



**COVID-19 Regulated
Child Care Operations Policy
Effective during
NL Life with COVID-19**

March 22, 2021

COVID-19 Regulated Child Care Operations Policy

Regulated child care services support economic stability on both a community and provincial level including assisting with gender equality, poverty reduction and enabling parents of young children to participate in the labour market. The importance and necessity of regulated child care services for essential workers, and for workers in businesses operating under NL Life with COVID-19 (the Provincial plan), is a recognized reality.

There has been much work done to determine how we can provide child care in a safe environment in keeping with the advice of our public health officials. As such, the following policy has been updated in consultation with Public Health and the Chief Medical Officer of Health (CMHO) for regulated child care centres and regulated family homes that operate during the COVID-19 pandemic.

The COVID-19 pandemic is evolving, as such this policy is subject to change based on the advice of Public Health and the Chief Medical Officer of Health.

A regulated child care service operating during the COVID-19 pandemic must operate in accordance with the [Child Care Act, Regulations](#) and [Child Care Policy and Standards](#) plus the following:

Operational Requirements:

1. Eligibility:
 - a. Regulated child care services may operate at full capacity.
 - The previously permitted, full day child care for school age children on non-school-closure days will cease effective March 18, 2021 when in-class instruction resumes for grades K-9.
2. In addition to the above:
 - a. Children and regular caregivers are to be assigned to a consistent homeroom and are not permitted to enter a homeroom to which they are not assigned.^{1,2}
 - For the purposes of covering lunches and breaks a float staff person may be utilized and not assigned to a specific homeroom.
 - Combining children from different cohorts are not permitted – even at the beginning or end of the day or other times when numbers are low.
 - b. Individuals are permitted to work at more than one child care service location where needed in order to maintain service delivery.



- c. All adults on the premises (including float staff) must:
 - sign in and out of the homeroom register each time they enter or leave the homeroom;
 - wear a medical mask and face shield at all times within the homeroom and common areas; and,
 - wash hands thoroughly with soap and water (or use appropriate hand sanitizer) prior to entering and after leaving the homeroom – in addition to required cleaning and sanitizing requirements while in the homeroom.
 - d. Field trips are prohibited, however homeroom cohorts/family home child care cohorts may take neighborhood walks and may visit public playgrounds that are within walking distance.
 - Public playground usage guidelines:
 - Use only when the public playground permits social distancing with children outside the cohort; and,
 - Hand-hygiene must be followed for all children and adults as needed, and before reentering the child care service.
 - e. The licensed outdoor play area is limited to one homeroom and staff at any time³.
3. All persons must thoroughly wash hands with soap and water (or use appropriate hand sanitizer) before entering and upon exiting the child care service and also when preparing and handling food.
 4. Separate daily registers for children participating during the COVID-19 Pandemic is required. These registers must be maintained as per section ELCD-2017-L2 of the Child Care Policy and Standards Manual plus the daily register must record everyone (adult or child) who enters and leaves the homeroom.
 5. Family home child care services should restrict the home to family members who currently reside in the home and parents/guardians/children receiving child care services only and record adults and children (including family members) who exit and return during the hours of operation. This is important for contact tracing should it be required.
 6. Visible signage must be posted in all entrances to the child care service which indicates the procedures for drop off and pick up of children. Procedures must include:
 - a. Keeping all entrances locked (provided exit for emergencies without unlocking is possible);
 - b. Providing parents/guardians with the most current screening questions and having agreement in writing from them that they :
 - will screen their child/children each day before coming to the service; and,
 - will not bring their child/children if the answer is yes to any of the screening questions.



- c. Providing a contact number for parents to call upon arriving at the child care service for drop-off or pick-up;
 - d. Parents (and children at drop-off time) are to remain outside the facility until notified by the child care service that they may enter the child care service in order to maintain physical distancing at arrival and departure times;
 - e. Child care services offering transportation to/from the child care service must adhere to the following:
 - Children and adults wear masks (except children under age two years, or older children if documented as unable);
 - Windows open minimum one inch (where weather permits);
 - Assigned seating for children (siblings may sit together) and cohorted where possible; and,
 - Disinfect high touch surfaces before a new group of children is transported.
 - f. Permitting one adult in the main area of the child care service for drop off or pick up at one time;
 - g. Consistent person(s) for regular drop off and pick up of children must be identified as well as one emergency person. Families should be encouraged to keep the list as short as possible to fit their family circumstance and to minimize contact tracing should it be needed.
7. A “Screening Questionnaire” ([Child Care Centres](#); [Family Home Child Care](#)) is to be provided to staff of child care centres and to parents of children attending child care centres/family home child care for daily use prior to entering the child care service. Chronic symptoms (e.g., cough due to asthma; runny nose due to allergies) are not considered reason to be asked to stay away from the service.
- a. Family Home Child Care: If a member of a family home child care provider’s home has travelled outside the province in the last 14 days (including as a rotational worker):
 - The family home child care can continue to operate as long as the family member does not have symptoms and can self-isolate from the child care environment (isolated room with their own bathroom) when the children are there.
 - If the family member becomes symptomatic, the children would have to immediately leave the child care service.
 - The family member must follow current public health guidelines for travelers when the child care service is not operating.
 - This information must be fully disclosed to the parents in writing with parent’s signature indicating they have read the disclosure.



