



Ottawa Public Health

COVID-19 Guidance for Centre-based Child Care

September 8, 2020



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## Introduction

As the Government of Ontario continues to implement its [Framework for Reopening the Province](#), child care centres and home care providers in Ottawa are 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 \(Appendix A\)](#)

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. 7.1, August 14, 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 3 – August 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. **As of September 1, 2020**, child care settings may return to maximum groups sizes as set out under the [CCEYA](#). OPH wishes to remind child care providers, as well as the general public, that any increase in the number of contacts within a cohort also increases the risks associated with COVID-19 transmission and that local guidance will continue to recommend smaller cohorts. 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.



Outbreaks should be declared in collaboration between the child care program and OPH to ensure that 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, OR if you have any related questions, please contact OPH's Outbreak (OB) Reporting Line immediately at 613-580-2424 ext. 26325, open 7 days a week between 8:30 a.m. to 4:30 p.m., or call 311 outside of business hours and ask to speak with the on-call Public Health Inspector for further guidance.

**OPH recommends all child care centres have these measures in place to avoid the spread of COVID-19 to multiple persons and families.**



## When to Report

### Child Care Centres are to notify the Ministry of Education when:

- A child, parent, staff, student, or visitor is suspected (i.e., has one or more symptoms and has been tested, though results may be pending) of having COVID-19 or is a confirmed case of COVID-19.

### Child Care Centres are to notify OPH when:

- Any child, staff, or student tests positive for COVID-19
- Three or more children, staff or students have gastro-intestinal symptoms (nausea, stomach cramps, vomiting and/or diarrhea) within a program group or the facility/daycare in a 3-day period (even if the illness occurred at home)
- One or more people have a [reportable enteric disease](#)
- Greater than 15% of children, staff and students report symptoms (see table below) within a group or daycare on one day (in the absence of underlying reasons for these symptoms such as seasonal allergies, post-nasal drip, etc.). Consideration should be given to factors such as the size of the groups/programs.

#### Symptoms

<ul style="list-style-type: none"> <li>• Fever (temperature of 37.8 degrees C or greater)</li> <li>• New or worsening cough</li> <li>• Shortness of breath (dyspnea)</li> <li>• Sore throat</li> <li>• Difficulty swallowing</li> <li>• New olfactory or taste disorder(s)</li> <li>• Nausea</li> <li>• Vomiting</li> <li>• Diarrhea</li> <li>• Abdominal pain</li> <li>• Runny nose</li> <li>• Nasal congestion</li> <li>• Unexplained fatigue/malaise/myalgias</li> <li>• Delirium</li> </ul>	<ul style="list-style-type: none"> <li>• Unexplained or increased number of falls</li> <li>• Acute functional decline</li> <li>• Worsening of chronic conditions</li> <li>• Chills</li> <li>• Headaches</li> <li>• Croup</li> <li>• Conjunctivitis</li> <li>• Tachycardia</li> <li>• Age specific tachycardia for children</li> <li>• Decrease in blood pressure</li> <li>• Unexplained hypoxia</li> <li>• Lethargy</li> <li>• Difficulty feeding in infants</li> <li>• Rash</li> </ul>
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OPH's Outbreak (OB) Reporting Line: 613-580-2424 ext. 26325, open 7 days a week between 8:30 a.m. to 4:30 p.m., or call 311 outside of business hours and ask to speak with the on-call Public Health Inspector for further guidance.



## Health and Safety Measures

- At this time, it is recommended that only staff/child care providers, students, 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.
- 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.
- All child care licensees are responsible for maintaining daily records of anyone entering the child care facility (See *Active Screening* for details).
- There is to be only one point of entry and exit to the Child Care Centre.
- All entrances should have hand sanitizer.
- All adults in a child care setting (i.e., child care staff, child care providers, child care visitors, and students) are required to wear medical masks and eye protection (i.e., face shields, goggles) while inside the child care premises, including in hallways.
- 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).
- Parents/Guardians 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/guardian 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/childcare provider may provide assistance in applying sunscreen to any child requiring it and should exercise proper hand hygiene when doing so (washing hands before and after application).
- 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.



