



Child Care Professionals of BC

COVID-19 TECHNICAL IMPLEMENTATION GUIDELINES FOR CHILD CARE FACILITIES

Inspired by technical guideline documents available in other provinces and countries, CCP of BC has compiled this document to support BC child care professionals in ensuring high quality standards are provided through our programs, during the “new normal” we are now beginning.

All points have been cited; please see references at the end of this document.

The format of this document was based on a similar document created for child care professionals in Quebec. We acknowledge and thank all of those who contributed to all of our cited sources, as they have helped to educate and inform BC child care professionals.

At the time of publication, the BC health authority has not provided the Child Care Setting Practice Standards¹ for child care operations, but has provided several other documents, varying by health authority. These have all been cited, forming the foundation of these recommendations.

In the event that the BC health authority issues guidelines that contradict this document, the BC health authority guidelines should be followed. This document will be updated as new information is provided to child care providers.

Document last updated: May 8, 2020

¹ BC’s Restart Plan - Province of BC, May 6 2020

<https://www2.gov.bc.ca/gov/content/safety/emergency-preparedness-response-recovery/covid-19-provincial-support/bc-restart-plan>

Guiding Principles

Childcare is an essential service.

Children, educators and parents who are a part of a child care facility community should feel confident in facility efforts to ensure the child care environment is as safe - emotionally and physically - as possible.

Children are considered low risk, and are unlikely to spread Covid-19 to adults. When children become ill, they typically experience mild symptoms. ²

Handwashing is essential at all times. Soap and water is preferable to hand sanitizer.

Respect physical distancing rules, recognizing that not all physical distancing rules are appropriate or possible with young children.

Cleaning reduces the number of viruses and the risk of contagion. However, cleaning does not eliminate all viruses. Therefore, surfaces must also be disinfected with approved disinfectant products.

Look out for the signs of illness in children and adults and adhere to the facility health and wellness / sick policy at all times.

Provide consistent interactions between caregivers and children, while limiting group sizes whenever possible and reasonable.

Be aware of social and emotional needs of the children in your care.

² Province of BC, Covid-19 Go Forward Management Strategy, May 6, 2020
https://www2.gov.bc.ca/assets/gov/health/about-bc-s-health-care-system/office-of-the-provincial-health-officer/covid-19/bc_covid-19_go-forward_management_strategy_web.pdf

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Facility Checklist

- Clear and concise written COVID-19 health policy that is shared with parents
- Identified policies around parent access to facility & shared with parents
- Set up clear space and boundaries for parent drop off / pick up times, including any physical distancing markers
- Step-by-step procedures regarding drop off and pick up shared with parents
- Written and shared COVID-19 staff health policy with staff
- Contingency plan in place for staffing shortages due to illness
- Identified new routines, registration, and/or environmental set up to reduce group sizes and/or increase physical space within the classroom
- Removed materials from classroom(s) that can not be sanitized and/or provided strict procedures for their limited use
- Have adequate cleaning and sanitization supplies on hand
- Identified / prepared a space to isolate a staff with a child in the event symptoms arise during the day
- Have a contingency plan in place to ensure adequate staffing ratios if a staff member begins to exhibit symptoms during a staffing shift
- Have printed health screening forms or provided forms to parents to complete each day
- Put up posters for handwashing / no entrance with symptoms
- Met with staff team and reviewed all changes
- Staffing recalls / layoffs and responses have all been documented in writing

And now...your facility is ready to go!

Arrivals and Departures

BC Guidelines

Open and clear information for parents is vital. Remind parents that these procedures are in place for public health and refer parents to originally sourced government documents whenever possible.

Technical Recommendations

All technical recommendations are from various Canadian child care authorities, CDC and BCCDC offices, as referenced.

Entrance - usage

(11)

- Have a single, dedicated entrance for all children and parents.
- Limit access to parents at the entrance of the facility.

Entrance - environment

(7, 9,10,11)

- Place markers for social distancing, in the event more than one family arrives at the child care facility at the same time.
- Ensure hand hygiene stations are set up for children before they enter the facility.
- Provide disinfecting wipes for pens used for sign in stations or ensure child care professionals sign in children.
- Post signs to 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).
- Remind parents through visible signage (posters) at the child care facility and when children are first registered for the program to:
 - check children's temperatures daily before coming to the program.
 - [not to enter if they are sick](#) (even if symptoms resemble a mild cold) (links to [chinese](#), [punjabi](#), [farsi](#) and [french](#) posters here)

Entrance Routines

(2, 7, 8, 9,10,11)

- Limit the number of families at the child care entrance: one at a time.

- Advise parents to restrict the number of people coming to collect the child and to avoid going back and forth during the day.
- Consider staggering arrival and drop off times and plan to limit direct contact with parents as much as possible.
- Allow more time when arriving, as additional health and safety procedures upon arrival will take a little longer.
- Consider having staff sign the children in to limit the number of individuals handling documents.

CCPBC Best Practices

- ❑ If your facility typically sees numerous drop offs / pick ups within a short window of time, provide small groups of parents with a time range that they can drop off or pick up. I.E. Group A 8:00 - 8:15; Group B, 8:15 - 8:30
- ❑ If you are able, place physical distancing floor signs at the parent pick up / drop off location (similar to grocery stores). If you are not able to have permanent signage, consider using safety cones, sidewalk chalk, or other similar markers to make it clear to all individuals wanting to access the facility.
- ❑ Consider making a short video or a social story to provide to families to review with their children prior to starting child care or following any extended absence. This can detail the arrival and departure process in a child-friendly way.
- ❑ If parents must access the child care facility, designate a limited “parent accessible” part of your facility, and ensure only one parent at a time accesses the space.
- ❑ For parent tours, consider creating an online video, holding tours and observations via Zoom, or conducting parent tours one at a time, when the facility is not in operation and observing physical distancing protocols.
- ❑ Ensure your facility has adequate amounts of hand sanitizer and soap and water. Pumps to soap and sanitizer bottles can easily break - have a spare bottles available so that a continuous supply is available.
- ❑ If your facility does not have a sink near the entrance, set up a hand sanitizer station at the entrance.

