Aug 13, 2020

To: All home childcare providers

Re: COVID-19 Guidance for Home Childcare Settings

As the Government of Ontario continues to implement its Framework for Reopening the Province, childcare 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, childcare 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 childcare 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 home childcare setting, it is important that parents and home childcare providers 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 home childcare, there is an increased risk of the COVID-19 virus coming into the home childcare. 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 home childcare. This means that there is a higher risk of centre acquired infection that can be transmitted on to families of children attending daycare. This home childcare 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 childcare providers and those with certain underlying medical conditions should consider in terms of the risk to themselves personally, particularly if working in home childcare settings 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 childcare 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.

**Report to OPH/Ministry and DO NOT operate if:**
- The home childcare provider or any household member(s) are symptomatic.
- Child, home childcare provider or household member tests positive for COVID-19. OPH will provide further direction to the confirmed case and close contacts as needed.
  - A single, symptomatic, laboratory confirmed case of Covid-19 in a home childcare 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.

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.
- When a person becomes sick the home childcare agency will report to Ottawa Public Health, the ministry, families, and where public health advises.

**Reopening of home childcare:**
If Covid-19 is confirmed, re-opening of the home childcare will be determined in consultation with OPH
- If Covid-19 is ruled out, re-opening of home childcare 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).
- If not tested, the child, childcare provider and or household contacts 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.
OPH recommends all home childcare providers have the following measures in place to avoid the spread of COVID-19 to multiple persons and families:

<table>
<thead>
<tr>
<th>Health and Safety Measures</th>
<th>Details</th>
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<tbody>
<tr>
<td>At this time, it is recommended that only the children and childcare provider and their household contacts enter the home and that all others, such as parents/guardians of children and delivery persons, be met at the door.</td>
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<tr>
<td>As much as possible, parents should not go past the screening area.</td>
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<tr>
<td>There should be no non-essential visitors at the home.</td>
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<tr>
<td>Only allow one point of entry and exit.</td>
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<td>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.</td>
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<tr>
<td>All entrances should have hand sanitizer and if in an enclosed space and physical distance of 2 meters cannot be maintained, parents/guardians and childcare providers should wear a cloth mask upon entry until they have been cleared through screening.</td>
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<tr>
<td>All home childcare providers are responsible for maintaining daily records of anyone entering the home. Daily records should include their first and last name, contact number and/or email, and the approximate length of their stay (such as cleaners, people doing maintenance work, people providing support for children with special needs, those delivering food). Records must be kept on the premises.</td>
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<tr>
<td>Parents should be actively informed (e.g., through sign-off of a consent form) of the possibility of exposure to COVID-19 in the home.</td>
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<tr>
<td><strong>COVID-19 Response Plan:</strong> Childcare providers must have a communication plan or protocol in place in the event that a child, parent, childcare provider and/or a childcare provider’s household contact at the home is exposed to COVID-19.</td>
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<tr>
<td>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.</td>
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<tr>
<td>Children should bring their own sunscreen where possible and it</td>
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should not be shared. Childcare providers 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 home childcare providers are preparing food and for all individuals before and after eating.
- Children and other household members 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.
<table>
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<tr>
<th>Active Screening</th>
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<tr>
<td>• All individuals including children attending child care, child care providers, Special Needs Resources (SNR) staff, parents/guardians, and essential visitors must be screened each day before entering the home.</td>
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<tr>
<td>• Home child care providers and residents must also be screened each day before receiving children into care.</td>
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<tr>
<td>• 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).</td>
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<tr>
<td>• Parents should be reminded of this before registration and through visible signage at the entrances and drop-off areas.</td>
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<tr>
<td>• <strong>Daily screening and temperature checks must be done prior to arrival at the childcare setting (within 2 hours of arrival).</strong> The results can be reported to the home childcare in person, by phone or electronically (e.g., via online form, survey, or e-mail) based on the home Childcare’s policy.</td>
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<tr>
<td>• 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.</td>
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<tr>
<td>• Home Childcares are required to maintain a daily record of all screening results of all children, themselves, household members and any essential visitors. All records must be kept on premise.</td>
</tr>
<tr>
<td>• If children are screened at the home child care setting, screeners should take appropriate precautions when screening and escorting into the home 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)).</td>
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<tr>
<td>• 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.</td>
</tr>
<tr>
<td>• At any time, children who have an infectious illness that may be communicable must not enter a childcare facility while infectious.</td>
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Examples include infectious respiratory illnesses and gastrointestinal illnesses.