## Active Screening

Active screening is the process of proactively checking for symptoms and asking pertinent questions that would indicate possible exposure to COVID-19 (*see **Screening Questions for details***). All individuals including children attending child care, staff and child care providers, students, Special Needs Resources (SNR) staff, and essential visitors must be screened each day before entering the child care setting.

- Child care centres are required to maintain a daily record of all screening results. All records must be kept on premise. 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/guardians should perform daily screening and temperature checks of their children prior to arrival at the child care setting (within 2 hours of arrival).
- Staff/Childcare providers are to self-screen and check their temperature prior to arrival.
- Parents/Guardians should be reminded of this before registration and through visible signage at the entrances and drop-off areas.
- Results of screening 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 check temperature at home must wait on site, until their child has had their temperature checked and is clear to participate in the day.
- If children are screened at the child care setting, screeners should take appropriate precautions including maintaining a distance of at least 2 metres (6 feet) from those being screened or being separated by a physical barrier (such as a plexiglass barrier).
- When escorting children to the program a distance of at least 2 metres (6 feet) should be kept.
- 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 guardians take the child's temperature at home and report results.
- If temperature was not checked at home, the parent/guardian is asked to check the child's temperature while the child care staff/ provider maintains a physical distance of a least 2 meters and monitors. The child care staff/ 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 staff/ provider may need to check 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., medical mask and eye protection (i.e., face shields, goggles). 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 medical mask and eye protection (i.e., face shields, goggles).
- 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 symptoms (see *Symptoms* table), 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.



## What to Screen for

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:

1. If you have any of the symptoms outlined below, from the Ministry of Health's [COVID-19 Reference Document for Symptoms Version 6.0 – August 6, 2020](#) and [COVID-19 Patient Screening Guidance Document Version 4.0 – June 11, 2020](#):
  - **Fever** (temperature of 37.8 degrees C or greater), **new or worsening cough, shortness of breath** (dyspnea)
  - **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.*)
  - **Other clinical features:** clinical or radiological evidence of pneumonia
  - **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.
  - **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 saturation <90%*), lethargy and difficulty feeding in infants (*if no other diagnosis*)
  - **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 results of your COVID-19 test are 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, correctional facility).



## Personal Protective Equipment

- All adults in a child care setting (i.e., child care staff, child care providers, essential visitors, and students) are required to wear medical masks and eye protection (i.e., face shields, goggles) while inside the child care premises, including in hallways.
- All children in grades 4 and above are required to wear a non-medical or cloth mask while inside the child care premises, including in hallways.
- All children in kindergarten to grade 3 are encouraged but not required to wear a mask while inside the child care premises, including in hallways (see information about the use of masks on the [provincial COVID-19 website](#) or the [Public Health Ontario factsheet on non-medical masks](#). Children in grades 4 and above are required to use non-medical or cloth masks. Parents/guardians are responsible for providing their school-aged child(ren) with a mask(s).
- The use of masks is not required outdoors for adults or children if physical distancing of at least 2-metres can be maintained between individuals.
- Reasonable exceptions to the indoor mandatory mask requirement are expected to be put in place by licensees. Exceptions to wearing masks indoors may include /situations where a child cannot tolerate wearing a mask safely, reasonable exemptions for medical conditions, etc.
- Masks are not recommended for children under the age of two.
- Child care licensees should secure and sustain an amount of PPE (including but not limited to face shields, medical masks, gloves, etc.), that can support their current and ongoing operations.
- The *Ontario Together Portal* has a [Workplace PPE Supplier Directory](#) that lists Ontario businesses that provide personal protective equipment and other supplies.
- When wearing a medical mask and eye protection (i.e., face shields, goggles), you should wash your hands before putting them on, before adjusting them, and before and after removing them. Refer to [Public Health Ontario resources](#) for how to properly wear and take off masks and eye protection.
- Perform and promote frequent, proper hand hygiene (including supervising or assisting participants with hand hygiene). Hand washing using soap and water is recommended over alcohol-based hand rub for children. Refer to Public Health Ontario's [How to Wash Your Hands fact sheet](#).
- For more information, visit [OttawaPublicHealth.ca/masks](https://OttawaPublicHealth.ca/masks)



## Staffing

- Provide services according to provincial guidelines and maintain ratios set out under the CCEYA.
- As of September 1, 2020, child care settings may return to maximum group sizes as set out under the CCEYA (i.e., licensed age groups prior to the COVID-19 outbreak). See the table below for more details.

