Aug 13, 2020

To: All child care centres

Re: COVID-19 Guidance for Child care Centres
As the Government of Ontario continues to implement its Framework for Reopening the Province, child care centres and home care providers in Ottawa are now permitted to re-open provided they have specific rules, enhanced health and safety, as well as strict operational requirements in place. When developing health and safety protocols, child care providers are responsible for adhering to the advice set out in the Ministry of Education’s Operational Guidance document as well as that provided by Ottawa Public Health (OPH) in this Guidance Document. The Ministry of Education has indicated that child care providers do not require local public health units to sign-off on health and safety protocols. As such, OPH is providing operators with this Guidance Document, to be used in concert with the Ministry of Education’s guidance, to ensure they have the information they need to protect themselves, their households, and children.

With community transmission of COVID-19 in Ottawa, there is a risk that transmission from both symptomatic and asymptomatic persons may occur. While measures to attempt to control these risks may be implemented in a child care centre, it is important that parents and staff are made aware of, and understand, the risks. Please see the Notice of Risk below:

Notice of Risk
When children from multiple families attend a single child care centre, there is an increased risk of the COVID-19 virus coming into the centre. Children who are infected with the COVID-19 virus are more likely than adults to have very mild infections or to have no symptoms at all, but these children can still transmit the infection to other children and to adults in the centre. This means that there is a higher risk of centre acquired infection that can be transmitted on to families of children attending daycare. This child care centre has a screening process to help detect infections when there are symptoms; however, this screening process will not detect children or adults who are infected and who do not have symptoms at the time of screening.

The risk of serious COVID-19 infection increases with age, which older child care providers (and those with certain underlying medical conditions) should consider in terms of the risk to themselves personally, particularly if working in child care centres with children from multiple families.

The following recommendations have been developed in conjunction with the Provincial documents, COVID-19 Reference Document for Symptoms Version 6.0 – August 6, 2020, COVID-19 Provincial Testing Guidance Update V. 7.0, August 6, 2020, COVID-19 Patient Screening Guidance Document Version 4.0 – June 11, 2020, and Operational Guidance During COVID-19 Outbreak - Child Care Re-Opening Version 2 – July 2020. Advice of the Public Health Unit must be followed, even in the event that it contradicts the Ministry’s recommendations in their
guidance document. The information found within this guidance document is meant to support child care providers in meeting requirements set out under the Child Care and Early Years Act, 2014 (CCEYA) and to provide clarification on operating child care programs with enhanced health and safety guidelines and/or restrictions in place to re-open.

The Provincial Ministry of Education’s most recent update to the Operational Guidance During COVID-19 Outbreak – Child Care Re-Opening has increased allowances for child care cohort sizes from 10 to 15, as of July 27. Ottawa Public Health (OPH) wishes to remind child care providers (as well as the general public) that any increase in the number of contacts within a cohort does also increase the risks associated with COVID-19 transmission. As OPH has confirmed that the Provincial Ministry of Health is aware of this shift in cohort size, local guidance will reflect that while OPH would recommend smaller cohorts, provincial allowances permit a maximum cohort size of up to 15 children, space permitting. This position is subject to change should OPH receive additional direction from Provincial authorities or should local context/transmission require further adjustments.

Please note- A single, symptomatic, laboratory confirmed case of Covid-19 in a staff member, child care provider or child must be considered a confirmed Covid-19 outbreak, in consultation with OPH. Outbreaks should be declared in collaboration between the program and OPH to ensure an outbreak number is provided. If you are aware of a laboratory confirmed case of COVID-19 in a staff member, child care provider, or child, please immediately contact OPH’s Outbreak (OB) Reporting Line at 613-580-2424 ext. 26325, 7 days a week between 8:30 a.m. to 4:30 p.m., or 311 outside business hours and ask to speak with the on-call Public Health Inspector for further guidance.

Where a child, parent, or home child care provider is suspected (i.e. has symptoms and has been tested) or is a confirmed COVID-19 case, licensees must report this to the ministry as a serious occurrence.

