



Coronavirus COVID-19

BC Centre for Disease Control

Public Health Guidance for Child Care Settings

Updated: February 12, 2021

Introduction

This document provides guidance for child care providers to minimize the transmission of COVID-19 and maintain a safe and healthy environment for children and staff. It identifies key infection prevention and exposure control practices to implement in child care settings.

The risk in child care settings is considered low in B.C. as:

- They are controlled environments where effective infection prevention and exposure control measures can be consistently implemented and adhered to;
- Young children (aged 10 and under) in B.C. are unlikely to be infected with COVID-19;
- COVID-19 is less commonly transmitted between children, and between children and adults;
- COVID-19 is more commonly transmitted between adults, and from adults to children; and
- Young children are less at risk for severe illness from COVID-19.

This remains true, even when the rate of COVID-19 cases is higher in some communities. However, while COVID-19 is present in our communities, it will exist in some child care settings. The infection prevention and exposure control measures in place have been shown to be effective at stopping or limiting transmission of COVID-19 within child care settings.

Child care settings differ from kindergarten to grade 12 (K-12) schools, as child care generally have smaller, consistent cohorts of staff and children, typically serve younger age groups (0-5 years of age), with different types of adult-child interactions, and a less structured environment due to the different developmental stages and needs of infants and young children. The public health guidance differs between the two settings to reflect these considerations. Child care provided for school-aged children in K-12 school settings should also follow the [Public Health Guidance for K-12 Schools](#).

See additional information from [WorkSafeBC](#) on protocols for child care settings.

For up-to-date information on COVID-19, visit the [BC Centre for Disease Control's \(BCCDC\) website](#).



BC Centre for Disease Control

If you have fever, a new cough, or are having difficulty breathing, call 8-1-1.



COVID-19 and Young Children

COVID-19 has a relatively low infection rate among young children. Based on published literature to date, the majority of cases of COVID-19 in young children are the result of droplet spread from a symptomatic adult family member in the household setting. Children do not appear to be the primary drivers of COVID-19 spread in child care facilities, schools, or other community settings.

Children tend to have very mild symptoms of COVID-19, if any. They often present with mild respiratory symptoms, such as a cough. Children can experience the same symptoms as adults but may show symptoms differently. For example, fatigue may show in children as lack of appetite, decreased activity, or changes in behaviour. Most young children are not at high risk for COVID-19 infection; however, children under one year of age and those who are immunocompromised or who have pre-existing lung conditions are more likely to experience severe illness (see [Children with Immune Suppression](#) on the BCCDC website for further details). Children who are at higher risk of severe illness from COVID-19 can still attend child care. Parents and caregivers who are concerned about their child's level of risk are encouraged to consult with their health-care provider.

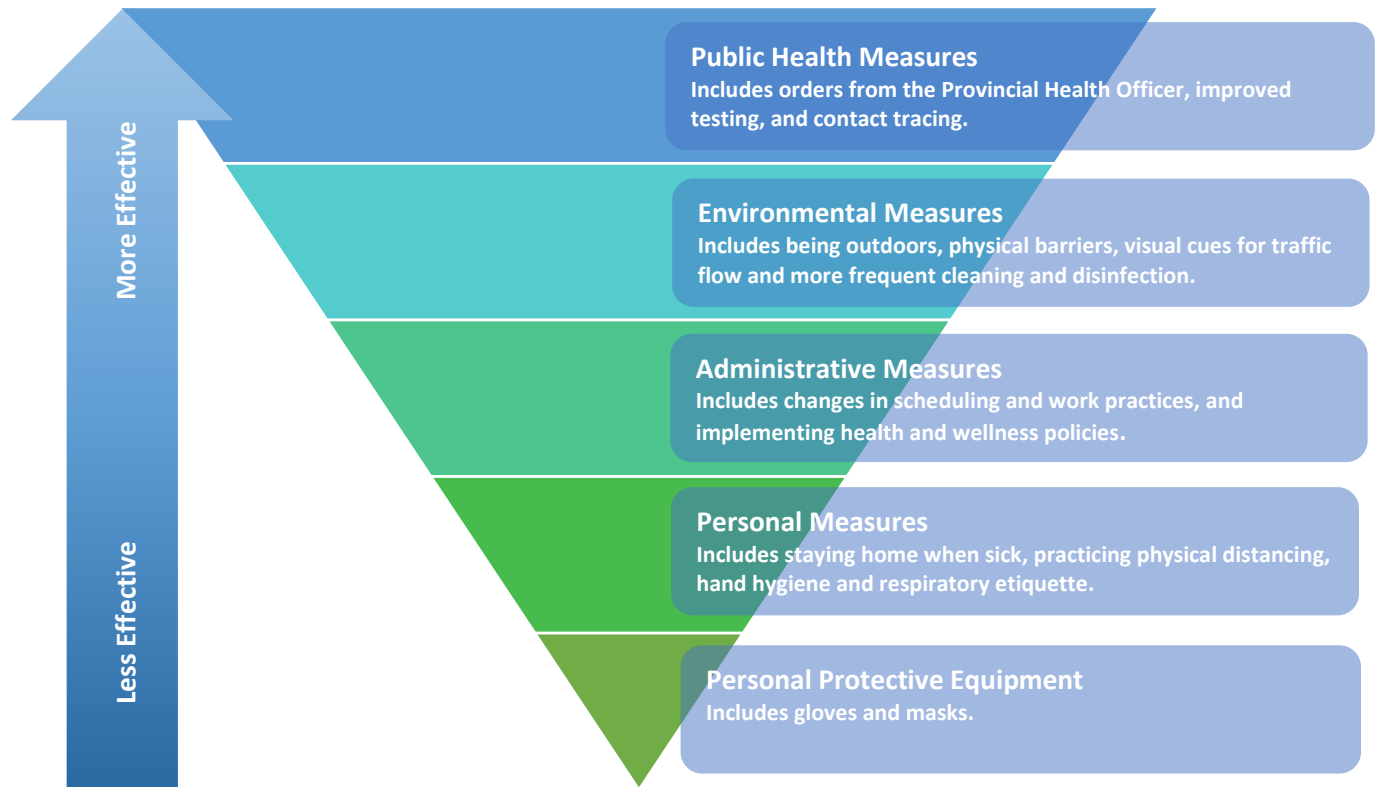
Infection Prevention and Exposure Control Measures

