingers).
	 Limit access to kitchen/meal-prep/snack areas that could be accessed by children, non-designated staff, or essential visitors.
Activities	• When organizing and participating in activities with children 11 and under, child care providers should review the <u>Stage 3: Guidance for Activities with</u> <u>Children 11 and Under</u> and select measures, as appropriate, to implement in their activity to keep children safe.
Transportation	 Family day home providers and group child care program staff are expected to follow provincial masking laws if using public transit, taxis or commercial ride shares.
	• 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 and group family child care providers 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:
	• Children start loading from the back to the front of the vehicle.
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	 Children from the same household may share seats.
	 Children start unloading from the front to the back of vehicle.
	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:
	 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	
•	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 completed
	OR
	 Wash with detergent and water;
	2. Rinse with clean warm water;
	 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.
	Increased frequency of cleaning of soft furnishings, 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 be laundered in hot water and dried thoroughly between children.
•	 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 should be cleaned and disinfected in between uses.

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	• 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.
Overnight Child Care	 Before offering overnight care, operators should consult with Children's Services and Alberta Health Services to assess COVID-19 risk specific to their overnight program and collectively determine if additional measures are needed to minimize risk of transmission during overnight care. Program educators providing overnight care during COVID-19 should ensure beds or cots for children from different households are arranged at a minimum of 2 meters apart.
Other Resources	 General information regarding COVID-19 (Government of Alberta) www.alberta.ca/coronavirus-info-for-albertans.aspx
	 How to hand wash (AHS) <u>https://www.albertahealthservices.ca/assets/healthinfo/ipc/if-hp-ipc-flu-handwash-how-to.pdf</u>
	How to use alcohol-based hand sanitizer (AHS) <u>https://www.albertahealthservices.ca/assets/healthinfo/ipc/if-hp-flu-hand-rub-how-to.pdf</u>
	 Diapering procedures poster (AHS) <u>https://www.albertahealthservices.ca/assets/wf/eph/wf-eph-diapering-procedure-poster.pdf</u>
	 Hand washing posters (AHS) <u>https://www.albertahealthservices.ca/assets/wf/eph/wf-eh-youd-clean-em.pdf</u>
	https://www.albertahealthservices.ca/assets/wf/eph/wf-eh-youd-clean-em- <u>2.pdf</u>
C	Arts and crafts safety (AHS) <u>https://www.albertahealthservices.ca/assets/wf/eph/wf-eh-arts-crafts-</u> safety.pdf
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