OPH recommends all child care centres have the following measures in place to avoid the spread of COVID-19 to multiple persons and families:
### Health and Safety Measures

- At this time, it is recommended that **only** staff/child care providers and children enter the centre and that all others, such as parents/guardians of children and delivery persons, be met at the door.
- As much as possible, parents should not go past the screening area.
- Only allow one point of entry and exit.
- There should be no non-essential visitors at the centre.
- The provision of special needs services may continue and operators may use their discretion to determine whether the services being provided are essential and necessary at this time.
- Child care centres should develop procedures that support physical distancing and separate groups as best as possible (i.e., children of one room enter door A and children of another room enter door B, or staggered entrance times).
- All entrances should have hand sanitizer and if in an enclosed space and physical distance of 2 meters cannot be maintained, parents/guardians and staff/child care providers should wear a cloth mask upon entry until they have been cleared through screening.
- All child care licensees are responsible for maintaining daily records of anyone entering the child care facility and the approximate length of their stay (such as cleaners, people doing maintenance work, people providing supports for children with special needs, those delivering food). Records are to be kept on the premises.
  - Records (e.g. name, contact information, time of arrival/departure, screening completion/result, etc.) must be kept up-to-date and available to facilitate contact tracing in the event of a confirmed COVID-19 case or outbreak.
- Parents should be actively informed (e.g., through sign-off of a consent form) of the possibility of exposure to COVID-19 in the centre.
- **COVID-19 Response Plan:** Child care centres must have a communication plan or protocol in place in the event that a child, parent or staff/child care providers at the site is exposed to COVID-19.
- Personal belongings (e.g., backpack, clothing, etc.) should be minimized. If brought, belongings should be labeled and kept in the child’s cubby/designated area.
- Children should bring their own sunscreen where possible and it should not be shared. Staff may provide assistance to apply sunscreen to any child requiring it and should exercise proper hand hygiene when doing so (washing hands before and after application).

### Food Provision:

- Ensure proper hand hygiene is practiced when staff are preparing food and for all individuals before and after eating.
- Children should neither prepare nor provide food that will be shared with others.
- Change meal practices to ensure there is no self-serve or sharing of food at mealtimes. Utensils should be used to serve food.
- Meals should be served in individual portions to the children.
- There should be no items shared (i.e., serving spoon or saltshaker).
- There should be no food provided by the family/outside of the regular meal provision of the program (except where required and special precautions for handling and serving the food must be put in place).
- Where possible, children should practice physical distancing while eating.
- There should be no sharing of utensils.
- Children must not share food (e.g. communal food platters), feeding utensils, soothers, bottles, sippy cups, etc. Label these items with the child’s name to discourage accidental sharing.

**Active Screening**
- All individuals including children attending child care, staff and child care providers, Special Needs Resources (SNR) staff, parents/guardians, and essential visitors must be screened each day before entering the child care setting.
- Active screening is the process of proactively checking for symptoms (e.g., temperature checks and asking questions), travel history and contact (without appropriate Personal Protective Equipment of a person(s) who may have COVID-19).
- Parents should be reminded of this before registration and through visible signage at the entrances and drop-off areas.
- **Daily screening and temperature checks must be done prior to arrival at the child care setting (within 2 hours of arrival).** The results can be reported to the child care centre in person, by phone or electronically (e.g., via online form, survey, or e-mail) based on the child care Centre’s policy.
  - Parents/guardians who are unable to do this at home must wait on site, until their child has had their temperature checked and is clear to participate in the day.
  - Child care centres are required to maintain a daily record of all screening results of all children, staff/child care providers and any essential visitors. All records must be kept on premise.
  - If children are screened at the child care setting, screeners should take appropriate precautions when screening and escorting children to the centre, including maintaining a distance of at least 2 meters (6 feet) from those being screened, or being separated by a physical barrier (such as a plexiglass barrier), and wearing personal protective equipment (PPE) (i.e., surgical/procedure mask and eye protection (goggles or face shield)).
- Alcohol-based sanitizer containing at least 60% alcohol content should be placed at all screening stations. Dispensers should not be in locations that can be
accessed by young children. When possible, hand washing with soap and water is preferred over alcohol-based hand rub for children.

- At any time, children who have an infectious illness that may be communicable must not enter a child care facility while infectious. Examples include infectious respiratory illnesses and gastrointestinal illnesses.
- For guidance on when children can return to child care following illnesses other than COVID-19, please refer to OPH: Guidelines for Schools and Child Care Centres on Communicable Diseases and Other Childhood Health Issues.