- The family home child care provider must submit a plan to the family home child care agency (or the regional office if individually licensed) detailing how they will achieve this as well as what they plan to do in the event the rotational worker develops symptoms.
8. A child or caregiver who is ill with respiratory illness symptoms (fever, cough, headache, sore throat or runny nose) is not permitted to enter or participate in the child care service and is encouraged to complete the online COVID self assessment and testing referral <https://covidassessment.nlchi.nl.ca/> or contact 811 for further instructions. **Refer to “Protocols for Management of COVID-19 in Licensed Child Care Centres” or “Protocols for Management of COVID-19 in Regulated Family Child Care”.**
- a. Chronic symptoms (e.g., cough due to asthma; runny nose due to allergies) are not considered a reason to be asked to stay away from the service.

Cleaning, Sanitization & Disinfection Requirements:

1. Enhanced cleaning practices to support infection prevention and control must be implemented, including:
 - a. Clean and disinfect high touch surfaces at least twice a day, using an enhanced cleaner/disinfectant used for outbreaks;
 - b. Avoid sensory play (e.g., water or sand activities, use of play-dough) unless the activity can be individualized/labelled for single child (or sibling) use;
 - c. Remove shared items such as toys that cannot be easily cleaned and disinfected;
 - d. Reduce clutter and limit toys to those that can be disinfected daily;
 - e. Enhance hand hygiene practices for both staff and children;
 - f. Reinforce food and container sharing policies;
 - g. Sanitizers should be used on food contact surfaces – commercial disinfectants are not recommended for these surfaces; and,
 - h. Disposable gloves are recommended for diaper changes. Hands must be washed with soap and water immediately after glove removal.
 - If disposable gloves are not available, wash hands with soap and water before and after diaper change (both adult and child) or use alcohol based hand rub and wash hands as soon as possible.



2. Extra cleaning and sanitization is required for all “high-touch” services. These include:
 - a. Counters;
 - b. Tabletops;
 - c. Doorknobs;
 - d. Bathroom fixtures;
 - e. Toilets;
 - f. Phones; and,
 - g. Keyboards and Tablets.
3. Cleaning and Disinfection for Public Settings must be followed as identified at: <https://www.gov.nl.ca/covid-19/files/factsheet-covid-19-environmental-cleaning-NL.pdf>
 - a. Validated cleaner-disinfectant products are approved by Health Canada and have a DIN number this assures us that the product claims are validated. Not all disinfectants kill all pathogens that is why it is important to use one validated to kill human coronavirus. Ensure the disinfection is appropriate for use around children and for the intended surface.
 - b. Sodium hypochlorite (Bleach) is an exception in that it does not have a DIN number but is acceptable.
 - i. Bleach should be stored in a dry cool place away from sunlight and out of reach of children. Ensure that the product is not expired as it loses effectiveness. While bleach can be an effective disinfectant, it is a poor cleaner and it rapidly loses activity in the presence of organic soil.
 - ii. Mixing bleach with cool water instead of hot may minimize inhalation of airborne material while helping to maintain effectiveness.
 - iii. If using diluted bleach, prepare the diluted solution fresh daily. Label and date it, and discard unused mixtures 24 hours after preparation. For disinfection, Health Canada recommends mixing 4tsp household bleach (~5% bleach) with 1 litre of water (1000ppm) with a contact time of 1 minute. Please note, for food contact surfaces dilution ratio is 1/2tsp bleach per 1 litre of water (100ppm).
 - iv. Organic materials inactivate bleach; clean surfaces so that they are clear of organic materials before disinfection with bleach.
 - v. Keep diluted bleach covered, out of the reach of children, and protected from sunlight (and if possible in a dark container,).