Health Screening

BC Guidelines

“All children and staff who are ill with fever and/or infectious respiratory symptoms of any kind need to stay home.

Health Authorities have provided health screening forms for facilities, which can be completed by the facility, or by the parent prior to arrival.”^(1, 2)

Technical Recommendations

Routine daily screening for all staff and students

(1)

- Set up a health screening questionnaire for parents to complete, at arrival. ⁽¹⁷⁾
- Ensure staff complete a daily screening questionnaire upon arrival. ⁽¹⁷⁾
- Any child, parent, staff or visitor must not enter the child care space if they are sick, even if symptoms resemble a mild cold. ^(2, 7, 8, 9, 10, 11, 12, 13)
- Child care providers should exercise judgment. For example, children who are crying can exhibit a runny nose. If a symptom is clearly due to a behaviour such as crying (running nose), running or over-dressed (fever), ask parents to wait for 15 minutes, and then reassess the child. ⁽⁹⁾
- If a child has any symptoms, they must be excluded from the child care centre, as per the facility health policy. ^(2, 7, 8, 9, 10, 11, 12, 13)
- If opting to check child temperature at the child care facility, perform temperature checks upon arrival, and following nap, using a touchless thermometer. ^(13, 17)

Exclusion criteria for children and staff

^(2, 7, 8, 9, 10, 11, 12, 13)

- People returning from any international travel (including from the United States).
- Sick people waiting for a test or test result for COVID-19.
- People with COVID-19.
- People who have been in close contact with COVID-19 cases during the period of isolation.

- People who have not travelled, but who develop flu-like symptoms (fever, cough, tiredness, aches or severe tiredness).

Keeping parents/caregivers informed

_(11)

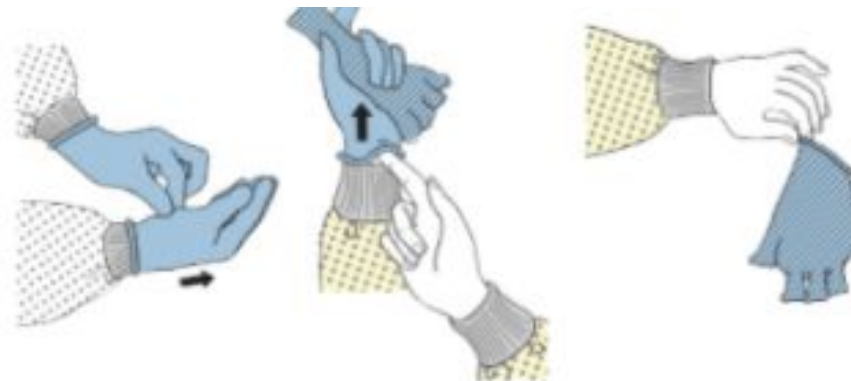
- Keep parents and caregivers informed about what you are doing in your child care facility to take extra precautions and to be responsive to the needs of each child.
- Be clear about your policy that children need to stay home if they are sick.
- Inform parents what tool will be used to communicate with them.
- Direct parents to appropriate sources of information, including those provided by the government.
- Make parents aware of the importance of keeping a sick child at home. This must not be done in a patronizing manner. Take the time to listen to the needs of the parent and remind them of your duty to protect everyone.
- Ask parents to ensure that an authorized person will be available to come quickly to pick up the child from the child care facility if the child is sick.

Use of masks and gloves

- Masks are not recommended for children. In young children in particular, masks can be irritating and may lead to increased touching of the face and eyes. (2, 7, 8, 9, 10, 11, 12, 13)
- Wearing a mask is not recommended for child care center staff. (2, 7, 8, 9, 10, 11, 12, 13)
- Gloves should continue to be worn for activities where gloves are usually required for sanitation purposes (e.g. cleaning, changing diapers, sick child, etc.). (10,11)
- Both the mask and gloves represent false safety, especially if they are not used properly. (10,11)
- When holding infants and toddlers (such as for feeding or rocking to sleep), Educators can use blankets or cloths over childcare providers clothing and change the blankets or cloths between children. (10)
- Both masks and gloves must follow appropriate doffing and donning (Putting on / taking off) procedures. These procedures should be followed at all times that gloves are worn, including diaper changes. (4, 13)

Procedure	Rationale
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<p>DOFFING / TAKE OFF GLOVES: Grasp the outside edge near your wrist and peel it away, rolling the glove inside out. Slide fingers of ungloved hand under glove on other hand, peel off. Discard in garbage bin.</p>	<p>Proper technique for glove removal prevents contamination of body or clothing.</p>
<p>DONNING / PUTTING ON GLOVES: Roll up long sleeves prior to handwashing, as they should not be able to cover gloves, one worn.. Using soap and water or an alcohol-based sanitizer, follow hand washing guidelines. Once clean, take new gloves and place on hands.</p>	



CCPBC Best Practices

- ❑ Consider purchasing rubber cleaning gloves for each staff member, rather than using disposable gloves for sanitization and cleaning. Reusable gloves must be sanitized / cleaned between uses.
- ❑ Due to glove shortages (and environmental impact), encourage staff to simply wash hands with soap and water between diaper changes rather than using gloves, as gloves are not required for diaper changes.
- ❑ Consider providing parents with health screening forms to complete prior to arrival, in order to streamline the arrival process, for larger facilities.
- ❑ Health authorities do **not** require BC child care providers to take temperatures, however some health authorities have directed programs to use health screening checklists, which include parents confirming that their child does not have a temperature above 37.5°C. Facilities could choose to take child temperatures; they can equally simply ask parents to do so prior to arrival to confirm their child meets health attendance requirements.