Temperature Check Guidance:

- Parents and/or guardian take the child(s) temperature at home and report it in person, by phone or electronically (e.g., via online form, survey, or e-mail).
- If temperature not done at home, the parent/guardian is asked to take the child(s) temperature while the child care provider maintains 2 meters (6 feet) physical distance and monitors. The child care provider will also need to ensure that the thermometer is properly cleaned following each use and that general infection prevention practices are followed between individuals.
- In exceptions, the child care provider may need to take the child’s temperature in lieu of the parent/guardian. In these cases, the child care provider should take appropriate precautions when screening, including maintaining a distance of at least 2 meters (6 feet) from those being screened, or being separated by a physical barrier (such as a plexiglass barrier), and wearing personal protective equipment (PPE) (i.e., surgical/procedure mask and eye protection (goggles or face shield)). Please refer to Public Health Ontario for how to properly wear and take off masks and eye protection.

Procedure for temperature taking (by child care provider when the parent/guardian has not done so):

- Screener must complete hand hygiene (handwashing or hand sanitizing), then put on a surgical/procedure mask and eye protection (goggles or face shield).
- Take the temperature using a thermometer as per the manufacturer’s instructions for use. If the temperature is equal to or greater than 37.8 degrees Celsius or if the child/children have any of the above symptoms, they must stay home.
- Disinfect the thermometer and wait appropriate disinfectant contact time as per the manufacturer’s instructions for use.
- Complete hand hygiene (hand washing or hand sanitizer).
- Record the temperature in screening results log.
- In the event that a second screener is documenting, glove use would not be required by the screener who is documenting.
• Remove eye protection and surgical/procedure mask once screening of all children is complete and perform hand hygiene (hand washing or hand sanitizer).

**Screening Questions:**

• For COVID-19 specifically, anyone who fits the criteria below will not be allowed into the child care centre and will need to self-isolate for a period of 14 days or as directed below related to management of symptoms:

   
   o Fever (temperature of 37.8 degrees C or greater), new or worsening cough, shortness of breath (dyspnea)
   
   o **Other symptoms**: sore throat, difficulty swallowing, new olfactory or taste disorder(s), nausea, vomiting, diarrhea, abdominal pain, runny nose, or nasal congestion (in absence of underlying reason for these symptoms such as seasonal allergies, post-nasal drip, etc.)
   
   o **Other clinical features**: clinical or radiological evidence of pneumonia
   
   o **Atypical symptoms and clinical features**: unexplained fatigue/malaise/myalgias, delirium (a serious medical condition that involves confusion, changes to memory, and odd behaviours), unexplained or increased number of falls, acute functional decline, worsening of chronic conditions, chills, headaches, croup, conjunctivitis.
   
   o **Atypical signs**: unexplained tachycardia (heart rate over 100 beats per minute) including age specific tachycardia for children, decrease in blood pressure, unexplained hypoxia (even if mild i.e. O2 sat <90%), lethargy and difficulty feeding in infants (if no other diagnosis)
   
   o **Multisystem inflammatory vasculitis in children (MIS-C)**: symptoms associated with MIS-C may include: persistent fever, conjunctivitis, gastrointestinal symptoms (such as nausea/vomiting, diarrhea, and abdominal pain) and rash.

2. If you have symptoms compatible with COVID-19 and in whom laboratory diagnosis of COVID-19 is inconclusive.

3. If you have travelled outside of Canada in the last 14 days.

4. If you live with, or provided care for (without appropriate PPE), or spent time with someone who has tested positive for COVID-19, is suspected to have
COVID-19, has an inconclusive laboratory diagnosis of COVID-19, or who has symptoms that started within 14 days of travel outside of Canada.

5. If you lived in or worked in an institution, group home, or other facility known to be experiencing an outbreak of COVID-19 (e.g., long-term care, prison).

**Masks**

- Masks are recommended to be worn by both staff and child care providers working at child care locations.
  - even when a mask is worn, if 2-metre distancing can’t be maintained and particularly if the provider is an older adult or has **certain underlying medical conditions** then the provider should consider wearing a face shield to further protect themselves from exposure.

- According to a July 30, 2020 *Memorandum to Child Care and Early Years Partners*, as of September 1, 2020, licensees will be expected to ensure that child care staff/providers and home child care providers wear face coverings at all times while they are working, and that ministry guidelines are followed on the use of masks and face coverings for school age children who are at a child care premises. **More details are expected in the coming weeks.**

- To help limit the spread of COVID-19, on July 6, 2020, OPH issued a directive requiring mask use (with exceptions) in enclosed public spaces. **On July 15, 2020, Ottawa City Council approved a Temporary Mandatory Mask By-law** to make masks mandatory in enclosed public spaces. Child care centres and providers (governed by the Child Care and Early Years Act, 2014, S.O. 2014, c. 11, as amended) are not considered an enclosed public space and are therefore exempt from the requirements of the bylaw.

