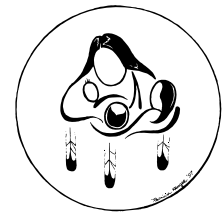


Indigenous Early Learning and Child Care Program Re-Opening Considerations



BC Aboriginal
Child Care Society

The BC Aboriginal Child Care Society (BCACCS) is a Centre of Excellence for Indigenous early learning and child care (IELCC). We are committed to nurturing excellence through community outreach, education, research and advocacy, to ensure every Indigenous child in BC has access to spiritually enriching, culturally based, high quality early learning and child care services.

As child care programs across the province prepare to re-open BCACCS has developed this document to support managers and educators as they consider what changes will be required to maximize the safety of their programs under the current COVID-19 conditions. Programs are reminded that the Attorney General has issued a [Liability Order](#) and cannot be held liable if an employee or child is exposed to the COVID-19 virus as long as they are following the specific protocols of the provincial health officer and other applicable regulatory bodies. These considerations have been developed to assist IELCC programs to meet minimum requirements set out in the BC Centre for Disease Control (BCCDC) and BC Ministry of Health's [COVID-19 Public Health Guidance for Child Care Settings](#) as well as minimum requirements of the [BC Child Care Licensing Regulations](#). Programs may choose to adopt more rigorous policies or procedures depending on the context of their community needs and/or guidance from their leadership or pandemic coordinator.

To use this resource managers and educators are encouraged to work through the questions and considerations below thinking about the specifics of their own programs, families, communities and financial requirements. We know that Early Childhood Educators are professionals who are skilled in considering and reducing risks to promote child and family safety and are uniquely qualified to do this work. Please note that this document is a living document and will be updated as new information is provided through public health. Please check for updated versions frequently on our [BCACCS COVID-19 Resources webpage](#).

Communities and programs who want further assistance are encouraged to contact our Child Care Advisors (listed below) or visit the [BCACCS COVID-19 Resources webpage](#). If you need funding, learn more about the [COVID-19 Emergency funding](#) available through the IELCC Framework Initiative.

1. Review Important Information

During this unprecedented time with COVID-19 and rapidly changing information, it is vitally important to stay informed. There are many important and useful documents being developed to support programs, we have done our best to provide the most relevant links to review:

- [WorksafeBC – Child care: Protocols for returning to operation](#)
- [BCCDC – COVID-19 Childcare & Schools](#)
- [BCCDC/ BC Ministry of Health's – COVID-19 Public Health Guidance for Child Care Settings](#)
- [MCFD – Child Care Response to COVID-19](#)
- [Regional Health Authorities](#)
- [First Nations Health Authority – Service Resumption Planning Guide](#)
- [Canada Public Health – Risk mitigation tool for workplaces/businesses operating during the COVID-19 pandemic](#)
- [BCACCS – COVID-19 resources](#)



2. Define Parameters of Care

As you plan to re-open your program there are many aspects to consider. What are the unique needs of your families and community? What has changed with your staffing? Is a gradual progression to start up safer or needed? When do you expect to have the programs fully operational? Below are some considerations for planning your parameters of care:

Leadership Direction

- What direction have you received from your leadership or pandemic coordinator?
 - How will this impact or affect the way you offer care?

Consider Staffing

- Are all your staff available, returning or able to access the community?
- If you have reduced staffing how will this affect the level of care you can offer?
- How will staff roles look (direct service with children, outreach, supporting roles)?
- Will staff roles change from what they were doing before COVID-19?
- How will you address staff shortages?
 - *Will you have access to on-call or casual staff?*
 - *Can you support other program staff or community members to work towards Early Childhood Education Assistant Certificates or Responsible Adult qualifications?*
 - Are any of your staff (including Elders and Knowledge Keepers), over 65, immune-compromised or have pre-existing health conditions?

Assess Family Needs

- How will you determine family needs?
- Are there increased risks for some of your families?
- Will you need to set a priority level for accessing care?