Best Practice - Thermometer Screening, Use and Maintenance

Method (19)	Normal Temperature Range	Fever
Armpit	36.5-37.5 / 97.8-99.5	37.6+ / 99.6+
Mouth	35.5-37.5 / 95.9-99.5	37.6+ / 99.6+
Ear *do not use in infants	35.8 - 37.9 / 96.4 - 100.4	38 + / 100.5+
Forehead	35.8 - 37.9 / 96.4 - 100.4	38 + / 100.5 +

Procedure for taking temperature: (4)

1. Determine route of measuring temperature:
2. Perform hand hygiene
3. Assemble equipment required
4. Identify child and explain what you are going to do.
5. Obtain the temperature reading

Procedure for taking oral temperature: (4)

1. Wait 20-30 minutes after a child has been eating or drinking.
2. Ensure child is not chewing gum or candy
3. Insert thermometer in mouth, under tongue, in the right or left “pocket” (this is called a heat pocket).
4. Ask child to close their lips. Remind them not to bite down or talk.
5. Hold thermometer in place, until thermometer signals it is complete.

Procedures for taking temporal temperature with a no-touch thermometer (4)

1. Brush any hair away from forehead and ear (or ask child to brush aside any hair in the way)
2. Remove protective cap
3. Press on button
4. Position thermometer away from forehead **distance must be accurate for the type of thermometer being used, as no-touch thermometers have different distance requirements, based on brand**
5. Take measurement

Thermometers can easily become vehicles for the transmission of infection if they are not properly disinfected and stored. This procedure should be carried out for any touch-thermometer, even if a protective plastic cover is used. (11)

After use (touch thermometers): (4, 13)

- Carefully wipe the thermometer to remove all traces of lubricant and secretions;
- Wash it carefully with cool soapy water and rinse well;
- Disinfect it by soaking it in a disinfectant solution for 10 minutes;
- Dry the thermometer and store it in its case;
- Wash your hands.

CCPBC Best Practices

- ❑ Print out, post, or write directly on the thermometer the normal and fever temperature readings for the type of thermometer used
- ❑ Any thermometer type can be used; a touchless forehead thermometer is recommended. Young children struggle to keep an oral thermometer under their tongue. Ear thermometers can have false readings due to ear wax build up or inappropriate positioning. Further, a touchless thermometer does not require cleaning between use.

Greeting Children

BC Guidelines

As of May 8, 2020, licensed child care providers have not been provided with a recommendation from the health authority or MCFD.

Technical Recommendations

- A designated member of staff should accompany the child to their cubby and place their outer clothing and belongings in the cubby. (11)
- Leave distance between the personal belongings of each child (11)
- Wash children's hands (20 seconds) before going into the rooms / before playing. The adult accompanying the child should also wash their hands. (11)
- Caregivers should ensure that children's belongings are stored separately to prevent potential cross contamination. Sibling groups could be an exception. (8)

CCPBC Best Practices

- ❑ If possible, have a staff member not required for ratio designated for all greetings and sanitization of the facility. This will also allow for an emergency supervision plan in the event a staff becomes sick and goes home mid-day. If the staff is not required for ratio (or emergency supervision), they do not need to hold an ECEA/ECE/ITE/SNE certificate.
- ❑ Consider the space within your facility for storing child belongings and how you can increase distance between cubbies / hooks, or re-configure access to belongings. For example, use alternating cubbies or hooks; have an educator access child's belongings as needed rather than children. If a procedure is put in place, ensure all staff are aware of this procedure.
- ❑ If your space allows, consider relocating cubby storage or creating temporary child-belonging storage in a larger space, such as a large foyer, or even outdoors as weather allows and if safe to do so.
- ❑ Provide a specific list to parents as to what belongings are required and ensure parents only send those belongings, to reduce the amount of items coming in and out of the facility.

Sick Children & Staff

BC Guidelines

Have an explicit policy for children or staff who have the symptoms of a cold, flu, or COVID-19 with coughing or sneezing not coming into child care.

Children with symptoms must stay home until symptoms resolve or 10 days, whichever is longest. In the event of a negative COVID-19 test, children may return to the facility once symptoms have improved, even if it is less than 10 days. Fever, diarrhea and vomiting require the child to additionally be symptom free without fever reducing medications, for 48 hours following the last symptom.

Staff with symptoms must stay home until they receive a negative COVID-19 test and no fever is present, or until 10 days have passed and symptoms have resolved.

Facilities must have a COVID-19 health and wellness policy and provide it to parents and staff. (1, 2)

Technical Recommendations

For prevention purposes, people with symptoms of COVID-19 should be restricted from attending the child care facility.

- Include the sick child exclusion policy in the parent handbook, post it in the facility for staff and provide it directly to parents. (10)

When a child becomes sick

(2, 7, 8, 9, 10, 11, 12, 13)

- Symptomatic children are immediately separated from others in a supervised area until they can go home. A staff member must remain with the child at all times.
- The parent or emergency contact must be notified to pick up the child immediately.
- Hygiene and respiratory etiquette should be practiced while the child is waiting to be picked up.
- Tissues should be provided to the child for proper respiratory etiquette, with proper disposal of the tissues and proper hand hygiene.

- Environmental cleaning of the space the child was separated should be conducted once the child has been picked up.
- Contact the local public health unit to notify them of a potential case and seek input regarding the information that should be shared with other parents of children in the childcare centre.
- Children or staff who have been exposed to a confirmed case of COVID-19 or symptomatic person(s), should be excluded from the childcare setting for 14 days. (5)
- If a child who attended a child care centre, or their family member, is being investigated by public health to confirm whether they have COVID-19, or if public health has confirmed a case of COVID-19, direction will be provided by regional health authority nurses.