- **Though OPH is recommending masks for child care staff and providers, they are not yet required.** Nevertheless, masks and other Personal Protective Equipment (PPE) should be worn in certain circumstances (e.g. during screening, when cleaning and disinfecting blood or bodily fluids, when providing care for a symptomatic child). **Masks should not be placed on children under two years of age, or children under the age of five years either chronologically or developmentally who refuse to wear a mask and cannot be persuaded to do so by their caregiver.**

- Also, individual child care centres, can implement their own policies with respect to masks, with the understanding that such policies are in line with public health guidance (e.g. do not require masks for those who cannot wear one for medical reasons; see **COVIDKind** poster).

- While neither the directive nor the Bylaw apply at child care locations, both do instruct operators where it is applicable to “adopt a policy to ensure that no member of the public is permitted to enter or remain in the public areas of the Enclosed Public Space unless he or she is wearing a Mask in a manner that covers their nose, mouth and chin.”
- It is reasonable that a child care centre adopt a policy that asks maintenance workers coming into a facility to perform work to put on a mask. OPH’s advice with respect to maintenance has been that contractor/workers should maintain a distance from any occupants (e.g. be in a different room from occupants or be at least 6 feet apart if in the same room), and that if such distance cannot be maintained, to wear a mask.

For more information, visit [ottawapublichealth.ca/masks](http://ottawapublichealth.ca/masks)

### Staffing

- Provide services according to provincial guidelines and maintain ratios set out under the CCEYA. As of July 27, the maximum cohort size for each room in a child care centre (including each family age group) will consist of no more than 15 individuals (“a cohort”), space permitting. Staff are not included in this number, but should still be considered part of the cohort that stays together (e.g., 15 toddlers + at least 3 staff).
- Children attending on a part-time basis (e.g., half days, only Mondays and Wednesdays) should be counted in the total number of individuals in the cohort, even on the days when they are not physically attending the program. For example, if one child only attends the program in the morning, they should still be considered part of the cohort of 15 children, even when they are not in the program in the afternoon.
- Maximum capacity rules do not apply to special needs resource staff (consultants and enhanced staff) on site (i.e. they are not counted towards staff to child ratios; they are not included in the maximum capacity rules)).
- Licensees are required to maintain ratios set out under the CCEYA. Licensee can increase staff to child ratio as long as the group does not exceed the maximum of 15 children.
- Mixed age grouping is permitted as set out under the CCEYA where a director approval has been granted on the license.
- Reduced ratios are permitted as set out under the CCEYA provided that cohorts are not mixed with other cohorts. Reduced ratios are not permitted at any time for infants.
- For any play activity room that is currently licensed for a maximum group size of less than 15 children due to square footage requirements (e.g., infant room 1 is licensed for 6 children), licensees can only have the number of children listed on the license.
  - In addition, infant groups can have a maximum group size of 10 children, as this age group has never been permitted to include more than 10 children in a group.
- Cohort staff and children:
  - A cohort is defined as a group of children and staff that stay together throughout the duration of the program for a minimum of 7 days.
- OPH recommends when possible, children of the same family be put together in a group (as per current regulatory operating ratios and group size; and subject to Ministry of Education approval) to reduce the likelihood of transmission to children of multiple families. Mixed age grouping is permitted as set out under the CCEYA and where director approval has been obtained.
- Limit cohorts to one room and avoid interaction with children and staff in other rooms. Each cohort must stay together throughout the day and is not permitted to mix with other cohorts.
- Each cohort must have their own assigned indoor space, separated from all other cohorts by a physical barrier. The purpose of the barrier is to reduce the spread of respiratory droplets that are thought to transmit Covid-19 and to reinforce physical distancing requirements between cohorts. The physical barrier must begin at the floor and reach a minimum height of 8 feet to ensure that it will always be 12 inches taller than the tallest person in the facility. It must be as wide as the space/room will allow.
- Staff should only work at 1 location.
- Supervisors and/or designates should limit their movement between rooms, doing so when absolutely necessary:
  - If absolutely necessary for staff to move between rooms to provide support, that staff member must perform proper hand hygiene before entering and is strongly recommended to wear personal protective equipment (PPE) (i.e., surgical/procedure mask and eye protection (goggles or face shield)) while in the second room.
- Supply/replacement staff should be assigned to a specific cohort so as to limit staff interaction with multiple cohorts.
- Staff should stay within their designated role and not cover off other role(s).
- Staff assigned to a cohort of children should remain with the same cohort when covering breaks.
- Food trolleys/bins should be delivered just outside the door to each room, to avoid staff entering multiple rooms.
- More than one child care program can be offered per building as long as they are able to maintain separation between the programs and cohorts, and follow all health and safety requirements that apply to those programs.
- Maintain physical distancing of >2m between people in staff/lunchrooms. If physical distance cannot be maintained, only one (1) person at a time should be in the room. If physical distancing cannot be maintained and staff must be in the same room, all staff should wear masks. Information on masks, including how to correctly use one, can be found on OPH’s masks webpage.
- Routine COVID-19 prevention strategies should be observed, refer to staff guidelines for more details.
• In order to decrease transmission of COVID-19 in Ottawa, OPH recommends that all residents of Ottawa practice physical distancing. For more details, visit OPH’s physical distancing webpage.
• Ensure that training is provided to all child care staff/providers on the health, safety and other operational measures outlined in this document plus any additional local requirements in place prior to re-opening.
• The provision of in-person special needs services in child care settings should continue where appropriate. Should questions arise in respect of which service providers are permitted to enter the premises, please consult with OPH. Please work with special needs service providers to explore alternative modes of service delivery where in-person delivery is not possible.
• Where Special Needs Resources services are provided through external staff/service providers, licensees should inform all families of this fact and record attendance for contact tracing purposes.