Infection prevention and exposure control measures help create safe environments by reducing the spread of communicable diseases, including COVID-19. These are more effective in controlled environments where multiple measures of various effectiveness can be routinely and consistently implemented, and where the same individuals attend consistently. This makes child care settings different from public places like retail stores and public transit.

The hierarchy for infection prevention and exposure control measures for communicable disease below describes measures that should be taken to reduce the transmission of COVID-19 in child care settings. Control measures at the top are more effective and protective than those at the bottom. By implementing a combination of measures at each level, the risk of COVID-19 is substantially reduced.



The Hierarchy for Infection Prevention and Exposure Control Measures for Communicable Disease



Environmental Measures

Ventilation and Air Exchange

Outdoor spaces are ideal when weather permits; when possible, choose to have play time, snacks or meal breaks and learning activities outdoors.

Good indoor ventilation alone cannot protect people from exposure to COVID-19; however, it may reduce risk when used in addition to other preventive measures. For activities that take place indoors, application of the basic principles of good indoor air quality should continue, including supplying outdoor air to replenish indoor air by removing and diluting contaminants that naturally occur in indoor settings. All mechanical heating, ventilation and air conditioning (HVAC) systems should be checked to ensure they are working properly. Where possible, child care staff can open windows if weather permits and it doesn't impact the functioning of ventilation systems.

In home-based child care, try to increase air ventilation by opening windows. Even if a window is only open slightly, it will help improve ventilation.

For more information, see WorkSafeBC guidance on [general ventilation and air circulation](#).



Cleaning and Disinfection

Regular cleaning and disinfection are important to prevent the spread of COVID-19 from contaminated objects and surfaces. Child care settings should be cleaned and disinfected based on BCCDC's guidance on [cleaning and disinfectants for public settings](#), using a product from Health Canada's [hard-surface disinfectants](#) to:

- Clean and disinfect the premises at **least once every 24 hours**.
- Clean and disinfect frequently-touched surfaces at **least twice every 24 hours**, including door knobs, light switches, toilet handles, and toys used by multiple children. At least one of these cleanings should occur during hours of operation.
- Clean and disinfect any surface that is visibly dirty.

Clean and disinfect cots, cribs and sleeping surfaces weekly if dedicated to a single child or between uses if shared between multiple children. Clean and disinfect when visibly soiled. Clean and disinfect changing stations after each use.