When a staff member becomes sick

(2, 7, 8, 9, 10, 11, 12, 13)

- Staff should be directed to stay home if they are feeling unwell.
- If staff develop symptoms during their work day, they must leave the premises as quickly as possible. If immediate departure is not possible, they must self-isolate in an appropriate location away from other children and staff. Environmental cleaning will be performed upon the departure of the staff member.
- Staff who are away sick, or self-isolated or self-monitoring, must follow the facility's health and wellness policy on being away from work.
- If a staff who attended a child care centre, or their family member, is being investigated by public health to confirm whether they have COVID-19, or if public health has confirmed a case of COVID-19, direction will be provided by regional health authority nurses.
- Staff who have symptoms are able to get a COVID-19 test, and with a negative result, may return to work as long as no fever is present. (5)

CCPBC Best Practices

- ❑ Identify where in the facility a staff and child will isolate in the event a child becomes ill.
- ❑ Have a “waiting for pick up” box prepared and set aside with a small amount of easy-to-sanitize toys, staff supplies (mask, hand sanitizer) and a blanket available so that the staff and child can easily and quickly isolate without reducing the quality of comfort or care.
- ❑ Have all parents sign a memo of understanding indicating that they understand the health and wellness policy. Sample policies can be found [here](#).
- ❑ Have a staff illness procedure in place, including locations of local COVID-19 testing sites and a detailed contingency plan is in place that recognizes the need to limit staff working with multiple groups or facilities, so in the event a staff becomes ill there is a quick, simple and rapid response to ensure required ratios are met. A sample staff illness procedure can be found [here](#).
- ❑ Clearly identify in your illness policy what “once symptoms have improved” will mean. This should address things like seasonal allergies, but provide explicit clarity for parents and staff when assessing if a child can return to the program.

Ratios and Group Sizes

BC Guidelines

As of May 8, 2020, licensed child care providers have not been provided with a maximum group size recommendation from the health authority or MCFD.

Technical Recommendations

- The number of people in the same facility should be kept as low as possible. (10)
- Minimize the number of children in your groups depending on the day's attendance. (7, 8, 9, 10, 11, 12)
- Avoid large group gatherings throughout the facility, including cubby areas and the outdoor play space. (10)

CCPBC Best Practices

- ❑ Consider subdividing your group, so that children are able to have a smaller group size within each space. For example, if you have a group of 16, consider having one group of 8 (nappers) start outside and one group of 8 (non nappers) start inside. Your schedule might look like:

Group A (nappers)	Group B (non nappers)
Morning Outside	Morning inside
Lunch Outside	Lunch inside
Inside group time	Outside quiet meditations for rest
Nap inside	Afternoon outside
Afternoon Inside	

- ❑ Stagger eating schedules to ensure only small numbers of children are seated during lunch / snack times.

- ❑ Consider new spaces to deliver group times - outside, where there is a better ability to space out, or inside in a larger space. Use markers for where children can sit or stand - laminated photos or names for each child can easily be cleaned.

- ❑ Reducing group sizes is not the same as reducing ratios. As adults are at higher risk than children, improved adult:child ratios will add individuals into the facility who are at higher risk. Reducing group size, wherever possible, can be beneficial if it improves physical distancing and reduces the number of individuals that staff and children are in contact with.

Children's Naps and Rest Time

BC Guidelines

Make use of all the space in your facility for napping to increase space between children. (2)

Technical Recommendations

- Put a facility-provided sheet or home-provided sheet that is designated to remain at child care on the children's cot or mat. Wash the bedding daily. (8, 10)
- In the event washers are not available at the centre, have parents wash bedding weekly. Ensure bedding is stored individually and does not come into contact with bedding belonging to other children. (8, 10)
- Educators should be mindful to place cots as far apart as possible with a recommendation of two metres. (8, 10)
- Make use of all the space in your facility for napping to increase space between children (8, 10)

CCPBC Best Practices

- ❑ Children should be placed on nap cots “head to toe” to reduce possible transmission of illness. (i.e. child one has their head at the top of their cot. Child two has their head at the bottom of their cot). This creates additional spacing between children while sleeping, so that they are not directly breathing into one another's faces.) (28, 29)
- ❑ If you have limited nap space, consider napping outside as weather permits, or having children who do not nap go outside or on a community walk in order to allow napping children increased space between beds.
- ❑ Disinfect cots as soon as sheets are removed and ensure sufficient disinfection time has passed before storing.
- ❑ If laundry facilities are not available, ensure each child has a dedicated container for all nap items to keep them separate and ensure these items are disinfected weekly.

Cleaning and Disinfecting Objects & Surfaces

BC Guidelines

Early evidence suggests COVID-19 can live on objects and surfaces from a few hours to days. Regular cleaning and disinfecting of objects and high touch surfaces is very important to [cleaning and disinfect public settings](#) from contaminated objects and surfaces.

Clean and disinfect frequently touched surfaces using routine practices and consider cleaning and disinfecting twice a day if possible. (2)

Technical Recommendations

Routine and Environmental Cleaning

(2, 7, 9, 10, 11, 12)

- Disinfect all surfaces (counters, chairs, tables, etc.), sinks, toilets and the different types of dispensers after each use, if possible.
- High-Touch Surfaces: It is recommended that high-touch objects and surfaces (e.g. pencil sharpeners, doorknobs, faucet handles, remote controls, toys, electronic devices and small appliances) in your facilities are cleaned and disinfected regularly.
- Keep a written record of the facility disinfection schedule.

Cleaning & Sanitization Solutions

(7, 12, 14, 18)

- Disinfecting requires a stronger concentration of bleach (or appropriate chemical) to kill the germs. There are many disinfectants that are approved for use in the early learning and childcare environment. All disinfectants should have a PCP or DIN number or contain chlorine bleach.
- Always follow the manufacturer's instructions when using commercially prepared disinfectants.
- It is important to follow measurements carefully when using bleach – more is not necessarily better. Bleach used for disinfection is at 5.25% strength and is found at most grocery stores. Prepare a dilution of fresh bleach every day and discard unused mixed portions after 24 hours.
- Caution must be used when using bleach in an early learning and childcare setting. Strong bleach odours may be irritating for some individuals if breathed in.