Management of Child(ren) and Staff/Child care providers with COVID-19 Symptoms

Please note: all children and staff/childcare provider who are symptomatic should be referred for testing

Please refer to the provincial testing guidance for updated information regarding the requirement for routine testing in a child care setting.

1. Child and/or staff/child care provider with symptoms:

• Symptomatic child(ren) and staff/child care provider must be immediately separated from others in a supervised area until they are able to leave the child care centre. If a separate room is not available, the sick person should be kept at a minimum of 2 meters from others.
• Please be aware that the first symptom of a COVID-19 infection in children can be gastrointestinal, including diarrhea.
• Parent/guardian should be notified to come pick up the child(ren) as soon as possible.
• The sick person should be provided with tissues and reminded of hand hygiene, respiratory etiquette, and proper disposal of tissues.
• If the sick person is a child, a child care staff/provider should remain with the child until a parent/guardian arrives. If tolerated and above the age of 2, the child should wear a surgical/procedure mask. The child care staff/provider should wear a surgical/procedure mask and eye protection at all times and not interact with others. The child care staff/provider should also avoid contact with the child’s respiratory secretions. Staff/child care provider should consider use of additional PPE (eg. Gloves) based on the child’s symptoms (eg. if there is a potential for contact with body fluids).
• Ensure staff/child care provider properly discard PPE and perform hand hygiene after the ill child has left the facility.
• Environmental cleaning and disinfecting of the space in which the child was separated should be conducted immediately after the child has been picked up. All items used by the sick person should also be cleaned and disinfected. Anything that cannot be cleaned (eg. Paper, books, cardboard puzzles) should be removed and stored in a sealed container for a minimum of 7 days.
• Inform parents/guardians of other children that a child has developed symptoms and has been sent home pending testing and further assessment is needed. Ask parents to please monitor the health of their child(ren) and to notify the child care provider if their child develops symptoms. As long as children remain symptom-free, they can continue to attend the child care centre.

• If the child care program is located in a shared setting (for example a school), follow public health advice on notifying others using the space of the suspected illness.

• Staff/child care provider who develop symptoms during a shift must be separated from others, wash their hands and put on a surgical/procedure face mask or a 2- or 3-layer cloth mask until they can leave the child care facility. Refer to Management of Symptomatic Staff Flowchart (see Appendix A) for next steps.

• Staff/child care provider who report feeling unwell before their shift must stay home and refer to Management of Symptomatic Staff Flowchart (see Appendix A) for next steps.

• Notify Ottawa Public Health by contacting the Outbreak Reporting Line for further guidance.

• Staff/childcare provider, parents/guardians, and children who are symptomatic or have been advised to self-isolate by OPH, must not attend the program.