Measures to support effective cleaning and disinfection:

- Consider limiting the use of frequently-touched items that cannot be easily cleaned to those that support learning, health and development. If you do use items that are harder to clean, ensure everyone practices hand hygiene before and after use.
 - Toys, manipulatives objects and other items that may not be easily cleaned (including things like sand, foam, playdough, rice etc.) can continue to be used if hand hygiene is practiced before and after use.
 - There is no evidence that the COVID-19 virus is transmitted via paper or other paper-based products. Laminated or glossy paper-based products (e.g., children's books or magazines) and items with plastic covers (e.g., DVDs) can be contaminated if handled by a person with COVID-19; however, the risk is low. There is no need for these items to be cleaned and disinfected or quarantined for any period of time, or for hand hygiene to be practiced before or after use.
- Keep each child's bedding separate, and consider storing in individually labeled bins, cubbies, or bags. Cots and mats should be labeled for each child. Bedding that touches a child's skin should be cleaned weekly or before use by another child.
- Empty garbage containers daily and when full.
- Wear disposable gloves when cleaning blood or bodily fluids (e.g., runny nose, vomit, stool) as well as changing diapers. Wash hands before wearing and after removing gloves.
- Ensure good hand hygiene is practiced immediately after changing diapers or assisting with toileting.

Administrative Measures

Cohorting Children and Staff

Licensed child care facilities must adhere to relevant legislation that outlines the types of services and restrictions on age groups, staff ratios, and group sizes. Child care providers should consider how to apply cohorting principles to their setting to minimize the mixing of different children and staff members.

Recommendations include (whenever possible) to:

- Reduce the time or mixing of age groups for the first and last half hour of the day as permitted by the legislation.



- For larger facilities that have more than one care program, consider each group a cohort (e.g., a large facility may have three infant/ toddler groups; two group of children from 30 months to school age and three school-aged groups).
 - Many small groups is better than fewer large groups where possible.
 - Staff scheduling should be arranged for staff to remain in the same group.

Physical Distancing and Minimizing Physical Contact

Physical distancing is used to help limit close contact with others because COVID-19 tends to spread through prolonged, close, face-to-face contact.

Within child care settings, physical distancing should include avoiding physical contact between staff, avoiding unnecessary physical contact between staff and children, minimizing close, prolonged, face-to-face interactions where possible, and encouraging everyone to spread out as much as possible within the space available. It is not necessary to attempt to eliminate close contact between children, recognizing the importance of children’s emotional, physical and developmental needs.

The physical space requirements for licensed child care settings set out in the [Child Care Licensing Regulation](#) mean that child care centres have sufficient space to practice physical distancing between staff without reducing the number of children in care at any one time.

Staff should try to:

- Reduce prolonged face-to-face contact between other staff members and practice physical distancing where possible.
- Reduce the number of different staff that interact with the same children throughout the day.
- Minimize unnecessary physical contact with children.
- Minimize the number of visiting adults that enter the centre, unless that person is providing care or supporting the inclusion of a child in care.
- Organize more activities that encourage individual play and more space between children and staff.
- Encourage children to minimize physical contact with each other.

Visitors

Parents, caregivers, health-care providers, volunteers, and other non-staff adults (e.g., visitors) **entering child care settings** should be limited to those supporting activities that are of benefit to children’s learning and wellbeing.

- All visitors should provide active confirmation (e.g., sign in at entry, e-mail before entry, etc.) that they have no symptoms of illness and are not required to self-isolate before entering.
- Child care settings should keep a list of the date, names and contact information for all visitors who enter the setting.
- All adult visitors should wear a mask when in the setting.



Transportation

Buses and vans used for transporting children should be cleaned and disinfected according to the guidance provided in the BCCDC's [cleaning and disinfectants for public settings](#) guidance. Additional guidance is available from [Transport Canada](#).

Drivers should:

- Clean their hands often, including before and after completing trips.
- Use alcohol-based hand sanitizer with at least 60% alcohol during trips.
- Wear a non-medical mask or face covering when they cannot practice physical distancing

Children should:

- Clean their hands before and after being in a bus or van.

To reduce the number of close, in-person interactions, the following strategies are recommended:

- Use consistent and assigned seating arrangements; seating can be altered whenever necessary to support child health and safety.
- Prioritize children sharing a seat with a member of their household.
- On a bus, if space is available, each child should have their own seat and sit beside the window to increase the amount of space between children.

Food and Beverages

[FOODSAFE](#) Level 1 covers important food safety and worker safety information including foodborne illness, receiving and storing food, preparing food, serving food, and cleaning and sanitizing. It is a helpful resource for those seeking education and training on food safety practices.

For food contact surfaces, ensure any sanitizers or disinfectants used are approved for use in a food service application and are appropriate for use against COVID-19. These may be different than the products noted in this document for general cleaning and disinfection. Additional information is available [here](#). Child care centres can continue to accept food donations to support learning and the delivery of meal programs, breakfast clubs and other food access initiatives.

