

**Coronavirus (COVID-19) Early Learning and Child Care
Practice Guidance
March 27, 2020**

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Updates

[March 30, 2020]

Manitoba Families is committed to providing updated information as it becomes available through this practice guide. For the most up to date general information and public health direction, please refer to www.manitoba.ca/covid19.

All updates will be highlighted in this section and integrated into this practice guide and shared with facilities.

Public Health Resources

The COVID-19 situation continues to evolve in Manitoba. The provincial website www.manitoba.ca/covid19 will continue to provide up-to-date information, so please check this site regularly.

All screening for suspected cases of the virus are be referred to Health Links at 204-788-8200 or 1-888-315-9257.

Prevention Measures

All facilities providing child care for critical service providers must continue to follow applicable health and safety legislation to ensure the safety and health and well-being of children. This includes all standards within The Community Child Care Standards Act and Child Care Regulation, and guidelines within the Best Practices Licensing Manual for Early Learning and Child Care Centres.

The safety and wellness of staff is paramount, so effective immediately, the following modifications are being made to current policy and practice requirements. These instructions will be adapted as Manitoba Health's guidance to Manitobans evolves. Additional information will also be provided through circulars from the Child and Youth Services Division.

Screening

Any child, parent, staff or visitor must not enter the child care space if they are sick, even if symptoms resemble a mild cold. Symptoms to look for include:

- fever
- cough
- shortness of breath
- sore throat
- runny nose
- nasal congestion
- headache
- a general feeling of being unwell

Child care providers should exercise judgment. For example, children who are crying can exhibit a runny nose. Parents should be asked about the health of their child and if they confirm their child did not have a runny nose prior to arrival, they should be allowed to enter the facility.

Please utilize the screening questions below to support you and the families you care for, and maintain a healthy environment.

The questions are designed to reduce risk of exposure to COVID-19. Guidelines may change based on emerging circumstances and information from public health officials.

Please ask parents the following questions, which are based on screening questions used at health care centres:

<https://sharedhealthmb.ca/files/covid-19-poe-screening-acute.pdf>.

- In the past 14 days has your child, or anyone in your household, returned from travel outside Manitoba, including travel within Canada?
 - (If yes, they are required to self-isolate for 14 days following their return to Manitoba. If they are symptomatic [e.g., if they have respiratory symptoms], refer to Health Links-Info Santé at 204-788-8200 or toll-free at 1-888-315-9257 for further direction) **OR**
- In the past 14 days has your child, or anyone in your household, had exposure to a confirmed case of COVID-19?
 - (If yes, they are required to self-isolate for 14 days. If they are symptomatic [e.g., if they have respiratory symptoms] refer to Health Links-Info Santé for further direction).
 - NOTE - Exposure may include scenarios like large events or settings with confirmed case(s) of COVID-19.
- In addition to any of the above, does your child, or anyone in your household, have cold or flu symptoms (e.g., fever, new cough, runny nose or sore throat)?

If parents respond **no** to the above questions, proceed as normal in caring for the child(ren) in your program. Practice social distancing to the extent possible, while still caring for the children. In addition, frequently wash hands and follow other general health prevention strategies. You can visit www.manitoba.ca/covid19 for information on prevention, and updates on the evolving situation.

If parents respond **yes** to any of the above noted questions or exhibit any symptoms consistent with cold or flu, their child should remain at home. A risk assessment questionnaire is included in **Appendix A** and should be used on a daily basis to actively screen for symptoms.

Parents must be reminded through visible signage (posters) at the child care program and when children are first registered for the program, to check children's temperatures daily before coming to the program. For reference, normal temperatures are:

- Mouth: 35.5 - 37.5°C (95.9 - 99.5°F)
- Underarm: 36.5 - 37.5°C (97.7 - 99.5°F)
- Ear (not recommended in infants): 35.8 - 38.0°C (96.4 - 100.4°F)

Visitor access

There should be no visitors or volunteers at the child care centre program at this time. Parents or guardians are able to enter the facility but must practice social distancing and hygiene practices – including hand washing – when on the premises.