2. Child and/or staff/child care provider with symptoms and referred for COVID-19 testing:

• Child and/or staff/child care provider must stay home and self-isolate while waiting for results of a COVID-19 test. Please refer to the Self-isolation Instructions on the OPH website.

• Close contacts of the symptomatic child or staff/child care provider at the centre over the past two days (48 hours prior to when their symptoms started) should be monitored for symptoms and cohorted while results are pending for the staff/child care provider /child. If the child / staff/child care provider results are positive, additional testing may be required as directed by OPH.

• Inform parents/guardians of other children that a child has developed symptoms and has been sent home pending testing and further assessment is needed. Ask parents to please monitor the health of their child(ren) and to notify the child care provider if their child develops symptoms. As long as children remain symptom-free, they can continue to attend the child care centre.

• If not tested, the child and/or staff/child care provider member must stay home and self-isolate for:
- 14 days AND no fever AND symptoms have been improving for at least 72 hours, whichever is longer.

- Determining when the child and/or staff/child care provider can return to the centre will be done in consultation with OPH.
- Determining closure and re-opening of the classroom and/or facility will be done in consultation with OPH.

3. Child and/or staff/child care provider who are symptomatic and have a negative COVID-19 result:

- Return to the centre may be based on usual policy and procedure (e.g., 24 hours symptom-free without fever-reducing medication, or 48 hours after resolution of vomiting and/or diarrhea). Consult with OB Reporting Line as needed.

4. Child and/or staff/child care provider who have a positive COVID-19 test result:

- The child and/or staff/child care provider with a positive COVID-19 test must self-isolate and not attended the centre. Please refer to the Self-isolation Instructions on OPH’s website.
- A single, symptomatic, laboratory confirmed case of Covid-19 in a staff/child care provider, or child must be considered a confirmed Covid-19 outbreak, in consultation with OPH. Outbreaks should be declared in collaboration between the program and OPH to ensure an outbreak number is provided.
- Determining when the child and/or staff/child care provider can return to the centre will be done in consultation with OPH.
- Determining closure and re-opening of the classroom and/or facility will be done in consultation with OPH.

5. Child and/or staff/child care provider who has been identified as a close contact of a confirmed or probable COVID-19 case:

- A child and/or staff/child care provider who has been identified as a close contact of a confirmed or probable COVID-19 case must self-isolate and not attend the centre.
- Determining when the child and/or staff/child care provider can return to the centre will be done in consultation with OPH.
- Other children, including siblings of the sick child, and child care staff/providers in the program who were present while the child or staff member/provider became ill should be identified as a close contact and further cohorted (i.e., grouped together). OPH will provide any further direction on testing and isolation of these close contacts.
6. Testing of asymptomatic persons should only be performed as directed by OPH as part of case/contact and outbreak management.

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<tr>
<th>Cleaning and Disinfecting</th>
<th>OPH recommends the following enhanced cleaning practices to support infection prevention and control:</th>
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<tbody>
<tr>
<td></td>
<td>• Clean and disinfect frequently touched surfaces at least twice a day as they are most likely to be contaminated (e.g. doorknobs, water fountain knobs, light switches, toilet and faucet handles, electronic devices, and tabletops), using an enhanced cleaner/disinfectant used for outbreaks.</td>
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<td>• Please refer to Public Health Ontario’s Environmental Cleaning fact sheet and the Public Services Health and Safety Association’s Child Care Centre Employer Guideline for information on cleaning.</td>
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<td>• Licensees are encouraged to provide toys and equipment which are made of materials that can be cleaned and disinfected (e.g., avoid plush toys).</td>
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<td>• Toys and equipment should be cleaned and disinfected at a minimum between cohorts.</td>
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<td>• Child care providers are encouraged to have designated toys and equipment (e.g. balls, loose equipment) for each room or cohort. Where toys and equipment are shared, they should be cleaned and disinfected prior to being shared.</td>
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<td>• Mouthed toys should be cleaned and disinfected immediately after the child is finished using it.</td>
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<td>• Clean and disinfect ill children’s cots/cribs when excluded from the centre and sheets and blankets should be laundered immediately. If child is not ill and not excluded from centre, linens and cots are to be cleaned weekly.</td>
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<td>• The use of sensory materials (e.g., playdough, water, sand, etc) should be avoided; however, Ministry guidance states that if sensory materials (e.g., playdough, water, sand, etc.) are offered, they should be provided for single use (i.e. available to the child for the day) and labelled with child’s name, if applicable.</td>
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<td>• Remove shared items such as toys that cannot be easily cleaned and disinfected daily (e.g. plush items);</td>
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<td>• Play structures can only be used by one cohort at a time.</td>
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<td>• Reduce clutter and limit toys to those that can be disinfected daily.</td>
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<td>• Enhance hand hygiene practices for both staff/childcare provider and children.</td>
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<td>• Clean/disinfect staff/lunchrooms regularly; it is recommended that child care centres keep a log to track and demonstrate cleaning schedules.</td>
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• Only one cohort should access the washroom at a time and it is recommended that the facilities be cleaned in between each use, particularly if different cohorts will be using the same washroom.

