

**TO:** Child Care Licensees

**FROM:** Holly Moran  
Assistant Deputy Minister  
Early Years and Child Care Division

**DATE:** January 13, 2022

**SUBJECT:** Ministry of Education Updates

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Thank you for your continued dedication and commitment over the last two weeks as the school system pivoted to remote learning and child care operators quickly adapted to the provision of emergency child care for school-aged children.

As announced on January 12, 2022, the government of Ontario has confirmed the return of in-person learning for all publicly funded and private schools starting January 17, 2022, with enhanced health and safety measures in place. These new measures include the deployment of additional rapid antigen tests and establishing school-based vaccination clinics.

These measures build on the updated and additional health and safety measures in schools and child care centres, including those that were put in place on the advice of the Office of the Chief Medical Officer of Health (OCMOH) and announced on December 30, 2021:

- Updating the COVID-19 school and child care screener and asking students, parents and staff for screening and monitoring of symptoms, including daily onsite confirmation of self-screening.
- Providing non-fit-tested N95 masks for staff in schools and licensed child care settings as an optional alternative to medical/surgical masks, and additional supply of high-quality three-ply cloth masks that are strongly encouraged and free for students.

As we adapt our pandemic response to the evolving health environment, based on advice from the OCMOH, I am providing an update on some of the health and safety measures that will continue to keep child care environments as healthy and safe as possible.

We ask that you continue to reinforce and communicate the importance of these measures to children, parents/guardians, staff, and providers.

Before and after school child care programs will reopen in alignment with the return to in-person learning on January 17, 2022 and the provision of emergency child care for school-aged children will end on January 14, 2022.

## **Enhanced Health and Safety Measures and Guidance**

In follow up to the health and safety measures communicated on December 30, 2021, the ministry, based on the advice of the OCMOH, is providing further updates to enhance guidance to child care programs.

New and updated measures and guidance will supplement and build on the existing health and safety measures to ensure as safe and healthy a child care environment as possible, as outlined in the [Operational Guidance for Child Care During COVID-19 Outbreak](#).

### **1. Vaccination**

With the rapid spread of the Omicron variant and schools re-opening next week, there is a strong need to get children, staff and providers vaccinated as soon as possible. Vaccination continues to represent the most effective strategy to protect Ontarians from COVID-19, and vaccination rates for staff/providers and eligible children continue to rise. As of January 10th, 2022, 47.0% of children aged 5-11 have received a first dose of the COVID-19 vaccine, and 82.6% of youth aged 12–17 are fully vaccinated with two doses of the COVID-19 vaccine.

As Ontario's vaccine rollout continues, we are increasing efforts to encourage greater uptake of vaccination for children aged 5-11. The ministry is asking school boards to continue to work closely with their Public Health Units (PHUs) to support planning for COVID-19 vaccine clinics and take the lead in outlining the importance of getting vaccinated as a means to support schools staying open and keeping staff, children and communities safe.

#### *Children*

To support greater uptake of vaccination for children 5-11, PHUs and local school boards are encouraged to work together to plan for vaccine clinics that are targeted towards this population.

We ask that child care programs serving children aged 5-11 support planning efforts for clinics where possible, including communication to families.

Licensees are encouraged to share documents and other information with families, such as the Ministry of Health's [COVID-19 Vaccine Information Sheet: For Children \(age 5-11\)](#), [COVID-19 Vaccine Information Sheet \(age 12+\)](#), sample [COVID-19 Vaccine Children/ Youth \(Age 5-17\) Consent Form](#) and other resources available at <https://covid-19.ontario.ca/covid-19-vaccines-children-and-youth>.

### *Staff/Providers*

The ministry has been working over the last few weeks to support enhanced and ongoing access to vaccination, particularly boosters, for education and child care staff.

Licensees should continue to promote booster dose opportunities for all staff and providers.

### *Vaccination Disclosure Monthly Reporting*

As a reminder, the ministry has requested information from all programs related to the number of staff and providers who have received their third dose of a COVID-19 vaccine. This information will support evidence-based decision making around vaccination in the child care sector and data collection in future months.