- Increased ventilation by opening doors and windows should be considered and/or isolate the area and disinfect by this method after everyone has left the building, if possible.
- Gloves should be worn when cleaning and disinfecting equipment and surfaces. After cleaning and disinfection of surfaces, it is recommended that gloves are discarded and hands are washed with soap and water or an alcohol-based hand sanitizer solution.
- [Recommended concentrations:](#)

List of disinfecting agents and their working concentrations known to be effective against coronaviruses^{1,2} :

Agent and concentration	Uses
1. 1:100 dilution Chlorine: household bleach – sodium hypochlorite (5.25%) 10 ml bleach to 990 ml water	Used for disinfecting surfaces (e.g., hand railings, grab handles, door knobs, cupboard handles). Make fresh daily and allow surface to air dry naturally.
2. 1:50 dilution Chlorine: household bleach - sodium hypochlorite (5.25%) 20 ml bleach to 980 ml water	Used for disinfecting surfaces contaminated with bodily fluids and waste like vomit, diarrhea, mucus, or feces (after cleaning with soap and water first). Make fresh daily and allow surface to air dry naturally.
3. Hydrogen Peroxide 0.5%	Used for cleaning and disinfecting surfaces (e.g., counters, hand rails, door knobs).
4. Quaternary Ammonium Compounds (QUATs): noted as 'alkyl dimethyl ammonium chlorides' on the product label	Used for cleaning and disinfecting surfaces (e.g., floors, walls, furnishings).

¹ Dellanno, Christine, Quinn Vega, and Diane Bossenber. "The antiviral action of common household disinfectants and antiseptics against murine hepatitis virus, a potential surrogate for SARS coronavirus." *American journal of infection control* 37.8 (2009): 649-652.

² Provincial Infection Prevention Control Network of British Columbia. "Infection Prevention and Control Guidelines for Providing Healthcare to Clients Living in the Community." (2014). https://www.picnet.ca/wp-content/uploads/PICNet_Home_and_Community_Care_Guidelines_2014_.pdf

The BC Ministry of Health does not endorse or promote any specific brands of disinfectant products.

Classroom Supplies

Some child care licensing health authorities and/or provincial child care authorities have made the following suggestions:

Remove:

- Non-washable items: modelling clay, finger paints, storage bins (2, 7, 9, 10, 11, 12)
- Children should not use or handle *shared use* play dough, sand and sensory tables, as these items cannot be easily disinfected. (9)
- Toys that cannot be cleaned and sanitized should not be used, such as soft toys, fabric dressing up clothes, rugs and blankets. Toys that are easy to clean or can be put in the dishwasher are best. (2, 7, 9, 10, 11, 12, 13)

- Plush toys should be avoided. However, children’s personal toys that they require to offer them security and comfort are not to be shared with other children and should be stored in a way that ensures this. (9)

Limit:

- To allow the use of playdoh, goop, or sand play, limit the use to being individual use only, to reduce hand-to-hand contact and cross contamination. Material must be discarded after individual use. (2)
- Water tables should not be used unless staff are able to change water between use, and use is restricted to single use only.
- Limit high-touch items by providing children with their own containers of art and crafts materials that are not shared with others. (9)

Remove & Replace throughout the day

(2, 7, 9, 10, 11, 12, 13)

- Toys that children have placed in their mouths or that are otherwise contaminated by body secretions or excretions should be set aside until they are sanitized or cleaned in a dishwasher.
- Machine washable cloth toys should be used by one individual at a time or should not be used at all. These toys should be laundered before being used by another child.
- Do not share toys between groups of children, unless they are washed and sanitized before being moved from one group to the other.
- Children’s books, like other paper-based materials such as mail or envelopes, are not considered a high risk for transmission and do not need additional cleaning or disinfection procedures.

CCPBC Best Practices

- ❑ Place a “to be washed” bin in the classroom. Any toy that has been mouthed / sneezed on / snotted on, etc, goes straight into the bin and is not returned to the classroom until sanitized. This could be done at the end of the day as part of closing duties.
- ❑ Remove any toy or material that can not be feasibly sanitized twice per day.
- ❑ Toys that can be sanitized but would be ruined by frequent sanitization can be available to staff, but not directly accessible in the classroom (i.e. in storage room or office), so that these can be placed out occasionally, to ensure a variety of materials over the course of a week.

- ❑ Sensory experiences are a vital part of early learning and finding creative ways to provide them is essential. Discretion may be used to provide non-washable sensory materials (i.e. playdoh, clay) to children under supervision and with rigorous hand washing protocols. If considering such materials, ensure that a supervision and sanitation policy is in place and shared with parents prior to implementation.
- ❑ If a staff member / team has been designated to be the disinfecter for the day, they should sanitize the classroom 1) at the end of the day *and* 2) each time a group of children leaves the space and a new group will enter *or* once mid day. This should include disinfecting any toys / materials that are available in the classroom.
- ❑ For small programs or one-educator programs, consider shortening operational hours to allow for one hour of cleaning time at the end of the day.
- ❑ For larger, multi-staff programs, consider having one staff begin their shift later in the day, so that they can fully sanitize the facility and materials once the facility closes.

Hand Washing

(2, 7, 9, 10, 11, 12, 13)

BC Guidelines

[Hand washing](#) with soap and water is still the single most effective way to reduce the spread of illness. (2)

Technical Recommendations

Children forget about proper hand washing so practice often and teach them to wash their hands properly in a fun and relaxed way. Everyone – all staff and children should wash their hands more often!

When sinks for hand washing are simply not available, you may use alcohol-based hand sanitizers (ABHS) containing at least 60% alcohol.

Six steps to proper handwashing

1. Wet hands with warm running water.
2. Apply a small amount of liquid soap. Antibacterial soap is not required.
3. Rub hands together for at least 20 seconds (sing the ABC's). Rub palms, backs of hands, between fingers and under nails/creating a lather.
4. Rinse off all soap with running water.
5. Dry hands with a clean, disposable towel.
6. Discard the used towel in the waste container.