### Group Size/Ratio Chart

OPH wishes to remind child care providers, as well as the general public, that any increase in the number of contacts within a cohort also increases the risks associated with COVID-19 transmission and that local guidance will continue to recommend smaller cohorts. This position is subject to change should OPH receive additional direction from Provincial authorities or should local context/transmission require further adjustments.

Age Category	Age Range of age category	Ratio of employees to children	Maximum number of children in group
Infant	Younger than 18 months	3 - 10	10
Toddler	18 months - 30 months	1 - 5	15
Preschool	30 months - 6 years	1 - 8	24
Kindergarten	44 months - 7 years	1 - 13	26
Primary/junior school age	68 months - 13 years	1 - 15	30
Junior school age	9 years - 13 years	1 - 20	20

- Staff/child care providers and students are not included in this number but should still be considered part of the cohort that stays together.
- While groups are permitted to return to the previous maximum group size under the CCEYA (i.e., maximum group size prior to the COVID-19 outbreak), each group should stay together throughout the day and as much as possible and should not mix with other groups.
- Children are permitted to attend on a part time basis, and as with children attending full time, should be included in one group and should not mix with other groups.
- 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. Please see the group size and ratio charts above for reference.
- 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 and that 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.

### Cohorting staff, students, and children

A cohort is defined as a group of children, staff/child care providers, and students 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/child care providers 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/child care provider 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/child care provider to move between rooms to provide support, that staff/child care provider must perform proper hand hygiene before entering and after leaving rooms.
- Supply/replacement staff should be assigned to a specific cohort so as to limit staff interaction with multiple cohorts.
- Staff/child care provider should stay within their designated role and not cover off other role(s).
- Staff/child care provider 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/child care provider 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. All staff/child care providers must wear medical masks and eye protection (i.e., face shields, goggles).
- The provision of in-person special needs services in child care settings should continue where appropriate. Should questions arise in respect to 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.
- Licensees should inform all families when Special Needs Resources services are provided through external staff/service providers.

## Cleaning and Disinfecting

OPH recommends the following enhanced cleaning practices to support infection prevention and control:

- 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 etc.), using an enhanced cleaner/[disinfectant](#).
- Clean/disinfect staff/lunchrooms regularly; it is recommended that child care centres keep a log to track and demonstrate cleaning schedules.
- 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.
- Licensees are encouraged to provide toys and equipment which are made of materials that can be cleaned and disinfected (e.g., avoid plush toys).
- Enhance hand hygiene practices for both staff/child care provider and children.
- 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.



- Child care staff/providers are encouraged to have designated toys and equipment for each room or cohort. Where toys and equipment are shared, they should be cleaned and disinfected at minimum between cohorts.
- Mouthed toys should be cleaned and disinfected immediately after the child is finished using it.
- Linens and cots are to be cleaned weekly.
- Play structures can only be used by one cohort at a time.
- Only one cohort should access the washroom at a time, and it is recommended that the facilities be cleaned in between each use.
- Child care centres should secure and sustain an amount [cleaning supplies](#) that can support their current and ongoing operations.
- [Public Health Ontario](#) provides best practices for cleaning and disinfection including, but not limited to, which products to use; how to clean and disinfect different materials, etc.

## 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 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 meters must be maintained between different cohorts and should be encouraged, where possible, between children within the same cohort by:
  - Spreading children out into different areas, particularly at meal and dressing time;
  - Incorporating more individual activities or activities that encourage more space between children; and
  - Using visual cues to promote physical distancing.
- Shared spaces and structures that cannot be cleaned and disinfected between cohorts should not be used.
- Increase the distance between cots/resting mats/playpens/cribs or place the children head to toe or toe to toe if the space is limited.
- In shared outdoor space, cohorts must maintain a distance of at least 2 metres between groups and any other individuals outside of the cohort.
- Extend outdoor play as much as possible as this will limit close contacts.
- 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.