Day to day prevention

Your staff and the children in your care can take actions to limit the spread of COVID-19. Some of these are already part of the quality care provided through your programs. However, special attention should be paid to ensuring they are followed at this time.

Social distancing: It is important to note that social distancing advice is meant for interactions among colleagues, strangers and adults, etc. When working in a child care setting:

- Children with no symptoms should continue to be treated as you typically would care for a child.
- 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.
- Remember that young children need easy to understand visual prompts. For example, use tape on the floor, hoops, mats or other items that can mark off personal space. Another idea is to organize play activities with a visual cue about how many children should be in that area. For (example, two chairs next to an activity with markers or numbers taped to the floor.).

Wash your hands with soap and water frequently and when you come into close physical contact with a child (e.g., soothing a crying child, changing diapers or helping with washroom routines). Avoid touching your eyes, nose and mouth with unwashed hands.

Plan for play experiences that help children learn why it is important to maintain appropriate space. Depending on the age of children, possible activities include:

- 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.
- For older children, introduce coding activities - e.g., set up a grid of two-metre sized squares, using masking tape. Count the squares, explore concepts of rows and columns, and then encourage children to take turns being the computer and the computer programmer. You can use a variety of cards, including arrows.
- 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.
- Promote gross motor measuring activities involving different lengths.

- 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.
- Set up a ball or bean bag toss, with the line two metres out from a target bucket

Signage: Post signs. As part of routine measures for the respiratory season, existing signs should be highly visible and include visual cues that remind staff and children to perform hand hygiene (e.g., sneezing or coughing into their elbow, putting used tissues in a waste receptacle and washing hands immediately after using tissues). Signs reminding persons not to enter if they are sick (even if symptoms resemble a mild cold) should also be posted.

Handwashing: Child care facilities must adhere to the following handwashing guidelines for both children and staff. Specifically, programs must engage in frequent handwashing with soap and water for at least 20 seconds at the following times:

- at the start of the day and before going home
- after going to the washroom
- after a diaper change (both children and staff)
- before preparing food
- before eating
- after getting hands dirty
- after wiping nose or handling dirty tissues
- after coughing, sneezing and blowing nose
- after cleaning tasks (staff)

Child care staff should help young children to ensure handwashing is done correctly. Good hygiene practices can be taught in a playful manner. One idea is to have timers to help ensure adequate time. See how many 20-second songs the children can identify. Be creative - engage the children in coming up with games and other ways to encourage everyone to wash their hands for 20 seconds.

Alcohol-based hand rub (ABHR) is not recommended for routine use in child care.

Cleaning and disinfecting: Child care facilities must engage in frequent thorough cleaning every day, using routine practices that follow regulations for cleaning, sanitizing and disinfecting. Clean and disinfect frequently touched objects and surfaces, as per the Best Practices Licensing Manual

https://www.gov.mb.ca/fs/childcare/resources/pubs/elcc_manual.pdf and regulations.

Care providers are encouraged to review existing activities and practices within their settings to help determine where enhancements or increased cleaning frequencies may be beneficial.

Increased monitoring of hand cleaning supplies is recommended to ensure all sinks in washrooms, kitchens and laundry areas are well-stocked with hand washing supplies at all times (i.e., soap and single-use towels).

Toys: As per standard procedures, it is recommended that facilities have toys that are easily cleaned and disinfected. It may be prudent to increase the frequency of the cleaning schedule for these items, especially when illness is circulating in the setting or the local community, or if symptomatic staff and children have been touching the toys.

Plush toys should be avoided. 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.

Sensory play must not be used at this time. Children should not use or handle play dough, sand and sensory tables, as these items cannot be easily disinfected.

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 and that this process is monitored. One option to limit high-touch items is to provide children with their own containers of art and crafts materials that are not shared with others.

Food handling: Parents should provide meals and snacks. If a child does not show up with food for the day, the program may provide the child food. At meal times, children should not serve themselves food items that are not individually wrapped. There should be no common food items (e.g., shared snack bowls). Utensils should be used to serve food items, not fingers.

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
 - are excluded from work if they are symptomatic

"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.