Children should wash their hands

- When they arrive at the centre and before they go home
- Before and after eating and drinking
- After a diaper change, using the toilet
- After playing outside or handling pets
- After sneezing or coughing into hands
- Whenever hands are visibly dirty

Staff should wash their hands

- When they arrive at the centre and before they go home
- Before and after eating

- After using the toilet
- After blowing the nose
- After coughing or sneezing into the hands
- Before and after giving or applying medication or ointment to a child or self
- After changing diapers, assisting a child to use the toilet, using the toilet
- After contact with body fluids (i.e., runny noses, spit, vomit, blood)
- After cleaning tasks
- After removing gloves
- After handling garbage
- Whenever hands are visibly dirty (2)

CCPBC Best Practices

- Place handwashing signs throughout your child care facility, ensuring visual signs are clearly displayed at every handwashing station.
- Use hand sanitizer only when hand washing stations are not readily available.
- Check all dispensers daily to ensure soap and sanitizer pumps are in good working order. Keep additional pumps available.

Coughing / Sneezing / Nose blowing

(2, 7, 9, 10, 11, 12, 13)

Technical Recommendations

Coughing

Remind children that it is important to cough into the elbow.

Nose Blowing

When blowing a child's nose, be sure to use enough layers of tissue paper so that the fingers do not touch the secretions. Immediately dispose of tissue paper in a bin with a lid (make sure it contains a bag). Wash the hands with soap and water.

CCPBC Best Practices

- Ensure staff model proper coughing and sneezing etiquette, finding teachable moments to remind children of these important precautions.
- Place tissue boxes in every activity centre - inside and outside - to ensure quick access.
- Consider using books, teacher "plays", group time stories, puppet shows as ways to illustrate appropriate coughing / sneezing / nose blowing.
- If you have a doll area set up, consider having tissues available as well as a play sink area, so children can practice proper coughing and sneezing etiquette through play.

Physical Distancing Strategies

BC Guidelines

Understandably, [physical distancing](#) is challenging in a childcare setting. At the same time, it is important that we do what we can to try to assist children. Use ideas that work for your setting so you can accommodate smaller groups with more space. (2)

Technical Recommendations

- When working in a child care setting: Children with no symptoms should continue to be treated as you typically would care for a child. (2, 9)
- Where possible, arrange spaces to encourage more separation! For example, spacing children to avoid close contact during meal and nap times and assigning a designated chair and table for each child. (2, 9)
- Have a group outside while another is inside, as another way to encourage physical distance. (2)
- Set up regular activities outside such as; snack time, and arts and craft time. (2)
- Set up mini environments within your facility to reduce number of children in a group, i.e., set up 2 or 3 craft areas for colouring or doing crafts. (2)
- Avoid activities that require direct contact between children (e.g. holding hands) or sharing objects. (10)
- Assign staff to specific rooms and minimize movement of staff and children between rooms. (12)

Environmental cues

- Easy to understand visual prompts: use tape on the floor, hoops, mats or other items that can mark off personal space. (9)
- Organize play activities with a visual cue about how many children should be in that area: example, two chairs next to an activity with markers, signs or numbers posted in an area showing how many can be in the area (9)
- Increase the space between children during activities such as snack/lunch. i.e., move or separate tables, move chairs farther apart; move sleep areas further apart. (2, 9)

Educational activities to promote learning about physical distancing

- Use masking tape to create squares or other shapes that are two metres apart. Have children move from shape to shape while the music plays as a sort of musical chairs. (9)

- Provide measurement activities - e.g., provide yardsticks, measuring tapes or rulers (which can be taped together). In absence of these, you can use lengths of cardboard pre-measured into metre-long lengths, or yarn or rope cut in pre-measured lengths. Measure tables, distance between, etc. (9)
- Play “What time is it, Mr Wolf?”: The wolf stands against a wall. A line on the floor indicates a two-metre distance from the wolf. Intersecting grid lines space children so that they are two metres apart. Alternatively, children can approach the wolf one at a time, while not going beyond the two-metre line. (9)
- Set up a ball or bean bag toss, with the line two metres out from a target bucket.(9)
- Reinforce and remind of the rule of “hands to yourself”. (9)

CCPBC Best Practices

- ❑ Ideas like “a personal space bubble” are foundational ideas for teaching consent. If you begin to use these concepts in teaching physical distancing, you are supporting one beginning concept of consent and personal space.
- ❑ Connect the “2 meter” size to project-based learning about the natural world around us. Is this as big as an eagle? A cougar? A bear? How old would a tree be if it was 2 meters wide? If you are in an urban setting, consider what children come into contact with daily: a mail box, a sidewalk square, a cross walk, a fence post, a car length - these can all provide context for children to understand distancing measures
- ❑ Place physical distancing visual markers in the environment where children might be expected to wait, line up, or high traffic areas - cubby room, washroom, gate or door to outside yard. These can be developed to support current learning concepts - printed letters, pictures of animals, pictures of different continents or countries...these can be placed on hard surface flooring and covered with clear mac-tac or laminated and taped on walls or furniture.
- ❑ When on a community trip, children should not be directly holding hands. While walking ropes introduce safety issues (and must be sanitized), you could consider having a short “friendship rope” that two children can hold rather than holding hands. If you have a wagon for transport, children could hold each side of the wagon. Staffing placement: at the front, alongside the walking group and at the back, can help ensure child safety. Provide ongoing education with stories, puppet stories and “teacher plays” about safe walking in the community.
- ❑ In 4-seater and 6-seater strollers, children should be seated with an empty seat beside them. If seats face each other, children should be seated in diagonal seats and not directly across from one another.