## Food Provision

- Ensure proper hand hygiene is practiced when staff/child care providers are preparing food
- Staff/child care provider and children should perform hand hygiene before and after eating
- Where possible, children should practice physical distancing while eating.
- Meals should be served in individual portions to the children.
- Children should neither prepare nor serve food to others.
- 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).
- 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.
- Masks can temporarily be removed to eat or drink, but a 2 metres distance must be maintained at all times.
- Hand hygiene should be performed before removing the mask to eat, and prior to putting it back on.

## Management of Child(ren) and Staff/Child Care Providers with COVID-19 Symptoms

All children and staff/child care 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 develops symptoms while at the child care centre](#)
  - All children and staff/child care provider who are symptomatic should be tested for COVID-19.
  - 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 symptomatic 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 symptomatic person should be provided with tissues and reminded of hand hygiene, respiratory etiquette, and proper disposal of tissues.
- If the symptomatic 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 medical mask. The child care staff/provider must wear a medical mask and eye protection (i.e., face shields, goggles) 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 (e.g. gloves) based on the child's symptoms (e.g. 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 (e.g. paper, books, cardboard puzzles) should be removed and stored in a sealed container for a minimum of 7 days.
- Clean and disinfect ill children's cots/cribs and launder sheets and blankets immediately.
- Inform parents/guardians of other children that a child has developed symptoms and has been sent home pending testing and that further assessment is needed. Ask parents to please monitor the health of their child(ren) and to notify the child care staff/ provider if their child(ren) develops symptoms. As long as child(ren) remain symptom-free, they can continue to attend the child care centre.
- If the child care program is located in a shared setting (e.g. 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 continue to wear a medical mask as well as eye protection (i.e., face shields, goggles) until they can leave the child care facility. Refer to [Process for Staff Reporting Symptoms Diagram \(Appendix B\)](#) for next steps.
- Reporting: See section [When to Report to OPH](#)
- Staff/child care 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 who develop symptoms while not at child care centre

- All children and staff/child care providers who are symptomatic should be referred for 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.
  - Household contacts (e.g., siblings, guardians, children) of the symptomatic child or staff/childcare provider should stay at home and self-isolate while waiting for results of the symptomatic person's COVID-19 test. Close contacts of the symptomatic child or staff/child care provider at the centre over the previous two days (48 hours prior to when their symptoms started) should be monitored for symptoms and cohorted while waiting for results from the staff/child care provider/ child.
  - 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/guardians to monitor the health of their child(ren) and to notify the child care staff/ 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
    - Not have a 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.
  - 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 OPH as needed.
4. [Child and/or staff/child care provider who have a positive COVID-19 test result](#)
- Must self-isolate and not attend 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. An outbreak number will be provided.