Health Concerns and how to address them

What happens if a child exhibits symptoms?

If a child develops symptoms while at the facility, the child should be isolated in a separate room. If a separate room is not available, the child needs to be kept at least two metres away from other children.

The parent should be notified to come and pick up the child immediately. Ask the parent or guardian to contact Health Links (204-788-8200 or 1-888-315-9257) or the child's physician for direction, if required.

If the child is young and requires close contact and care, caregivers can continue to care for the child until the parent is able to pick the child. Caregivers should be mindful of handwashing and avoid contact with the respiratory secretions of the child.

All items (e.g., bedding and toys) used by the child while isolated, should be sanitized as soon as the child has been picked up.

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.

What happens if a staff member exhibits symptoms?

Staff should be directed to stay home if they are feeling unwell. If staff or providers in a child care facility show symptoms or may have been exposed to COVID-19, they should contact Health Links (204-788-8200 or 1-888-315-9257) or their health care provider for direction.

Staff who are away sick, or self-isolated or self-monitoring, must follow the facility's human resource 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.

Documentation

Please use the form in **Appendix B** to notify us of any cases in your centre or changes to programs or services because of COVID-19. Please report on:

- Confirmed or probable positive cases of COVID-19 involving staff, children in your care or family members of staff and children in your care. Probable positive cases have received a positive test result from the provincial laboratory, while confirmed cases have received positive test results from both the provincial and the national laboratories.
- Significant changes to the services that your centre offers.
- Any special measures your centre is taking to safeguard staff and clients.

It is important that child care services continue to be delivered safely for staff and children. This can be done by ensuring staff and children frequently wash their hands and following other recommendations made by public health officials.

When there are changes at your centre related to COVID-19, please send this form to cdcinfo@gov.mb.ca with the subject line: **COVID-19 Incident Reporting**.

Day-to-day care during COVID-19

Reassurance

Provide reassurance to children and youth about their personal safety and health. Telling children that it is okay to be concerned is comforting. Reassure them about their safety and explain there are many things they can do to stay healthy:

- **Hand washing:** Wash hands often with soap and warm water for at least 20 seconds, or use a sanitizer, especially after coughing, blowing noses or sneezing, and when handling food.
- **Cough and sneeze etiquette:** Cough and sneeze into your arm or tissue. If using a tissue, wash hands afterward and immediately dispose of the tissue.
- **Stay home when sick:** Children should tell staff if they not feeling well and together make a plan to stay home from school or other activities.
- **Keep clean:** Do not touch your face, particularly your eyes, nose and mouth.
- **Stay healthy:** Stay healthy by eating healthy foods, keeping physically active, getting enough sleep and fresh air.

Print the Healthy Practices Poster Series – in particular, the handwashing and sneezing posters – and place them around your centre. School-aged children can be encouraged to create their own. Visit <https://www.gov.mb.ca/fs/childcare/resources/pubs/posters.pdf> to access this information.

Listen to Children

Children want to be heard. They do not need detailed information about events, but they do need to talk about their feelings.

Let them know they can ask questions. Answer questions honestly, but make sure that the information is suitable for their age level. If you do not know the answers to their questions, it is okay to say so and together look for resources that can answer their questions.

Remember children are often listening when you talk to others about COVID-19. Staff should consider this and minimize discussions of COVID-19 that are not related to the child care setting.

Staff should be mindful of how children share information in less supervised settings (e.g. during outdoor play, before and after school, lunch and snack times). In these settings, children can become misinformed. It is important for staff to correct this misinformation as they become aware of it.

Additional resources on talking to children about COVID-19 are available in the additional resources section.

Maintain activities: Maintaining familiar activities and routines will reinforce the sense of security of children. While outings to social gatherings are discouraged, and prohibited for gatherings of more than 10 people, getting outdoors for walks or to the park (avoiding any play structures) with the children are generally safe activities. Remember to have everyone wash their hands when they re-enter the centre.

As every child care provider knows, play is a priority – it promotes physical and mental health and development – and gives kids an outlet for their energy, concerns and emotions. The current situation presents many challenges for group play, but can also be a source of creativity.