- vi. Do not mix bleach with other cleaning agents (e.g., acids such as vinegar, or ammonia products such as Windex®). Potential irritants released from such mixtures are chlorine gas, chloramines, and ammonia gas.
 - vii. Keep diluted bleach covered and protected from sunlight, in an opaque container. If reusable bottles are filled with cleaners or disinfectants, ensure the bottles are pre-cleaned and dried thoroughly, labelled with the product, the expiry date from the original bottle, the date the bottle was filled, and never 'topped-up'.
 - c. All products must be inaccessible to children and stored in accordance with section [ELCD-2017-K4](#) of the [Child Care Policy and Standards Manual](#).
4. All areas of the child care service are to be sanitized and disinfected at the end of day when all children who have participated have left.
 - a. In addition, child care services operating in a shared space (e.g., in child care centres, churches, or schools) must disinfect high-touch areas in shared spaces daily between groups of children (i.e., before the next group of children arrive at the program). This includes food preparation areas and washrooms if shared.
 5. Where possible, only play materials and equipment that can be properly sanitized and disinfected (or assigned for individual use) will be available for the children participating in the child care service.
 6. Play material and equipment that cannot be properly sanitized and disinfected should be assigned to individual children and must not be shared among children.
 7. It is strongly recommended that stuffed toys should not be permitted in the child care service. Where stuffed toys are permitted, the toys should be used by only a single child and should be cleaned in a washing machine every week or more frequently if heavily soiled.
 8. Each homeroom should have its own toys and materials. Toys and materials should not be shared with other homerooms. Where children are sharing toys or participating in an activity that might involve sharing, children must wash their hands before and after the sharing/activity.
 9. Assigned toys should be labelled and stored in each child's storage space when not in use.
 10. Each child's clothing and personal effects must be stored separately and sanitized and disinfected regularly.
 - a. Children must not share towels or bedding.
 - b. Toothbrushing must not occur at the child care service. As per the Canadian Dental Association guidelines, toothbrushing is recommended twice a day. This can occur in the child's home.



Social Distancing and Handwashing:

1. The principle of physical distancing during large group activities (e.g., circle time, meal and nap time) should be maintained to the extent possible⁴.
2. Increased handwashing is required especially:
 - a. Before:
 - i. Preparing food or eating;
 - ii. Treating wounds or caring for a sick person; and,
 - iii. Inserting or removing contact lenses.
 - b. After:
 - i. Preparing food;
 - ii. Using the toilet, changing a diaper or cleaning up a child who has used the toilet;
 - iii. Touching an animal, animal feed or animal waste;
 - iv. Blowing your nose, coughing or sneezing;
 - v. Treating wounds or caring for a sick person;
 - vi. Handling garbage; and,
 - vii. Handling pet food or pet treats.
3. Medical masks and face shields:
 - a. are not required for children of any age in a licensed child care centre;
 - b. must not be worn by children age two years and under;
 - c. are a requirement for float staff in child care centres (see p.2, Operational Requirements S.1(a));
 - d. are required for all adults in regulated child care centres and family child care homes.

Food Preparation and Storage Requirements:

1. Food (snacks and meals) are to be prepared and provided by the child care service (unless the service did not provide snacks and meals prior to the COVID-19 epidemic), and must:
 - a. Follow Safe Food Handling for Children 5 & under, available at <https://www.gov.nl.ca/hcs/files/publichealth-envhealth-food-safety-children.pdf>;
 - b. Follow Canada's Food Guide;
 - c. Not be shared between persons including between children and caregiver; and,
 - d. Served to children directly (not self-service or buffet style) and no shared condiment containers are permitted.

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2. Sharing of dishes, drinking glasses, cups, eating utensils, towels, or bedding with other people or animals (family home child care home) is not permitted. After using these items, they should be washed thoroughly with soap and water.
3. Taps/sinks used for handwashing and outdoor taps/hoses must not be used as a drinking water source due to the risk of cross-contamination.

Other General Requirements:

1. It is the sole responsibility of the parent and the child care service to ensure all required procedures are followed to protect the health and safety of all persons accessing or participating in the child care service.
2. Any suspected case of COVID-19, unusual absenteeism or other concern should be reported to the local public health nurse.
3. The child care service must cease to operate where directed by Public Health.

Footnotes:

- ¹ If your physical set up requires passing through one homeroom to access another please contact your regional office to have a plan approved by the Regional Manager to minimize contact between children and staff in the two homerooms.
- ² This requirement is in an effort to reduce contacts for contact tracing and for the protection of your child care service should there be an identified positive COVID-19 test result related to an adult or child. Services can no longer combine cohorts for any reason – even at the beginning or end of the day or where numbers are low.
- ³ This requirement is in an effort to reduce contacts for contact tracing and for the protection of your child care service should there be an identified positive COVID-19 test result related to an adult or child. If there is an extenuating reason operationally that two homerooms must use the outdoor play area, a plan to maintain separation of homeroom cohorts may be submitted to the regional manager for approval and with acknowledgement that a positive case could result in closure of the full service instead of a single homeroom. Parents must be notified of this approval and the potential consequences.
- ⁴ Where physical distancing is not possible during these identified times, maximum separation should be followed, e.g., maximum distance between chairs at the table for lunch; space nap mats/cots as much as possible and have children sleep with heads and toes alternating.