

Frequently Asked Questions

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Health and Safety

1. What is the criteria for the health/licensing authority to close a facility and how can this happen if children aren't being tested?

In general, public health may close a business if there are risks to the health of the community that is attributed to that business. This is not specific to child care nor COVID-19. Given that COVID-19 is common in the community, public health does not anticipate closing child care for reasons related to COVID-19.

2. What do we do if we can't meet our ratios due to staff being out sick?

Child care facilities must ensure sufficient ratios of employees to children as per the [Child Care Licensing regulations](#). Section 37 – Absent Employee, provides for flexibility with continued operation in reference to staff qualifications. However, child care facilities that do not have sufficient ratios of employees to children cannot operate. Each situation is unique; facilities may consider closing a specific program for a limited period of time rather than the entire facility. Contact your local health authority licensing program for guidance.

3. I got my third shot in Brazil last month and do have a proof of vaccination. How can I have it transferred to the BC system to add it to my previous ones on my BC Vaccination Passport?

If you were vaccinated outside of BC, you can update your immunization record via [this website](#). Your immunization record will be reviewed and updated in the Provincial Immunization Registry.

4. I fear my child getting long-term neurological issues due to the COVID-19 virus. What do we know about the long-term impacts on children?

We do not yet know the long-term impacts of COVID-19 on children. We do know that some people, including children, do not feel back to normal for weeks or months after getting COVID-19. Some studies suggest this is less common in children and young adults. Similarly, we do not yet know the longterm impacts of COVID-19 response measures – such as the suspension of in-class learning – will have on mental wellbeing and social development. There are a number of [research studies](#) investigating both the long-term impacts of COVID-19 and COVID-19 response measures. There are also [supports](#) available for people living with persistent COVID-19 symptoms.

5. If a child in our care has an assumed case of COVID-19, are we required to notify families and licensing, even if it is unconfirmed via testing?

Public health does not require you to notify families and licensing of assumed cases of COVID-19, provided it does not meet the requirement for reporting under the Child Care Licensing regulation. For example, it is not serious enough that the child required emergency care.

6. Does the PCR test detect Omicron? Hasn't the BCCDC told us that they are not reliable?

PCR tests are designed to check broadly for the SARS-CoV-2 virus (the virus that causes COVID-19). This includes variants of concerns, like omicron. However, PCR testing is not able to identify the specific variant causing the infection. To identify variants, genomic sequencing is required. B.C. routinely sequences a portion of positive PCR samples to identify the variants circulating in the province.

7. Why are so many child care centers experiencing outbreaks and shutdowns if children aren't spreading this?

Omicron is currently the predominant COVID-19 variant in B.C. The omicron variant has a number of mutations on its spike region, which allows it to spread more easily than previous variants. Individuals infected with COVID-19, including children and adults, can spread the virus. We can all reduce the risk of spreading COVID-19 and other infectious diseases by implementing multiple measures, such as regular cleaning, frequent hand washing, and staying home when feeling sick. While we can reduce the risk of spread through these measures, we cannot prevent all transmission in the community, including in child care settings given the characteristics of this circulating variant. Fortunately, we know that children and vaccinated adults are well protected from serious outcomes of COVID-19 infection, including from infections caused by omicron.

Operational Policy

1. Do ECEs have the right to refuse unsafe work if they feel their center should be closed?

- Staff or employers who are concerned about unsafe work environments should contact [Work Safe BC](#).
- Child care operators should also continue to follow local public Health Orders and implement the necessary measures for child care settings, if applicable.
- We expect COVID-19 to continue to circulate in communities, including within child care settings for some time.

2. For centres who are experiencing extreme staffing shortages and cannot meet ratios due to staff being sick, do you have any advice on how we can alleviate fears and manage staff absences?

- It is strongly encouraged that child care operators consult with their local health authority licensing program for guidance and to explore options or plan for a temporary closure, if necessary.
- Operators may consider applying for a staffing exemption through their local health authority licensing program as well as being familiar with Section 37 – Absent Employee, in the [Child Care Licensing Regulation](#). If clarity is required for a certain situation, they should contact their Licensing Officer.
- The Province has provided a Child Care [Health and Safety Grant](#) (HSG) for 2022 to be used to offset additional costs associated with providing child care services during the COVID-19 pandemic. This

grant could offset costs such as wages and benefits to cover additional front-line staff hours for cleaning and sanitizing or to back-fill temporary sick leave, and to buy cleaning supplies.

- Staff, children, or other persons in the child care setting who are exhibiting symptoms of COVID-19 should follow the [public health guidance](#) and stay home when sick or required to self-isolate.

3. Why do parents with children in child care still have to pay fees even if their child(ren) have no symptoms of COVID-19 but are required to stay home because of being a close contact or due to pandemic-related staffing shortages with their provider?

- Child care operators are working hard to make the best decisions for their facilities.
- Given the diversity in settings and the differing needs of families and communities, child care programs operating as independent businesses, or as non-profit or public organizations, may choose to build upon public health guidance to find the right balance for their sites and the children and families they support.
- As outlined in the ‘What to do when Sick’ section of [Public Health Guidance for Child Care Settings](#), child care facilities should not be closed for public health reasons, unless directed to do so by a medical health officer. However, facilities may need or choose to close for operational reasons, such as if they are unable to maintain staff-to-child ratios as required under the Child Care Licensing Regulation.
- Decisions to charge (or not charge) fees during temporary absences due to COVID-19 are made by child care operators, not the Ministry.
- Parents agree to abide by a child care operator’s policy when they sign their child care agreement with the facility.
- A notable change made by the Ministry in Spring 2020 to the [Affordable Child Care Benefit](#) means that families may be eligible to continue receiving the benefit even if their child was or will be absent due to COVID-19, or if the parent no longer has a valid reason for child care due to COVID-19. This will help assist parents with covering child care fees even while their child is absent due to COVID-19.
- Throughout the pandemic, the Ministry has provided a number of temporary funding supports to child care operators and multiple rounds of Health and Safety Grants, to support providers through the pandemic, including enabling them to use these funds to replace “lost” revenue due to not charging fees from families that are temporarily absent due to COVID-19.