Food and beverages should not be shared. Children and staff can bring their own reusable food and drink containers to the facility for their own personal use.

Reusable dishware, glasses and utensils should be cleaned and sanitized after each use.

Personal Measures

People can take personal measures to protect themselves and others. Examples include physical distancing, minimizing physical contact, frequent hand washing, practicing respiratory etiquette, and staying home if sick. When COVID-19 is present in the community, the risk of introducing COVID-19 into child care settings is reduced if staff, children and parents/caregivers:

- Follow public health recommendations and Orders;
- Self-isolate if required by law or public health;
- Perform a daily health check;



- Stay at home when sick and call 8-1-1 or use the [BC Self-Assessment Tool](#) to determine if further assessment or testing for COVID-19 is needed.

Daily Health Check

Child care managers should ensure:

- Staff and other adults entering the setting are aware they should not to enter if they are sick or are required to self-isolate.
- Parents and caregivers are aware that their child should not attend child care if they are sick or are required to self-isolate as per public health officials' direction.

Child care managers can support this practice by communicating the requirement for everyone to do a **daily health check**.

- For staff and other adults in the child care setting, an active daily health check should be completed in line with the requirements of the Provincial Health Officer's [Order on Workplace Safety](#). WorkSafeBC resources to support this can be found [here](#).
- For children, this means ensuring their parent or caregiver is aware of common symptoms of COVID-19 and is checking their child daily to see if the child is experiencing any of these symptoms, as well as ensuring their child is not required to self-isolate.
- If the staff or children (or their parent) indicates that the symptoms are consistent with a previously diagnosed health condition and are not unusual for that individual, they can continue to attend child care settings. No assessment or note is required from a health-care provider.

Those experiencing symptoms of illness can also use the [BC Self-Assessment Tool](#).

What to Do When Sick

Staff and other adults in the child care setting and parents/caregivers of children are expected to follow the guidance from BCCDC. This is outlined in the [when to get tested for COVID-19](#) resource. Staff, other adults and children should not attend child care if they are sick.

What to Do When Symptoms Develop While At Child Care

If a staff member, child or other person develops symptoms while in the child care setting, follow the guidance in Appendix A, 'what To do if a student or staff member develops symptoms.'

Returning After Sickness

When a staff, child or other persons entering the setting can return to child care depends on the type of symptoms they experienced as outlined in the [when to get tested for COVID-19](#) resource.

If, based on their symptoms, a test is not recommended (i.e., the guidance is to 'stay home until you feel better'), the person can return when their symptoms improve and they feel well enough to participate in all activities.

If, based on their symptoms, a test is recommended (i.e., the guidance includes 'get tested'), the person must stay home until they receive their test result.



- If the test is **negative**, they can return when symptoms improve and they feel well enough.
- If the test is **positive**, they must follow direction from public health on when they can return.

Staff, children and parents/caregivers can also use the [BC Self-Assessment Tool](#) app, call 8-1-1 or their health-care provider for guidance.

Other Considerations for Managing Illness in Child Care Settings

Establish procedures for those who become sick in a child care setting to go home as soon as possible.

- Some children or staff may not be able to leave or be picked up immediately. Operators should have a space available where the child or staff member can wait comfortably, which is safe and is separated from others. This can include being in the same room as others, as long as the person experiencing illness is at least two metres away from others and wears a mask if they're able to. Provide supervision for younger children.
- **Do not require a health-care provider note (i.e., a note from a doctor or nurse practitioner) to confirm the health status of any individual, beyond those required to support medical accommodation as per usual practices.**

Children or staff may still attend child care settings if a member of their household develops new symptoms of illness provided the child or staff member has no symptoms themselves. If the household member tests positive for COVID-19, public health will advise the asymptomatic child or staff member (even if they don't have symptoms) to quarantine or self-isolate and when they may return to the child care setting. Most illness experienced in B.C. is not COVID-19, even if the symptoms are similar.

Hand Hygiene

Frequent hand washing with plain soap and water reduces the spread of illness. Provide regular breaks and encourage staff and children to wash hands with plain soap and water for at least 20 seconds or use alcohol-based hand rub containing at least 60% alcohol. Soap and water are preferred when hands are visibly dirty; otherwise, use a hand wipe followed by alcohol-based hand rub. It is particularly important to practice hand hygiene immediately before and after eating, and immediately after using the toilet. To learn more about how to perform hand hygiene, please refer to the BCCDC's [hand washing poster](#). Children should be supervised or assisted in using hand sanitizer. Hand sanitizer should not be used on infants. Some hand sanitizers are for adults only because they contain ingredients that are not safe for children, so labels should be read carefully. More information on the proper use of hand sanitizers is available [here](#).