**The survey can be accessed at the following link, and information must be submitted by January 28, 2022:**

<https://forms.office.com/r/7tyczCrJAM>

When submitting this information, please note that you do not need to submit cumulative information. For January's reporting, please submit the total number of staff/providers that have received a third dose as of the date of submission.

For subsequent data submissions, you will only be required to submit the number of additional individuals who have received a third dose since your last submission.

## **2. New guidance for schools/child care and local public health**

Per the government's announcement on December 30, 2021, in response to the evolving situation related to the COVID-19 Omicron (B.1.1.529) variant of concern (VOC), the Ministry of Health has provided interim public health guidance on case, contact, and outbreak management for schools and child care settings, including updated guidance for enhanced screening using polymerase chain reaction (PCR) and rapid antigen testing (RAT) (contingent on provincial supply).

For further information please review new guidance [COVID-19: Interim Guidance for Schools and Child Care: Omicron Surge Guidance](#) which is now available on the Ministry of Health's (MOH) website.

### 3. Reporting

As you are aware, the Ministry of Health recently made changes to the provincial case, contact and outbreak management approach, resulting in an end to routine notification of confirmed cases to families in schools and child care settings. In addition, on the advice of the OCMOH, the ministry has suspended public reporting of COVID-19 cases in child care.

To support ongoing monitoring and transparency related to COVID-19 impacts on child care, the ministry is encouraging licensees to monitor absenteeism rates in their programs.

Given the widespread transmission of the Omicron variant and changes to the provincial testing approach, child care operators will no longer be routinely notifying families of positive cases or if an individual is absent due to symptoms associated with COVID-19.

If absenteeism rises to a defined level in a child care program (approximately 30% above baseline), licensees are expected to send a template notification to families and staff/providers in the affected child care setting, signed by the local medical officer of health, with information on public health measures for families and staff/providers to follow (e.g., monitoring of COVID-19 symptoms). Licensees are encouraged to reach out to their local PHU in this scenario to get access to the required template.

When a PHU receives information from a school principal or child care operator regarding absenteeism, or other required reporting under the [Health Protection and Promotion Act, R.S.O. 1990, c. H.7](#), guidance outlined in the following documents and related protocols and guidelines should be followed:

- [Ontario Public Health Standards: Requirements for Programs, Services, and Accountability](#)
- [Infectious Diseases Protocol, 2020](#)
- [COVID-19 Integrated Testing & Case, Contact and Outbreak Management Interim Guidance: Omicron Surge](#)

Further information is being shared by the OCMOH to all local PHUs.

#### *Serious Occurrence Reporting*

Given recent changes to reporting, the ministry intends to seek approval to amend the serious occurrence reporting requirements set out in regulation. Should this change be approved, licensed child care programs would no longer be required to report confirmed cases of COVID-19 to the Ministry of Education.

However, until further notice, please continue to report serious occurrences for confirmed cases in accordance with O. Reg 137/15. Licensees should continue to follow existing reporting practices and a confirmed case should be identified as an individual

who has tested positive for COVID-19 on a laboratory confirmed PCR test.

To continue to support ongoing monitoring and transparency related to COVID-19 impacts on child care, licensees are also required to report program closures related to COVID-19. For child care centres this represents any closure impacting the entire program. For home child care agencies, this represents any closure impacting an entire home child care premises. Both voluntary and public health ordered closures must be reported.

If a serious occurrence for a confirmed case has been submitted, the closure should be included as part of that report. However, for closures where there are no confirmed cases, licensees are to report under the “Unplanned Disruption of Service” category in the Child Care Licensing System.

Additional information will be provided should reporting requirements change.

#### **4. Testing**

The ministry has been working closely with the Ministry of Health and the Ministry of Government and Consumer Services to expand access to rapid antigen tests in child care programs.

Building on existing efforts to date, the ministry will be providing two rapid antigen tests per person for symptomatic use per the [revised symptom screener](#).