Consider Phased Re-Opening

Developing a staggered or phased re-opening can assist in easing employees back into work in a safe way.

This will allow you time to refine your protocols and procedures while still providing service to those families who need it most. When considering a phased re-opening think about whether you can incorporate the following:

- Early return for staff to plan and re-train prior to re-opening for children and families
- Plan a gradual re-opening of programs
- Reduced hours of operation or days per week
- If there are multiple programs consider re-opening priority programs only
- Limit numbers of children/families
- Start programs with priority families
- Reduce the child/staff ratio

3. Contact Important Public Health, Leadership and Community Partners

Once you have determined when you will re-open and the parameters of how you will offer care to children and families it is important to reach out to your public health, leadership and community partners to keep them informed and to gain their assistance in planning for re-opening. Who you reach out to will depend on your individual program and community. The following is a list of partners who should be kept informed:

- Licensing Officer (even non-licensed facilities may access support from local licensing officers)
- Environmental Health Officer (provincial or First Nations Health Authority)
- Local Aboriginal Supported Child Development Program



4. Update and Create Health Policies, Protocols and Procedures

Preparing to re-open and return to work will take planning, organization, communication and training particularly in the area of health and safety. This will ensure the safest possible workplace and care environment. Putting time in to organize and plan will reassure both employees and the families in your program.

WorksafeBC

- Review the [Child Care Protocols for Returning to Work](#) from WorksafeBC.
- Develop [COVID-19 Safety Plan](#) as required by WorksafeBC. Employers are required to post COVID-19 Safety Plans at the worksite.

Hand Hygiene and Respiratory Etiquette

Early Childhood Educators (ECEs) are experts at following and teaching hand hygiene and respiratory etiquette. This is a good time to review your regular practices and procedures to see if you can improve on what you already do.

- Review the BCCDC's and WorksafeBC's recommendations for when handwashing should take place for children and staff in child care settings
- Consider whether additional handwashing facilities and/or sanitizer need to be planned and provided for families
 - *If sinks are not available (e.g., children and staff are outside), supervise the use of a [Health Canada approved hand sanitizer](#). Read labels carefully as certain products should not be used on infants, children or by pregnant or breastfeeding staff.*
 - *All children under the age of six should be supervised when using hand sanitizer. Use enough to cover the front and back of a child's hands and between their fingers. Ensure that the hand sanitizer has dried completely before children resume regular activities and prevent children from putting wet hands in eyes or mouth. If a child accidentally consumes any amount of hand sanitizer, call the **BC Drug and Poison Information Centre: 604 -682-5050 or 1-800-567-8911**.*
- Consider what additional strategies you could use to promote and teach hand hygiene and respiratory etiquette to children.

Cleaning and Disinfection

All child care programs already have stringent cleaning protocols, however during this time it is important that programs review their practices and ensure that they are making the necessary changes to meet the BCCDC [Cleaning and Disinfectants for Public Settings](#) recommendations. Creating a schedule and checklist (see BCACCS COVID-19 cleaning checklist templates) for staff will help to ensure the safety of staff, children and families.

Personal Protective Equipment

The use of Personal Protective Equipment (PPE) is sometimes required as part of regular work within a child care program as part of universal precautions. For example, staff are required to use gloves when they are in contact with bodily fluids. The BCCDC recommends that child care settings continue to use PPE as required for regular tasks but does not recommend increased usage of PPE, in particular the use of non-medical masks (NMM) for either adults or children.

Children under two years of age should NOT wear masks because there are risks of breathing problems, choking or strangulation, unless recommended by a doctor. For young children over the age of two, masks are not recommended as they can be irritating and may lead to increased touching of the face and eyes.



If a staff becomes ill, they can use tissues or a mask to cover their nose or mouth until they are able to be replaced or can leave to go home.

If a child becomes ill, staff can use a mask, if available and tolerated, or a tissue to cover their own nose and mouth.