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

## 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.



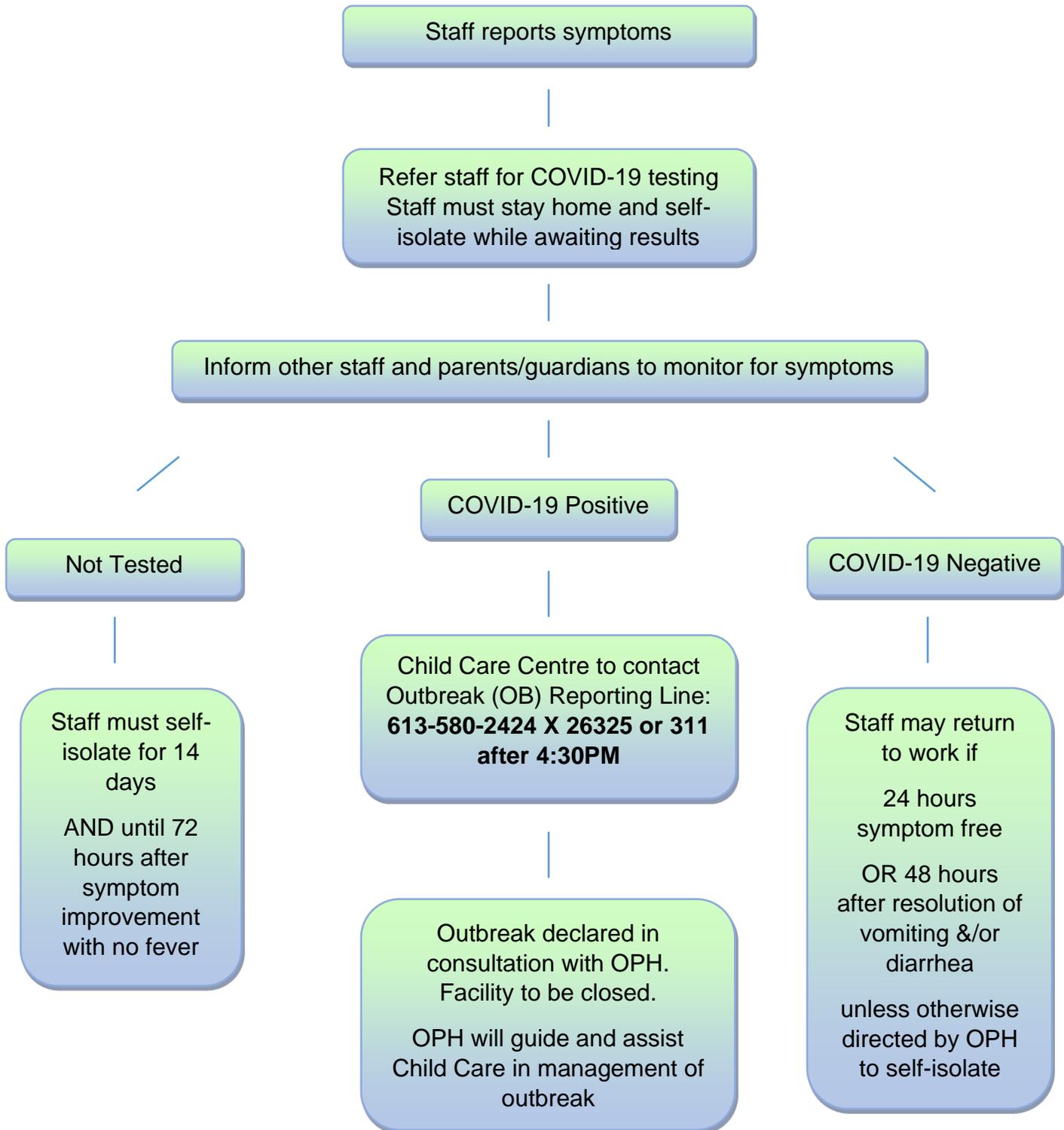
## Appendix A - Notice of Risk

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.



## Appendix B – Process for Staff Reporting Symptoms Diagram



\*Refer to **OPH Guidance for Childcare Centres** document for more details



## Appendix C – Process for When Child Reports Symptoms Diagram

Child reports feeling unwell

- Separate child immediately in supervised area
- Staff to wear medical mask, eye protection & assess the need for gloves
- Notify parent/guardian to come pick up child as soon as possible
- Child to wear medical mask if above the age of 2 & tolerated
- Disinfect space/items used by child immediately after child leaves facility
- Inform staff and other parents/guardians to monitor their child for symptoms
- Refer child for COVID-19 testing. Child must stay home & self isolate while awaiting results

Not Tested

Child must self-isolate for 14 days  
AND until 72 hours after symptom improvement with no fever

COVID-19 Positive

Child Care Centre to contact Outbreak (OB) Reporting Line:  
**613-580-2424 X 26325 or 311**  
after 4:30PM

Outbreak declared in consultation with OPH.  
Facility to be closed.  
OPH will guide and assist Child Care in management of outbreak

COVID-19 Negative

Child may return if  
24 hours symptom free  
OR 48 hours after resolution of vomiting &/or diarrhea  
unless otherwise directed by OPH to self-isolate

\*Refer to **OPH Guidance for Childcare Centres** document for more details