

# Reopening Day care centers

## COVID-19 prevention Public health Directives

*Date: June 12<sup>th</sup>, 2020*

### Request

THE CREE NATION GOVERNMENT CHILD AND FAMILY SERVICES DEPARTMENT submitted a request for review of their COVID-19 prevention guide in preparation for gradual reopening of their centers in all communities.

### Recommendation

Gradual increase of day care capacity can be carried out in Phase 1 of the deconfinement plan, mostly to answer the needs of vulnerable children as well as those of working parents which sectors of activity are reopening. The number of children who can be accepted in childcare services will therefore gradually increase until they can reach their full capacity in phase 3.

Use of childcare services is voluntary. Parents who do not want to send their child back to their daycare should be able to keep their space until they have reached full capacity. If demand exceeds the number of spaces, priority will be given to parents who are listed as “Workers entitled to emergency childcare services” and for whom working from home is not an option.

### COVID-19 prevention measures

The following specific conditions are provided to manage the risk associated with the activity in Cree communities:

- **Identification of high risk workers, parents or children**
- Before being allowed in the day care center, workers need to answer the following questions:

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- Have you been out in a region considered at [high risk](#) in the last 2 weeks?
- Are you in contact with someone who has COVID-19?
- Any worker answering yes to any of these questions must return home and [Self-isolate](#)
- Also, advise workers not to come to work if they have symptoms suggestive of the disease. To do so, question workers, volunteers and clients before they enter the premises to verify whether symptoms are present, by asking the following:
  - Do you have any of these symptoms: cough, fever, difficulty breathing, sudden loss of sense of taste or smell?
  - *Note: Temperature taking is not recommended because the results are unreliable, especially for people who work outdoors.*
  - If any workers answer yes to any of these questions, they must Call the local CMC (see <https://www.creehealth.org/about-us/contacts>)
  - If there is a **case of COVID-19 in the work place**, the public health authorities will have to conduct an investigation to determine the level of contact with other people. Depending on the assessment, other workers might also have to be tested and self-isolate for 14 days.
- Strict triage of parents and children should also be done in the vestibule of the childcare facility;
  - We recommend that the following parents not send their preschool-age children to daycare until further notice:
    - Pregnant women,
    - Parents who are 70 years old or older,
    - Parents with a chronic disease or an immunodeficiency, as well as parents whose children suffer from these conditions
  - However, a childcare establishment cannot refuse to accept a child whose parent exhibits one of the risk factors mentioned above.
    - The only factor that daycare management may use to refuse access, apart from its intake capacity, is if a parent and/or child have contracted COVID-19 or have been in contact with a person who has tested positive for COVID-19 (see below)
  - Access must be refused to any child who exhibits symptoms associated with the disease, or who is in contact at home exhibits COVID-19 symptoms , is under investigation (waiting for a COVID-19 test result)

- A child developing symptoms while at day care must be isolated in a room provided for this purpose.
  - Only one staff member should be looking after a child exhibiting symptoms parents come to get the child;
  - This staff member must wear gloves and an overgarment, as well as a procedure mask and protective eyewear; ·
  - The parents of the children in the affected person's group and the staff in contact with the symptomatic child must call the local CMC (see <https://www.creehealth.org/about-us/contacts>)
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- **Ensure proper physical Distancing** [poster](#)
  - Limit access to parents or other adults dropping off or picking up a child
    - Whenever possible, take charge of the child at the main entrance door
    - Parent should not enter the room of his or her child's group)
    - Suggest to parents that only one parent or adult be responsible for dropping off or picking up their child.
    - Try to stagger the children's arrival and departure times to prevent too many families from being present at the same time.
  - **Reorganization of rooms**
    - The number of children per group, and the physical organization of rooms must take into account the need to comply with the physical distancing standard of 2 metres at all times.
    - If possible, always keep the same children in the same educator Stability of the staff in contact with the children is preferred;
    - The ratios per educator at facilities should be as follows:
      - Maximum of three children under the age of 18 months
      - Maximum of six children aged 18 months to less than 4 years old
      - Maximum of eight children aged 4 years old or older
    - Provide a single room for each group and avoid changing or sharing rooms.
      - Whenever possible, limit use of the multi-purpose room (if one exists) to a single group at a time.
      - Arrange the premises to put as much distance as possible between people.
      - Using visual markers in order to comply with the physical distancing standard of 2 metres is encouraged.
      - create space between people (educator and children) sitting at a table; add more tables if needed

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- Space out the use of hooks and lockers in the cloakroom, as well as “play” areas (e.g. kitchen corner, reading corner or resting corner).
- All staff members in direct contact with children, whose tasks absolutely necessitate being less than 2 metres from another person for a period longer than 15 minutes without a physical barrier, must wear respiratory protection and protective eyewear;
  - When a staff member must wash, feed, rock or hold very young children in their arms, they must:
    - keep long hair tied,
    - wash their hands, neck and any place touched by the child’s secretions,
    - If there are secretions on the child’s clothing, change the clothing, deposit the contaminated clothes in bags and close the bags,

- **Managing activities and outings**
  - Maximize outdoor time, while limiting the number of people using the yard or any other outdoor space at the same time.
    - Authorize use of the outdoor play module only if it can be disinfected on a regular basis.
    - Avoid games involving contact between people, as much as possible.
  - Limit the number of toys and games in the common areas.
    - Remove all toys that are difficult to clean (e.g. puzzles, play dough and card games).
    - Both personnel and children should avoid bringing objects from home on a regular basis (e.g. educational material, cuddlies or stuffed animals). Comfort items should stay in the rooms and be cleaned by the childcare facility.
  - Space out the mats during rest time and make sure that the bedding is washed regularly (blankets and covers) in the childcare facility.
  - Organizing meal and snack times Whenever possible and for autonomous children, encourage a distance of two metres between the children and educator. Add tables as needed.
    - Whenever possible, space out the use of highchairs (floor models or fastened to the wall) for infants (e.g. use every second chair).
    - Do not share utensils, dishes, glasses, trays, etc.
    - Avoid using water bottles.
    - Avoid brushing the children's teeth at the childcare facility.
- **Promote hand hygiene and respiratory etiquette among employees, volunteers and clients** [poster hand washing](#), [poster respiratory etiquette](#)
- Provide a space, right at the entrance to the childcare facility, where everyone can wash their hands or apply an alcohol-based solution (make sure that it is outside the children's reach)
  - Ensure that hands are washed or that a hydroalcoholic solution is used by everyone, upon entering the organization:
  - Encourage everyone to cough into a bent elbow, or into a tissue that is discarded immediately after use, then washing hands as soon as possible
- Ensure adequate [disinfection](#):

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- Frequency of disinfection of toilets at least twice per shift, i.e.: once in the middle of the shift and once at the end of the shift.
  - If possible, reserve one bathroom exclusively for personnel (not accessible to the children)
- Frequency of lunch room cleaning: should be done before breaks and before lunchtime and at the end of the shift.
  - Frequently-touched surfaces (refrigerators, microwaves, tables, counters, door handles, telephones, computer accessories, pencils, etc.) with the usual cleaning and disinfecting products on each shift, or whenever a new user takes over the workspace.
- Once a child exhibiting symptoms has left, disinfect the room,
  - the surfaces and the objects touched by the child; also disinfect the child's personal area (where the child takes a nap or his/her storage area) and place the child's personal objects (sheet, towel, pillow, comforter, stuffed toy, clothing worn, etc.) in a fabric or plastic bag to wash them and return them to the parents.

### Sources

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