For more information about the recommendations around the use of PPE or NMM in child care settings please refer to the BCCDC and Ministry of Health’s information on the use of [masks](#) (p 8-9).

Sick Staff/Child Policy and Procedures

All programs must develop new policies and procedures to ensure that staff and children stay home or return home if symptoms of illness arise. Programs need to communicate new policies and procedures clearly with staff and families.

It is important to prepare a wellness area where children or staff can rest if they become ill at the centre if they are not able to immediately return home.

If staff become ill while on shift, programs must ensure they maintain child/staff ratios before they send sick staff home.

Suggested Policies and Tools Required to Support Re-Opening

- COVID-19 Staff and Child Health Policy
- Sudden Closure Policy
- Cleaning and Disinfection Checklists
- Re-opening Letter for Parents
- Daily Child Wellness Confirmation Documents
- Wellness Policy

Please note that BCACCS is developing tools, templates and resources to support programs with re-opening. The tools developed (including the ones listed above) are living documents and may change due to the rapidly evolving situation. Please check the [BCACCS COVID-19 Resources webpage](#) frequently for updates or additional resources or contact the BCACCS Child Care Advisors for further support.

5. Adjust Program and Environment to Reduce Risk of Exposure

IELCC programs are designed and developed to promote health, wellbeing, culture and learning while creating a safe environment that limits risks and the spread of germs. As programs re-open educators will need to utilize their skills and knowledge to deliver programs that balance the new and additional risks posed by COVID-19 with the important needs of young children. It is critical that educators continue to provide care in ways that are appropriate for very young children that focus on nurturing relationships, supporting physical care needs, and fostering safe social interaction.

Increase Outdoor Opportunities

As you consider how you will transform your program to promote safety and wellbeing it is important to remember that being outside reduces the risk of transmission of COVID-19. Whenever possible it is helpful to find ways to extend outside time and deliver as much of your program as possible in the outdoors while balancing the needs of young children. Being outside and connecting to the land also supports mental wellbeing of children and educators and provides many cultural learning opportunities.



Increased Ventilation

When it is not possible to have the children outside do your best to increase the ventilation inside. Keep windows and doors open whenever possible and safe.

Organize Small Groups or Primary Care Groups

In order to promote physical distancing and minimize physical contact in a positive way, plan to break your whole group into smaller groupings and stagger all parts of your routines and transitions. When considering small groups think about the possibility of organizing the children into primary care groupings. Primary Care is when educators and children are linked together and move through all the routines of the day in the same small group. This is similar to creating small family groupings or pods within the context of your program. There are many advantages to assigning one educator to a specific group of children: it promotes relationship development; a sense of belonging; educators can focus on planning for fewer children that they know well; and in relation to re-opening, it can assist in physical distancing and reducing the spread of COVID-19. To learn more read the Canadian Child Care Federation's [resource sheet](#) about Primary Care.

Review and Plan for each Routine, Transition & Environment

Consider creating specific risk reduction plans for the following:

• Drop-off/Pick-up times

- *Balance limiting contact with providing a warm and inviting environment*
- *Organize drop-off/pick-up location (consider outside locations)*
- *Consider alternative or additional entrances*
- *Set up visual cues for physical distancing*
- *Consider scheduling drop off/pick up times*
- *Minimize points of contact (sign-in sheet, transfer of belongings, social interactions)*
- *Ensure that all children wash hands at arrival and departure (as well as other regular times/transitions of the day)*
- *Plan for supporting difficult transitions with children*
- *Post required or informational materials about COVID-19 health and safety*
- *Encourage all parents to confirm the health of their child each day (use a Child Wellness Declaration or indicator on the sign-in sheet)*

• Outdoor Time

- *Increase amount of outdoor activity*
- *Plan for handwashing before and after outdoor time*
- *Consider options for cleaning and sanitizing when outside such as: hand sanitizer, hoses and soap, spray bottles and single use paper towels*
- *Encourage children to play in open spaces*
- *Plan more nature walks and land-based learning opportunities*
- *Develop a cleaning schedule for outdoor toys and play equipment*