Spread children out as much as possible with small groups in different rooms, or have a group outside while another is inside, as another way to encourage physical distance.

Consider the equipment and play materials. Conduct an assessment of play materials currently available and remove those that are harder to clean and sanitize. Keep a bucket or laundry basket close by for items to be deposited when they need to be cleaned.

Consider activities where children can do something to learn about and support all the people working to keep others safe and healthy:

- Talk about people in their neighbourhood or community and the role they are playing (e.g., mail carriers and grocery clerks, doctors and nurses).

- Young children could create art work to post in windows to say thank you to health care workers and paramedics, etc.
- Older children could write a thank you song or a short play, then videotape a performance to send to essential workers
- Children could connect virtually with children at another centre to perform their songs for each other or perhaps collaborate on something.

Depending on the age of the children in the centre, they will have ideas and suggestions. Discuss the concept of social distance, using a visual such as a string. Brainstorm with them, asking for their ideas in terms of coming up with about ways they can play, and activities they think will allow an appropriate distance. Ask them about some of the typical experiences that are part of their typical day (e.g., circle time and snack), or areas in the playroom (e.g., housekeeping or block areas). Give them scenarios - "How could you play in the block area" – and use the string to try out their ideas.

Additional Resources

The following resources may support you in talking to children about COVID-19, as appropriate. These resources should not be viewed as, or used in the place of, public health advice.

Resources on Talking to Children about COVID-19

Child Trends

https://www.childtrends.org/publications/resources-for-supporting-childrens-emotional-well-being-during-the-covid-19-pandemic?utm_source=mailchimp&utm_campaign=030096d2e1f0&utm_medium=page

UNICEF

<https://www.unicef.org/coronavirus/how-teachers-can-talk-children-about-coronavirus-disease-covid-19>

Save the Children

https://www.savethechildren.org/us/what-we-do/emergency-response/coronavirus-outbreak/coronavirus-outbreak-how-to-explain-children?utm_source=mailchimp&utm_campaign=030096d2e1f0&utm_medium=page

Appendix A – Risk Assessment Screening Questionnaire

Active symptoms screening for parents and children must occur every morning, using the tool below. Child care staff must review the tool with the parent each morning when children are dropped off.

Risk Assessment: Initial Screening Questions

1.	Do you, or your child attending the program, have any of the below symptoms:	CIRCLE ONE	
	• Fever	YES	NO
	• Cough	YES	NO
	• Shortness of breath / difficulty breathing	Yes	NO
	• Sore throat	YES	NO
	• Runny nose / nasal congestion	YES	NO
	• Feeling unwell / fatigued	YES	NO
	• Nausea / vomiting / diarrhea	YES	NO
	• Muscle aches	YES	NO
	• Headache	YES	NO
	• Conjunctivitis (pink eye)	YES	NO
2.	In the past 14 days, has the child or anyone in the household, returned from travel outside Manitoba, including travel within Canada?	YES	NO
3.	In the past 14 days, have you or anyone in the household, had exposure to a confirmed case of COVID-19?	YES	NO

If the answer is **yes** to any of the above questions, the person must not enter the facility at this time.

If the answer is yes to question 2 or 3, public health officials have directed them to self-isolate for 14 days. If they are symptomatic [e.g., have respiratory symptoms] refer to Health Links-Info Santé for further direction.

If the answer is **no** to all the above questions, parents and children may enter.

Appendix B – COVID-19 Incident Reporting Form
COVID-19 Reporting Form

DATE: _____

1) Agency Information:

- a) Name of agency: _____
- b) Contact name: _____
- c) Contact information: _____

2) COVID-19 Information:

- a) Please report the number of confirmed or presumptive cases of COVID-19 in your agency and whether staff or clients have been affected:

- b) Please provide information about any **major** changes to the delivery of services in your agency:

- c) Please provide additional information about what the agency is doing to ensure that services continue to be delivered in a healthy way for staff and clients:

Instructions: please send this completed form to cdcinfo@gov.mb.ca.

Alternate formats available upon request