• Child care centres should secure and sustain an amount of PPE and cleaning supplies that can support their current and ongoing operations. For more information on PPE inventory and how to obtain a supply, visit the Provincial webpage on workplace PPE supplier.

• Information from Public Health Ontario provides best practices for cleaning and disinfecting, including
  o which products to use;
  o how to clean and disinfect different materials
  o other items to remember, including checking expiry dates of cleaning and disinfectant products and following the manufacturer’s instructions

### Physical Distancing Strategies within the Child care Centre

• Each cohort must have their own assigned indoor space, separated from all other cohorts by a physical barrier. The purpose of the barrier is to reduce the spread of respiratory droplets that are thought to transmit COVID-19 and to reinforce physical distancing requirements between cohorts. The physical barrier must begin at the floor and reach a minimum height of 8 feet to ensure that it will always be 12 inches taller than the tallest person in the facility. It must be as wide as the space/room will allow.

• When in the same common space (e.g., entrances, hallways) physical distancing of at least 2 metres must be maintained between different cohorts and should be encouraged, where possible, between children within the same cohort by:
  o spreading children out into different areas, particularly at meal and dressing time;
  o incorporating more individual activities or activities that encourage more space between children; and
  o using visual cues to promote physical distancing.

• Shared spaces and structures that cannot be cleaned and disinfected between cohorts should not be used.

• Avoid singing activities indoors.

• Incorporate more individual activities or activities that encourage more space between children.

• Supervise and hold bottles for infants not yet able to hold their own bottle to reduce the risk of choking.

• When holding infants and toddlers, use blankets or cloths over child care providers clothing and change the blankets or cloths between children.

• Consider removing cribs or placing infants in every other crib, and mark the cribs that should not be used in order to support physical distancing.

• Increase the distance between cots/resting mats/playpens or place the children head to toe or toe to toe if the space is limited.

• Extend outdoor play as much as possible as this will limit close contacts.
• In shared outdoor space, cohorts must maintain a distance of at least 2 metres between groups and any other individuals outside of the cohort.
• Play structures can only be used by one cohort at a time. Play structures must be cleaned and disinfected after use by each cohort. Where the outdoor play area is large enough to accommodate multiple groups, child care centres may divide the space with physical markers to ensure cohorts remain separated by at least 2 meters.
• Licensees should find alternate outdoor arrangements (e.g., community walk), where there are challenges securing outdoor play space. Providers should follow physical distancing practices when possible.

Supporting Each Other and Our Community
We understand that these enhanced measures place an additional burden on child care centres and staff; however, measures like this are needed to ensure that the spread of COVID-19 in our community is reduced. We appreciate all the efforts to help protect everyone and thank you for the service that you provide to our community.

It is important to recognize that the COVID-19 situation continues to change. Please visit Ottawa Public Health-Novel Coronavirus, Ottawa Public Health Child care Providers, and Ottawa Public Health Outbreaks in Child care Centres for up to date.
Appendix A
Childcare Centres – Management of Symptomatic Staff Flowchart

August 13, 2020

Staff reports feeling unwell

NO

Proceed as per policy and procedures

YES

Self-isolate & testing recommended

Staff contacts immediate Supervisor

Staff contacts family MD/COVID-19 Assessment Centre

Is staff being tested?

NO

Advise supervisor and wait for direction

YES

Advise supervisor & follow medical advice

Contact OB & wait for direction

OB to complete assessment with centre involved

Contact Outbreak (OB) Reporting Line
613-580-2424 X 26325 or 311 after 4:30 pm

Supervisor

Contacts Program Manager

Supervisor

Contact Program Manager

Advise OB & wait for direction

Contact Program Manager

Advise OB & wait for direction