These tests will be available for symptomatic testing of staff, providers, and infant, toddler and preschool-aged children in licensed child care. Children in before and after school programs are expected to access rapid antigen tests through their school.

Starting the week of January 10, 2022, school boards and municipal service system managers will begin receiving shipments of rapid antigen tests.

For programs co-located with publicly funded schools, tests will be made available through the school/school board. For community-based programs, tests will be made available through the local service system manager. Please do not reach out to your school or service system manager at this time.

Please note that licensees will be required to de-kit boxes in order to provide two rapid antigen tests per individual.

Children, staff, and providers will be required to actively screen each day, regardless of access to testing and to isolate if symptomatic, regardless of vaccination status and/or test access.

The two rapid antigen tests provided are to be used when individuals are symptomatic. Tests for children should be sent home with families to complete testing at home.

As per the [COVID-19: Interim Guidance for Schools and Child Care: Omicron Surge Guidance](#), if two consecutive rapid antigen tests, separated by 24-48 hours, are both negative, the symptomatic individual is less likely to have COVID-19 infection, and the individual should isolate until symptoms are improving for at least 24 hours (or 48 hours if gastrointestinal symptoms are present).

Further details, including the type of rapid antigen tests being provided, de-kitting instructions and distribution will be provided shortly.

## **5. Masking**

### *Staff/Providers*

Further to the commitment to provide child care staff and providers with the option of a non-fit-tested N95 mask, shipments of these masks have been processed and deliveries to all programs will be made this week.

If you have not yet received your shipment, please check to see if you have received a Purolator delivery notification and follow the instructions provided. If you are not able to make arrangements to pick-up your masks within five business days, they may be returned to the ministry.

While the guidance remains that all staff/providers must wear a medical/surgical mask, the ministry will also be providing staff/providers with the option of a non-fit-tested N95 mask. Consistent with advice from the Ministry of Labour, Training and Skills Development and the Office of the Chief Medical Officer of Health, all staff/providers should be provided with an allocation of one non-fit-tested N95 mask each day.

Replacing a mask is driven by factors including but not limited to:

- When it is no longer tolerated or accepted;
- When the filtering part of the mask is wet;
- When the mask has lost some of its integrity: relaxed elastic, damaged filtering part; and
- When there were potentially infectious droplets splashing onto the mask.

Please be advised that to further protect the longevity of the non-fit-tested N95 masks, these masks should be restricted to indoor use. If wearing a mask while outside, staff/providers should switch to a medical/surgical mask.

While staff/providers are to be allocated one non-fit-tested N95/day, to the extent there may be occasional damage, licensees will be provided with a small margin for spoilage.

## *Children*

On December 30, 2021, the government also committed to expanded access to free high-quality three-ply cloth masks for children.

**If you would like a supply of these masks for your program, please submit an order through the following link:**

<https://forms.office.com/r/V38FJeq57T>

Additional details on shipment of these masks will be provided to those programs who submit orders.

## **6. HEPA Filter Units**

As indicated in the memo sent on December 30, 2021, the Ministry of Education is working with the Ministry of Government and Consumer Services to deploy standalone HEPA filter units to the child care sector.

To support the distribution of HEPA filters to the sector, the ministry recently requested additional information from licensees. A memo was sent to all licensees on January 10, 2022 providing a link to an online form. Please take some time this week to fill out the survey. Any programs that do not respond before January 18, 2022 risk not receiving a HEPA filter unit.

Please note, licensees located in schools are not required to provide information through this survey if they operate in shared space (e.g., the space used by the child care program is used by the school during the day). Licensees who operate programs in their own dedicated space co-located with a school are still required to submit information.

The ministry will continue to work with the OCMOH and local PHUs to adjust health and safety requirements and update guidance as required, based on the public health environment.

Thank you for your ongoing partnership as we work to continue to keep child care safe and open in the months ahead.

Sincerely,

Holly Moran

c: Consolidated Municipal Service Managers and District Social Services  
Administration Boards (CMSMs and DSSABs)

First Nations with Child Care Programs