Meal Times and Food Service

BC Guidelines

- Apply all the usual known hygiene rules.
- As far as possible, it is best to keep the space of an empty chair between each child at lunch.
- The person in charge of food should stay in the kitchen as much as possible and avoid contact with colleagues and children.
- Assign a person to collect food from the kitchen and distribute it or, alternatively, ask the person in charge of food manager to respect social distancing when they bring the food into the room.
- Prepare children's plates away from the table where the children are but do not forget to ask them how hungry they are.
- Cover food, trays with dishes and utensils well.
- Avoid making up trays with dishes in advance if you do not have the means to cover everything tightly.
- Limit the number of bottles and glasses that can be used throughout the day and ensure that each glass is cleaned in the dishwasher after each use, whenever possible.
- Compost or put in the trash all food that comes out of the kitchen and is not eaten.

Technical Recommendations

Food Service

(7, 8, 10, 11)

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

- Cease family-style meal service.
- Remove shared food containers from dining areas (e.g., shared pitchers of water, milk, salt and pepper shakers).
- If using single service packets of condiments, provide the packet directly to each child, rather than self-serving from a bulk container.
- For snack programs, dispense snacks directly to children and use prepackaged snacks only.
- Close kitchen and nourishment areas that could be accessed by children or visitors.
- Cease activities involving child participation in food preparation.
- Implement other measures as necessary or appropriate, or if directed by local public health.
- Ensure that food handling staff practice meticulous hand hygiene [and] are excluded from work if they are symptomatic.

Environment

(7, 8, 10, 11)

- Consider staggering snack/lunch time so you can accommodate smaller groups with more space.
- To avoid any cross contamination, ensure lunch kits are spaced apart or kept under the child's chair while eating.

Materials

(7, 8, 10, 11)

- Meals should be provided in containers individualized for each child.
- Utensils should be used to serve food items (not fingers).

Procedures

(7, 8, 10, 11)

- Children should not serve themselves.
- There should be no common food items(e.g. shared snack bowl).
- Eliminate group food preparation activities, i.e., making a cake and each child taking turns to dump the flour in the mixing bowl.
- "No sharing" policies: It is important to reinforce no food or water bottle sharing policies for children. Generally, these policies are intended to reduce potential exposures to allergens, but the practice of not sharing food or water bottles in child care facilities also helps reduce virus transmission between staff and children.

CCPBC Best Practices

- ❑ Eating meals and snacks are a time for companionship and connection and essential for social development. Family style meal time - with small groups of 4-6 children at a table - allow for easier conversation.
- ❑ Consider your table size before determining how many children should sit and eat together. A small table might only have space for 2 children; whereas a larger one can easily seat 4 - 6 with still allowing for space. Imagine the table as if it has empty seats in between each child, or, if you use small benches, one child per bench.
- ❑ Create a routine so that lunch kits are not added to the table. This leaves increased space on the table so items are not cross-contaminated.
- ❑ Always wash eating surfaces first with soap and water and then sanitize with an approved solution. If eating outside, ensure the outdoor eating surface is covered with a table cloth that can be sanitized before and after, or a table cloth that is laundered after each use. Vinyl table cloths can be easily found at dollar stores and online; fabric stores often sell large bolts of vinyl that can be cut into perfectly-sized table cloths.
- ❑ If meals are provided by parents, consider asking parents to send snacks and lunch in disposable packaging only. This allows for a simple clean up and reduced staff-handling of food items.

Staffing

BC Guidelines

As of May 8, 2020, licensed child care providers have not been provided with a recommendation from the health authority or MCFD.

Technical Recommendations

(11)

- As a first step, you can try to estimate the number of staff you need in order to forecast your required workforce.
- You can also rotate workers: if rotating is planned between staff, make sure that staff do not come into contact with each other. If two members of staff take turns to be with a group of children during the week, try to ensure that both members of staff stay with the same children if possible. The more children and adults limit contact with different people, the lower the risk of contamination.
- For other staff, working from home should be encouraged, while being ready to support colleagues in the workplace.
- Consider staff assigned for the children, and staff assigned for disinfection. Disinfection must be carried out in the rooms where there are no children.
- For office staff: working from home where possible or restricted contact. It is best to rotate attendance – and make sure that offices and equipment are also disinfected.
- Have a succession plan in case of isolation, work stoppage due to illness, a work accident or other absences.
- Do not allow visits by off-duty staff.

CCPBC Best Practices

- ❑ Staff may be experiencing anxiety and fear around returning to work, uncertainty of work hours, or safety protocols. Provide open and clear communication as much as possible.
- ❑ Talk to the staff team about their concerns, and do your best to address them if possible and if it aligns with current safety recommendations. This has been and continues to be a traumatic experience for us all: empathy and kindness is required.

Administration & Management

BC Guidelines

As of May 8, 2020, licensed child care providers have not been provided with a recommendation from the health authority or MCFD.

Technical Recommendations

(11)

- Stay in the administrative offices as much as possible and ensure that you follow up with the team working with the children while respecting social distancing.
- Maintain communication with the entire work team. It is important to plan who will be reached, by what means and what type of information should be disseminated.
- Schedule frequent (ideally virtual) team meetings to keep them informed.
- Call staff working from home or in isolation individually to update yourself on them and maintain caring contact throughout the emergency measures. Provide information to all staff to keep them informed of the situation, emergency procedures and other matters.
- Establish a procedure for the exclusion of sick children.
- Inform your staff of the division of labour, noting that it may need to change as the situation evolves.

CCPBC Best Practices

- ❑ It's ok to not know. Nothing is lost by honestly saying "that's a good question", "I don't have the answers yet, and will try to get them". It's equally ok to say that you don't know, and you aren't sure when you will. There is a lot of uncertainty right now!
- ❑ When public information misrepresents the facts about child care operational income, it can leave employees feeling underappreciated. You can help combat this by being open and honest with staff about income, funding programs, and program costs, or offering to teach staff members about the financial operations of the facility, if they are interested.
- ❑ A thorough staff policy and procedure manual is one that lists far more than what is required in BC licensing regulations. Now might be a good time to ensure that your facility policy and procedure manual is detailed and specific, with little room for interpretation. This will also help new staff members join the team with a clear understanding of what is expected from them.

