



Ottawa Public Health

COVID-19 Guidance for Home-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 home child care, 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.

OPH recommends all home child care providers have the following measures in place to avoid the spread of COVID-19 to multiple persons and families.



When to Report

Report to OPH when a child, home child care provider, home child care visitor or a home occupant tests positive for COVID-19.

Report to Ministry of Education when a child, parent, home child care provider, home child care visitor or a home occupant 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.

Do not operate if anyone tests positive or is suspected of having COVID-19.

Health and Safety Measures

- At this time, it is recommended that only children, home child care providers, and occupants enter the home 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 home child care providers are responsible for maintaining daily records of anyone entering the home (See Active Screening for details).
- There is to be only one point of entry and exit to the home.
- All entrances should have hand sanitizer.
- All adults in the home (i.e., home child care providers and home child care visitors) are required to wear medical masks and eye protection (i.e., face shields, goggles) during operating hours.
- 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 home.
- COVID-19 Response Plan: Home Child Care providers must have a communication plan or protocol in place in the event that a child, parent, child care provider, or home occupants are 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. The Home Child Care 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).



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 home child care, child care providers, home occupants, Special Needs Resources (SNR) staff, and essential visitors must be screened each day before entering the child care setting.

- Home Child Care providers 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 home child care (within 2 hours of arrival).
- Parents 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 provider in person, by phone or electronically (e.g., via online form, survey, or e-mail) based on the child care provider'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 home child care, 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).
- Alcohol-based sanitizer containing at least 60% alcohol content should be placed at all screening station. 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 home child care 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 to take the child(s) temperature within 2 hours of arrival and report results.
- If temperature not checked at home, the parent/guardian is asked to check 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 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 (e.g., 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 (e.g., 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 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.



What to Screen for

For COVID-19 specifically, anyone who fits the criteria below will not be allowed into the home 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 sat <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, prison).



Personal Protective Equipment

- All adults in a child care settings (i.e., home child care providers, home child care visitors, home occupants) are required to wear medical masks and eye protection (i.e. face shields, goggles) while inside in the child care premises, and during hours of operations.
- 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 a least 2 metres can be maintained between individuals.
- Reasonable exceptions to the indoor mandatory mask requirement are expected to be put in place by the child care provider. 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 providers 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, 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](#).

Home Child Care Provider

- Provide services according to provincial guidelines and maintain ratios set out under the CCEYA.



- There are no changes to the maximum group size for licensed home child care which allows for a maximum of 6 children, not including the child care provider's own children who are four years or older.
- COVID-19 presents gradation of risks. As such, OPH recommends, when possible, home child care providers limit the number of families/households who attend the home child care 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.
- When possible, OPH recommends that families/households with multiple children needing child care, send all such children to a single home child care provider, 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 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 child care 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.

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 and disinfect used spaces, kitchen and washrooms regularly.
- 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.
- Home Child 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).
- Enhance hand hygiene practices for both 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.
- Mouthed toys should be cleaned and disinfected immediately after the child is finished using it.
- Linens and cots are to be cleaned weekly.
- Only one child should access the washroom at a time, and it is recommended that the facilities be cleaned in between each use.
- Child care providers 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 e.g. which products to use; how to clean and disinfect different materials etc.

Physical Distancing Strategies within the Home Child Care

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



Food Provision

- Ensure proper hand hygiene is practiced when preparing food
- 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 and home occupants, other than the home care provider, should neither prepare nor serve food.
- 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 their masks 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, Home Child Care Providers and Household Contacts of Home Child Care Provider with COVID-19 Symptoms

Please note: All children, home child care provider(s) and household contacts of the home child care provider(s) 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, home child care provider and/or home occupants develop symptoms while at the home child care
 - Symptomatic child(ren) must be immediately separated from others in supervised area until they are able to leave the home child care.
 - 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 child 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 home 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 medical mask.
- The home child care provider should avoid contact with the child's respiratory secretions. In addition to the required mask and eye protection, home child care providers 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 home child care 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.
- Clean and disinfect ill children's cot or crib and launder sheet and blankets immediately.
- 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/guardians to please monitor the health of their child and to notify the home child care provider if their child develops symptoms. As long as children remain symptom-free, they can continue to attend the home child care.
- A home child care provider who develops symptoms during a shift should wash hands and where possible, keep at a minimum of 2 meters (6 feet) from others. Parents/guardians should be contacted for pick-up.
- Children and parents/guardians who are symptomatic or have been advised to self-isolate by OPH must not attend the program.
- For additional information, consult [Appendix B: Home Day Care Provider or Home Occupant Develops Symptoms Diagram](#), [When to Report to OPH](#) and visit [OPH's website](#).



2. Child, home child care provider and/or home occupant develop symptoms while home child care not in operation

- All children, home child care providers, and home occupants who are symptomatic should be referred for testing.
- The home child care should not operate if the child care provider or any home occupants develop symptoms.
- Child, home child care providers and home occupants 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/child care 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, home child care provider, or home occupant over the previous two days (48 hours prior to when their symptoms started) should be monitored for symptoms while results are pending.
- 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 home child care provider if their child develops symptoms. As long as children remain symptom-free, they can continue to attend the home child care.
- If not tested, the child, child care provider, or home occupant 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 can return to the home child care will be done in consultation with OPH.
- Closure and re-opening of home child care will be done in consultation with OPH.