Respiratory Etiquette

Children and staff should:

- Cough or sneeze into their elbow sleeve or a tissue.
- Throw away used tissues and immediately perform hand hygiene.
- Not touch their eyes, nose or mouth with unwashed hands.

Personal Items and Books

Personal items (e.g., blankets, reusable food and drink containers) can be brought into the child care setting from home for individual use. Parents and caregivers should label these items and wash these items at the end of the day.



There is no evidence that COVID-19 is transmitted by books or paper; therefore, there is no need to limit the use of books and paper-based materials.

Personal Protective Equipment

Non-Medical Masks & Face Coverings (Masks)

Although personal protective equipment (including masks) is low on the hierarchy of infection prevention and exposure control measures, it can provide an additional layer of protection when more effective measures are not feasible. Masks have a role to play in preventing the spread of COVID-19. They provide some protection to the wearer and to those around them. The term “mask” in this document means a non-medical mask or face covering. Medical-grade masks are not recommended within child care settings for general use. Masks do not prevent the spread of COVID-19 on their own. They should not be used in place of physical distancing or any other measures noted in this guidance.

Though the physical space requirements for licensed child care settings mean that child care centres have sufficient space to practice physical distancing between staff, it is likely that there are numerous times throughout a day in child care where the required physical distance cannot be exercised in practice, particularly where staff must meet the needs of children in care.

Based on our understanding of COVID-19 in children and adults, in childcare settings:

Children may wear a mask based on personal or family choice; however, infants under two years of age should not wear masks as it may make it difficult for them to breathe. Child care staff should supervise and support children to ensure safe and proper use if masks are worn.

Child care staff and other adults should wear a mask when indoors and **interacting with other adults** except when

- they can consistently maintain physical distance, or
- there is a barrier in place, or
- eating and drinking.

Masks may only provide limited protective value for adult-child interactions in child care settings, as there are multiple effective infection prevention and exposure control measures in place and young children are less likely to be infected. Child care staff and other adults may choose to wear a mask indoors when engaging in prolonged, close **interaction with children**. Careful consideration should be given to the potential impact of mask wearing on visual cueing and non-verbal communication with children, as these interactions play an important role in learning and development.

Masks are not needed for interactions between household members. Masks are not needed when urgent actions are required to support child safety.

Face shields are a form of eye protection for the person wearing it. They may not prevent the spread of droplets from the wearer. Face shields should not be worn in place of masks, except for those communicating using lip-reading, when visual facial cues are essential, or when people may be unable to wear a mask. Clear masks that cover the nose and mouth are another option when visual communication is necessary.

Additional information on mask use is available from the [BCCDC](#) and [WorkSafeBC](#).



Appendix A: What to Do if a Child or Staff Member Develops Symptoms

<p><i>If a Child Develops Any New Symptoms of Illness While in a Child Care Setting</i></p>	<p><i>If a Staff Member Develops Any New Symptoms of Illness While in a Child Care Setting</i></p>
<p>Staff must take the following steps:</p> <ol style="list-style-type: none"> 1. Immediately separate the symptomatic child from others in a supervised area. 2. Contact the child’s parent or caregiver to pick them up as soon as possible. 3. Where possible, maintain a two-metre distance from the ill child. If not possible, staff should wear a non-medical mask or face covering if available and tolerated or use a tissue to cover their nose and mouth. 4. Provide the child tissues to cover their coughs or sneezes. Throw away used tissues as soon as possible and perform hand hygiene. 5. Avoid touching the child’s body fluids (e.g., mucous, saliva). If you do, practice diligent hand hygiene. 6. Once the child is picked up, practice diligent hand hygiene. 7. Staff responsible for facility cleaning must clean and disinfect the space where the child was separated and any areas recently used by them (e.g., classroom, bathroom, common areas). <p>Parents or caregivers should pick up their child as soon as possible if they are notified their child is ill.</p>	<p>Staff should go home as soon as possible.</p> <p>If unable to leave immediately:</p> <ol style="list-style-type: none"> 1. Symptomatic staff should separate themselves into an area away from others. 2. Maintain a distance of two metres from others. 3. Use a tissue or non-medical mask to cover their nose and mouth while they wait to be picked up. 4. Staff responsible for facility cleaning must clean and disinfect the space where the staff member was separated and any areas used by them (e.g., classroom, bathroom, common areas).
<p>Children and staff should return to the child care facility according to the guidance in this document.</p> <p>A health-care provider note should not be required for children or staff to return.</p>	