- For guidance on when children can return to childcare 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:**

- Parent 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 childcare provider maintains 2-meters (6 feet) physical distance and monitors. The childcare 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 childcare provider may need to take the child’s temperature (in lieu of the parent/guardian). In these cases the childcare provider should take appropriate precautions when screening, including maintaining a distance of at least 2 meters (six feet) from those being screened, or being separated by a physical barrier (such as a plexiglass barrier or window), and wearing PPE (i.e., surgical/procedure mask; 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):**

- Child care provider 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.
• 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 home childcare 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, postnasal 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: children (MIS-C): symptoms associated with MIS-C may include: persistent fever, conjunctivitis, gastrointestinal symptoms (such as nausea/vomiting,
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<th>Masks</th>
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| **Masks** | - Masks are recommended to be worn by home childcare providers working at childcare locations.  
  o 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 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. Childcare centers 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 home childcare 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 |

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).  

A | B | C | D | E | F | G | H | I | J | K | L | M | N | O | P | Q | R | S | T | U | V | W | X | Y | Z |
chronologically or developmentally who refuse to wear a mask and cannot be persuaded to do so by their caregiver.

- Also, individual home childcare providers, 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 childcare 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 home childcare 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.

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<tr>
<td><strong>Provide services according to provincial guidelines and maintain ratios set out under the CCEYA.</strong></td>
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<td><strong>There are no changes to the maximum group size for licensed home childcare which allows for a maximum of 6 children, not including the childcare provider’s own children who are four years or older.</strong></td>
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<td><strong>COVID-19 presents gradation of risks. As such, OPH recommends, when possible, home childcare providers limit the number of families/households who attend the home childcare of one provider (but still respecting the current regulatory operating ratios and group size in the event that the one family/household has a large number of children; and subject to Ministry of Education approval) to reduce the likelihood of transmission to children of multiple families.</strong></td>
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<td><strong>In addition, OPH recommends families/households with multiple children needing care endeavour to send all such children to a single home childcare provider, when possible, to limit the number of children from multiple households that are in contact with each other (but still respecting the current regulatory operating ratios and group size in the event that the one family/household has a large number of children; and</strong></td>
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subject to Ministry of Education approval) to reduce the likelihood of transmission to children of multiple families.

- If possible, limit interactions with household contacts of the childcare provider.

- Where Special Needs Resources services are provided through external staff/service providers, home child care providers should inform all families of this fact and record attendance for contact tracing purposes.

- 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.

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<tr>
<th>Management of Child, Childcare Providers and Household Contacts of Childcare Provider with COVID-19 Symptoms</th>
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<tr>
<td>Please note: all children, childcare provider(s) and household contacts of the childcare provider(s) who are symptomatic should be referred for testing.</td>
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Please refer to the provincial testing guidance for updated information regarding the requirement for routine testing in a child care setting.

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<th>1. Child, childcare provider and/or household contacts of childcare provider with symptoms:</th>
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<tr>
<td>• Symptomatic child(ren) and household contacts must be immediately separated from others in supervised area until they are able to leave the home childcare.</td>
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- 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 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 provider should wear a surgical/procedure mask and eye protection at all times and not interact with others. The child care provider should also avoid contact with the child’s respiratory secretions. Child care provider should consider use of additional PPE (e.g. Gloves) based on the child’s symptoms (e.g. if there is a potential for contact with body fluids).

- The childcare provider must properly discard PPE and perform hand hygiene after the child has left the home.

- Environmental cleaning and disinfecting of the space in which the child was separated should be conducted immediately after child has been picked up. All items used by the sick person should also be cleaned and disinfected. Anything that cannot be cleaned (e.g. 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 a symptom and has been sent home pending testing and further assessment as needed. Ask parents to please monitor the health of their child and to notify the home childcare provider if their child develops symptoms. As long as children remain symptom-free, they can continue to attend the home childcare.
- Children and parents/guardians who are symptomatic or have been advised to self-isolate by OPH must not attend the program.
- A childcare provider who develops symptoms during a shift should wash hands and put on a surgical/procedure face mask or 2-or-3-layer cloth mask and where possible keep at a minimum of 2 meters (6 feet) from others. Family members of children should be contacted for pick-up.
- For additional information, visit OPH’s website.