3. Child, home child care provider and/or home occupant that are symptomatic and have a negative COVID-19 result

- Return to the home child care 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, home child care provider and/or home occupant who have a positive COVID-19 test result

- In consultation with OPH, a single, symptomatic, laboratory confirmed case of COVID-19 in a home child care provider or child must be considered a confirmed COVID-19 outbreak. Outbreaks should be declared in collaboration between the program and OPH to ensure an outbreak number is provided.
- The child, home child care provider and/or home occupants with a positive COVID-19 test must self-isolate, and the home child care 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 (e.g. eye protection, medical mask, and disposable vinyl gloves) and cleaning and disinfecting products recommended for outbreaks.
- Ensure all garbage has been emptied and waste receptacles disinfected.
- 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, home child care provider and/or home occupant who has been identified as a close contact of a confirmed or probable COVID-19 case

- A child who has been identified as a close contact of a confirmed or probable COVID-19 case must self-isolate and not attend the home child care.
- Determining when the child can return to the home will be done in consultation with OPH.
- A home child care should stop operation if the child care provider or a home occupant has been identified as a close contact.
- If the probable COVID-19 case receives negative results operation can resume.
- 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 child care provider who were present while they became ill should be identified as a close contact. 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.

Supporting Each Other and Our Community

We understand that these enhanced measures place an additional burden on home child care 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 Child care Providers](#), and [Ottawa Public Health Outbreaks in Child Care Centres](#) for up to date information.