• Indoor Play

- *Plan to divide group into smaller or primary groups and stagger inside play opportunities*
- *Consider dividing your inside play area into several spaces, utilize nap or other rooms for additional play areas/ learning centres*
- *Avoid setting up dress up clothes, playdough and soft toys such as stuffed animals*
- *Provide as many areas and toys for play as possible to encourage individual play and reduce points of contact*
- *Continue to provide books and other paper materials*
- *Balance play options offered with staff capacity for cleaning*
- *Immediately remove and disinfect toys that have had oral contact*

• Circle Times

- *Hold in small or primary groups*
- *Consider providing designated sitting spaces, props, drums, instruments, etc.*
- *Set up circle time to encourage more physical distance between children*
- *Consider holding circle time outside*

• Bathroom and Hand Washing Times

- *Plan for small groups with staggered times*
- *Increase cleaning and disinfection routines*
- *Allow for extra cleaning time between groups*
- *Provide direct adult supervision for handwashing*

• Snack/Mealtimes

- *Plan for small groups with staggered times*
- *Space children out as much as possible when seating for snacks/meals*
- *Assign one staff each day/week to manage all the cooking and serving*
- *Eliminate serving 'family style' and serve children individual portions of food pre-plated*
- *Provide new dishes/cutlery for seconds*
- *Provide direct adult supervision at each table*
- *Ensure handwashing before gathering of traditional foods or garden foods and wash all gathered food in potable water before consuming*

• Nap Times

- *Plan for small group entry to nap room with staggered times*
- *Increase space and/or consider positioning of nap mats (children should be positioned toe to toe or head to toe)*
- *Consider using other areas/rooms of program to support increased spacing at nap*
- *Create increased cleaning schedule for nap mats and bedding*

• Safety Drills

Considering that safety drills are conducted to establish habits for children during emergencies consider whether significantly changing your practice will disrupt this. What can you do to continue to practice the same skills while reducing the risk? (example: If children must hold hands ensure the use of hand sanitizer once the children have reached the muster station).

- *How will you implement risk reduction during safety drills?*



• **Transportation**

- *Limit people on bus to children, staff and drivers*
- *Increase space between children where possible*
- *Ensure car seats and seating areas are cleaned between use or consider labelling car seats or spaces*
- *Plan for physically distant entry and exit of bus*
- *Ensure both the inside and outside of vehicles, are being cleaned regularly, including a disinfectant wipe down of all high contact points*

• **Visitors to the Centre**

At this time public health does not recommend that programs include any outside visitors. Programs should limit adults and children who enter the building including: Elders, Knowledge Keepers, parents and siblings. For families wanting to support their children’s transitions, visits should be scheduled and planned to support physical distancing. This change in access to programs will affect family drop-in programs who will need to watch public health recommendation to see when it is safe to re-open.

6. Developing Communication Plan

Developing a clear communication plan for keeping staff and families informed about re-opening and how COVID-19 has affected your program is important. Consider including the following information in your communication plan:

- *How you will share information and update staff and families*
- *Background information about the COVID-19 pandemic and how it is affecting your program*
- *Public health information on recommendations to stop the spread of COVID-19 and explain the symptoms*
- *Program health and safety measures implemented to protect staff, children and families*
- *Information about new or updated policies/procedures*
- *Who to contact when staff and families have questions*

BCACCS Aboriginal Child Care Resource and Referral Program

Child Care Advisors:

Kirsten Bevelander
Aboriginal Child Care Resource and Referral Program Manager
kirsten@acc-society.bc.ca

Jennie Roberts
Provincial Indigenous Child Care Advisor
jennifer@acc-society.bc.ca

Angie Maitland
Regional Child Care Advisor (Northern)
angie@acc-society.bc.ca

The BC Aboriginal Child Care Society's Aboriginal Child Care Resource and Referral Program is funded by the BC Ministry of Children and Family Development.