- ❑ When recalling staff, ensure this is done in writing. If staff are declining to return to work following a work recall, ensure that staff provide this in writing. If all staff are not needed to be recalled, and no contract is in place determining procedures for how and who your facility must recall/lay off, consider first asking the staff team if someone prefers a permanent lay-off or reduced hours - staff circumstances may have changed or underlying health issues may mean some staff would prefer to not return to work as per pre-pandemic.

Suppliers & Visitors

BC Guidelines

As of May 8, 2020, licensed child care providers have not been provided with a recommendation from the health authority or MCFD.

Technical Recommendations

(9, 11)

- No entry to the facility will be allowed to suppliers and visitors.
- Deliveries must be left at the entrance, for staff to bring inside.
- If you need to buy food at the grocery store, choose online shopping and delivery whenever possible. When you receive the delivery, limit handling and its movement in the facility.
- There should be no visitors or volunteers at the child care centre program at this time.
- Parents or guardians, if able to enter the facility, must practice social distancing and hygiene practices – including hand washing – when on the premises.

CCPBC Best Practices

- ❑ Consider replacing traditional parent tours or open house events with a video or zoom tour.
- ❑ Classroom observations by support professionals, tours, or parents can easily be held via zoom, facebook messenger, or google chats when children are in-class. In fact, this might offer a new opportunity for parents and professionals to observe in a way that their presence does not impact the child's behaviour.
- ❑ Place a sign on the door or gate with instructions for delivery staff, and a phone number to reach in the event they need assistance.

References

British Columbia

1. Government of British Columbia. (2020, May 6). *BC's Restart Plan*.
<https://www2.gov.bc.ca/gov/content/safety/emergency-preparedness-response-recovery/covid-19-provincial-support/bc-restart-plan>
2. B.C. Centre for Disease Control/BC Ministry of Health. (2020, March 24). *COVID 19: Public Health Guidance for Childcare Settings*.
http://www.bccdc.ca/Health-Info-Site/Documents/COVID19_PublicHealthGuidanceChildcareFacilities.pdf
3. B.C. Centre for Disease Control/BC Ministry of Health. (2020, April 3). *COVID-19: Caring for Children with COVID19*.
<http://www.bccdc.ca/Health-Professionals-Site/Documents/Caring-for-children.pdf>
4. BC Children's Hospital. (2017, December 6). *BC Children's Hospital Child & Youth Health Policy and Procedure Manual*.
https://drive.google.com/open?id=10WJLFRXpMZ9VuEvwX0u_IMGyinR6xZjC
5. B.C. Centre for Disease Control. (2020). *Self-Isolation*.
<http://www.bccdc.ca/health-info/diseases-conditions/covid-19/self-isolation?fbclid=IwAR1aBby206n70gjmpAQi6B3RGMGyKgcWH82BsW6IoLRCW2qDVquPGX3X1pY>

Alberta

8. Government of Alberta. (2020). *COVID-19 Response Conditions for Re-opening Select Licensed Child Care Centres*.
https://drive.google.com/open?id=1sIg_QpPYMxbuKIKuscjsjDB_ITUCPWQZ7

Saskatchewan

9. Government of Saskatchewan (2020, March 22). *Information for Licensed Child Care Facilities: Coronavirus Disease (COVID -19)*.
<https://drive.google.com/open?id=19KB8R7KtaNYJYSvgjjBP9I4Xcn46PuPF>

Manitoba

10. Government of Manitoba. (2020, March 27). *Coronavirus (COVID-19): Manitoba early learning and child care practice guidance*.
[https://www.childcarecanada.org/sites/default/files/MB%20Covid-19%20ELCC%20Practice%20Guide%20-%20March%2030%20\(2\).pdf](https://www.childcarecanada.org/sites/default/files/MB%20Covid-19%20ELCC%20Practice%20Guide%20-%20March%2030%20(2).pdf)

Ontario

11. Ontario Ministry of Health. (2020, March 29). *COVID-19 Guidance: Emergency Childcare Centres*.
http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019_child_care_guidance.pdf

Quebec

12. AQCPE/Gouvernement du Québec. (2020, March 22). *Good Practice Guide For the organization of educational childcare in Childcare Centers during the COVID-19 emergency health measures*.
http://www.aqcpe.com/content/uploads/2020/03/english_guide_22mars2020_cpe.pdf

New Brunswick

13. Education and Early Childhood Development, New Brunswick, Fact Sheet

Centre for Disease Control

14. Centers for Disease Control and Prevention. (2020, April 12). *Guidance for Child Care Programs that Remain Open*.
<https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-childcare.html#pickup>

BC Centre for Disease Control

15. BC Centre for Disease Control. (2020). *Cleaning and Disinfectants for Public Settings*.
http://www.bccdc.ca/Health-Info-Site/Documents/CleaningDisinfecting_PublicSettings.pdf

BC Health Authority Handouts

18. Vancouver Coastal Health. (2020, April 24). *Child Care Daily Health Check*.
<https://drive.google.com/open?id=1LiGXLNUoCrPtPhW72TDxpO57yYLaHLxW>
19. Fraser Health Authority. (2020, April 7). *Resource Package for Childcare Facilities*.
<https://drive.google.com/open?id=1YYKaMWhGAsQ9HkgD404pADkJCp3gtoVC>
20. Health Link BC. (2018, March). *How to Take a Temperature: Children and Adults*.
<https://www.healthlinkbc.ca/healthlinkbc-files/take-temperature>

Quality Assessment Tools

29. BCCOA. (2019). *BC Child Care Quality Assessment Standard, Version 1.0*.
<https://docs.google.com/document/d/184oc5ApUdlVPeGKJYKc5y-hKkSZUzCzdT5C6O9wtutU/edit>
30. City of Toronto. (2020). *Assessment for Quality Improvement (AQI)*.
<https://www.toronto.ca/community-people/community-partners/early-learning-child-care-partners/assessment-for-quality-improvement-aqi/>