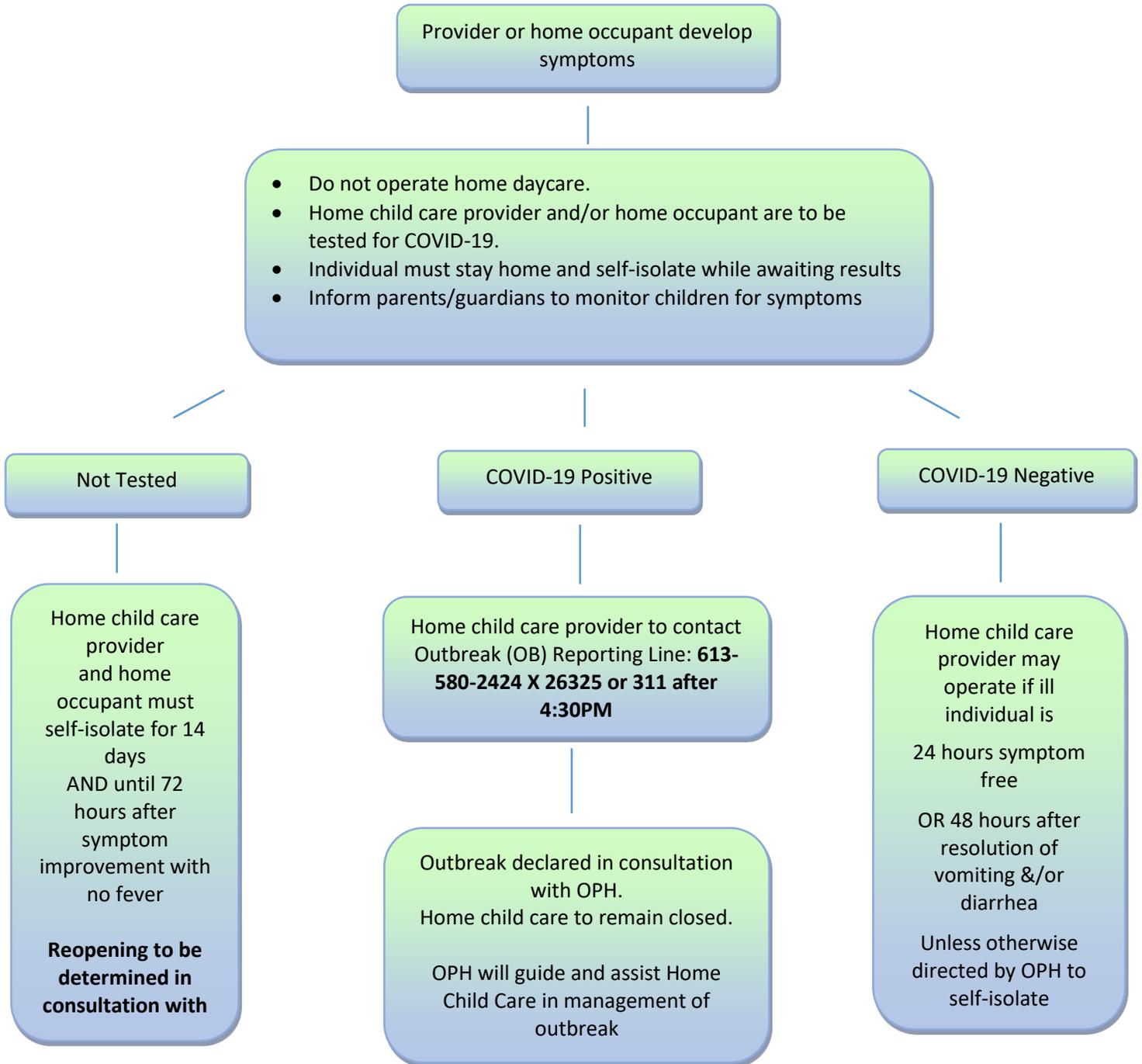
Appendix A – Notice of Risk

When children from multiple families attend a single home child care, there is an increased risk of the COVID-19 virus coming into the home child care. 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 child care. This means that there is a higher risk of home child care acquired infection that can be transmitted on to families of children attending daycare. This home child care 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 home child care settings with children from multiple families.



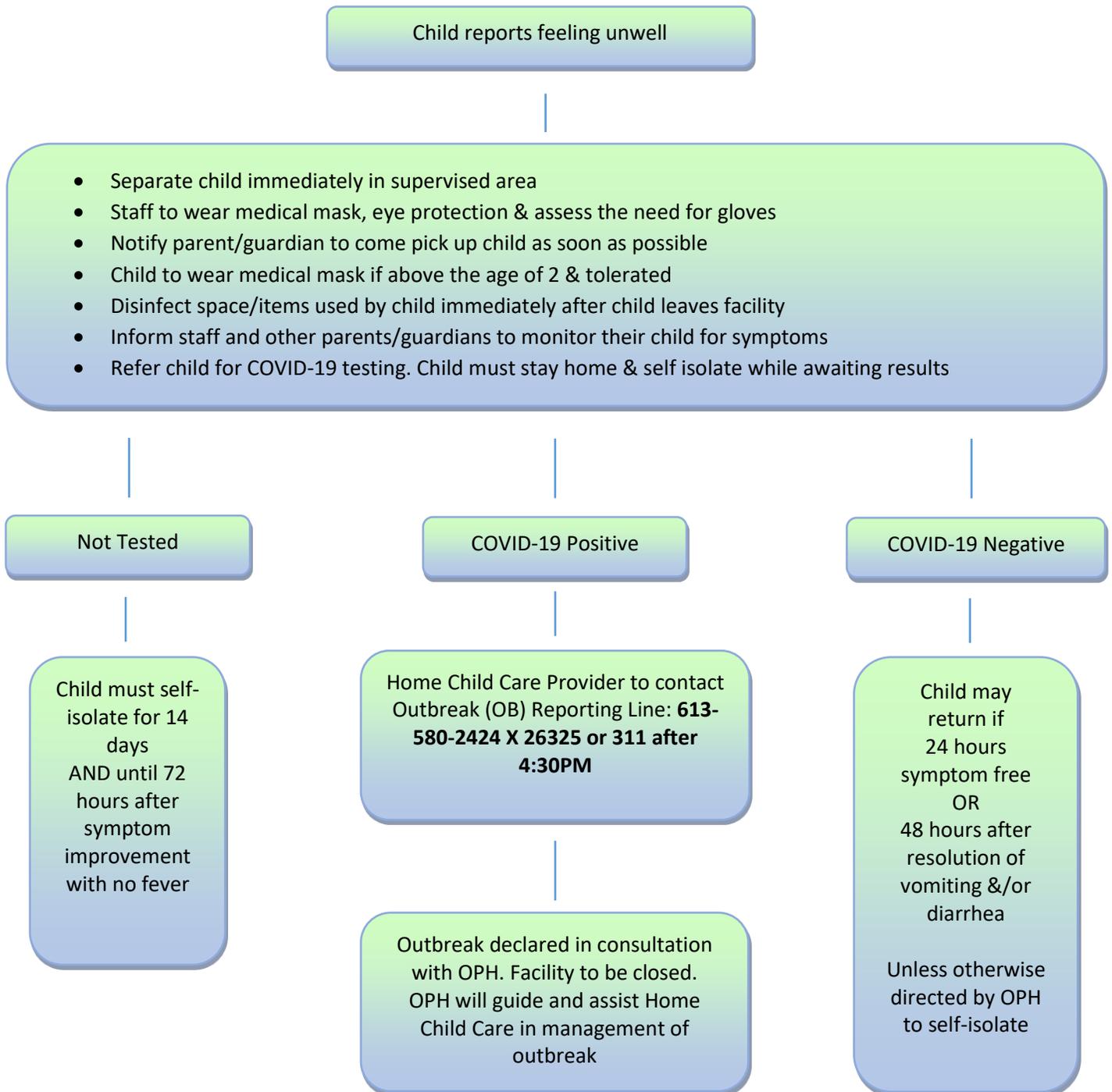
Appendix B – Home Child Care Provider or Home Occupant Develop Symptoms Diagram



*Refer to **OPH Guidance for Home-based Child Care** document for more details.



Appendix C – Process for When Child Reports Symptoms Diagram



*Refer to **OPH Guidance for Home-based Child Care** document for more details.