2. Child, childcare provider and/or household contacts of childcare provider with symptoms and referred for COVID-19 testing:

- Child, childcare provider and/or household contacts must stay home and self-isolate while waiting for results of COVID-19 test. Please refer to the Self-isolation Instructions on OPH’s website.
- Close contacts of the symptomatic child, childcare provider or household contacts at the home childcare over the past two days (48 hours prior to when their symptoms started) should be monitored for symptoms while results are pending. If the results are positive, OPH will provide further guidance.
- Inform parents/guardians of other children that a child has developed a symptom and has been sent home pending testing and further assessment as needed. Ask parents to please monitor the health of their child and to notify the home childcare provider if their child develops symptoms. As long as children remain symptom-free, they can continue to attend the home childcare.
- If not tested, the child and/or childcare provider 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 can return to the home childcare will be determined in consultation with OPH
• Determining closure and re-opening of the home childcare will be determined in consultation with OPH.

3. Child, childcare provider and/or household contacts of childcare provider that are symptomatic and have a negative COVID-19 result:
• Return to the home childcare 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).

4. Child, childcare provider and/or household contacts of childcare provider who have a positive COVID-19 test result:
• The child, childcare provider and/or household contact with a positive COVID-19 test must self-isolate, also the child not attend the home childcare and the home childcare will not operate. Please refer to the Self-isolation Instructions on OPH’s website.
• Complete a thorough environmental cleaning of the entire home once all of the children are no longer in care, using appropriate PPE (eye goggles, face mask, and disposable vinyl gloves) and cleaning and disinfecting products recommended for outbreaks.
• Ensure all garbage has been emptied and waste receptacles disinfected.
• A single, symptomatic, laboratory confirmed case of Covid-19 in a home childcare 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 can return to the home will be done in consultation with OPH.
• Determining closure and re-opening of the home will be done in consultation with OPH.

5. Child, childcare provider and/or household contacts of childcare provider who has been identified as a close contact of a confirmed or probable COVID-19 case:
• A child, childcare provider and/or household contact who
has been identified as a close contact of a confirmed or probable COVID-19 case must self-isolate and not attend the home childcare.

- Determining when the child can return to the home will be done in consultation with OPH.
- Discontinuing self-isolation depends on whether or not they are still in contact with a confirmed or probable case of COVID-19 and will be determined by OPH.
- Other children, including siblings of the sick child, and childcare provider in the program who were present while the child or 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.

### Cleaning and Disinfecting

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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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<tr>
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<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>• Home care providers 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></td>
<td>• Toys and equipment should be cleaned and disinfected at a minimum daily and between cohorts.</td>
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<td>• Home childcare 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 home childcare and sheets and blankets should be laundered immediately. If child is not ill and not excluded from the home,</td>
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linens and cots are to be cleaned weekly.

- 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.
- Remove shared items such as toys that cannot be easily cleaned and disinfected daily (e.g. plush items).
- Reduce clutter and limit toys to those that can be disinfected daily.
- Enhance hand hygiene practices for both childcare provider and children.
- Clean and disinfect used spaces/kitchen/washroom regularly.
- Only one child should access the washroom at a time, and it is recommended that the facility be cleaned in between each use.
- Home childcare providers should secure and sustain an amount of PPE and cleaning supplies that can support 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
  - which products to use;
  - how to clean and disinfect different materials
- other items to remember, including checking expiry dates of cleaning and disinfectant products and following the manufacturer’s instructions

### Physical Distancing Strategies within the Home Childcare

- Where possible:
  - Maintain physical distancing of at least 2 meters (6 feet) between children.
  - Use visual cues to promote physical distancing.
  - Spread children out into different areas, particularly at meal, transition and dressing times.
- 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 childcare 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. Home child care providers 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.
- Home child care providers 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 home childcare providers; 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 Childcare Providers, and Ottawa Public Health Outbreaks in Childcare Centres for up to date information.