

Ministry of Education  
Early Years and Child Care Division

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Ministère de l'Éducation  
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**TO:** Child Care Licensees

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

**DATE:** December 30, 2021

**SUBJECT:** Ministry of Education Updates

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The provincial government has made the health and safety of our school and child care communities a top priority, and I want to thank the child care sector for the significant work that has kept our programs as safe as possible and open to children in 2021.

Moving into the new year, we remain equally committed to keeping child care programs safe and open, and supporting children to have the best learning experience.

As we adapt our pandemic response and based on advice from the Chief Medical Officer of Health, the Ministry of Education is implementing updated and additional health and safety measures in schools and child care programs. These measures will support a safer return to in-person learning from the winter break and continuity of learning.

The OCMOH has advised that all sectors must plan for the potential of higher than normal levels of absenteeism in the coming weeks, as Ontarians comply with screening and isolation guidance. The child care sector is not immune to this, and it will mean planning for higher than normal child and staff absenteeism. This memo outlines supported strategies for the child care sector to minimize operational closures.

To provide sufficient time for school boards and schools to plan for these changes, reopening of schools for students following the break is **delayed until January 5, 2022** for publicly-funded school boards scheduled to return on January 3. The reopening day for other boards will be as scheduled.

Child care programs will be permitted to operate. I recognize that the closure of schools from January 3-4, 2022 will have an impact on families who may be unable to care for their child at home. In light of this, the ministry is directing schools to continue to provide access to their on-site child care centres and to authorized recreational and skill building programs, as before and after school programs are permitted to operate full day

programs on non-instructional days.

## **Updated Health and Safety Guidance**

The ministry, based on advice from the OCMOH, will be implementing additional health and safety measures in child care programs effective January 2022. These measures will supplement and build on the existing health and safety measures to ensure as safe and healthy an environment as possible, as outlined in the [Operational Guidance for Child Care During COVID-19 Outbreak](#).

### **1. Masking**

Based on the emerging evidence of Omicron spread, children in Grade 1 and above should wear a well-fitted mask. The requirement for students in Grade 1 and above to wear a cloth or medical mask remains in place and masking continues to be strongly recommended for kindergarten students.

The government will be providing children with expanded access to free, high quality three-ply cloth masks to be provided to children upon request.

The use of these masks is not being mandated at this time. The purpose of this measure is to encourage children to use a higher quality mask than some of the single or two-ply masks that some may currently be relying on.

In addition, the ministry will also be providing child care staff, home child care providers, home child care visitors and students on educational placement staff with the option of a non-fit-tested N95 mask. These masks meet the same NIOSH standards as fit-tested N95s but have not been, and are not required to be, fit-tested. Staff/providers will have the option to wear either medical/surgical masks or non-fit-tested N95 masks provided by the government.

The ministry will be providing ordering information to child care programs for additional three-ply cloth masks for children, and non-fit-tested N95 masks for staff/providers. The ministry will work closely with Ministry of Government and Consumer Services to arrange shipments and related logistics as early as possible.

### **2. Screening**

Per the government's announcement on December 30, 2021, testing and case and contact management is focused on the highest risk settings, which excludes child care programs. Isolation requirements for individuals with COVID-19 symptoms have also changed.

Rigorous screening and monitoring of symptoms by families and staff is critical to limiting transmission and keeping child care programs safe and open. Effective January 2022, child care programs are required to continue daily on-site confirmation of screening for all children and staff until further notice, as an additional layer of protection



for students and staff.

In addition, on the recommendation of the OCMOH, a more sensitive COVID-19 symptom list is being reinstated for daily active screening of all children, staff and providers in schools and child care. Anyone who has symptoms suggestive of COVID-19 or is a confirmed positive case must self-isolate, regardless of vaccination status. All child care programs are asked to communicate the new school and child care screener changes to staff and families.

If a child or educator is experiencing **at least one** symptom most commonly associated with COVID-19 or **two or more** symptoms less commonly associated with COVID-19 they must self-isolate as per public health guidelines. If a child/educator is experiencing only one symptom less commonly associated with COVID-19 they must stay home until their symptom(s) has been improving for 24 hours (48 hours for nausea, vomiting and/or diarrhea). The OCMOH is also requiring that household members, including siblings, stay home until the household member experiencing symptom(s) is cleared from their isolation.

### **3. Testing**

Pending supply of additional rapid antigen screening tests, the ministry will work closely with the Ministry of Health and the Ministry of Government and Consumer Services to expand access to rapid antigen screening testing in child care programs.

### **4. Improved ventilation through HEPA units in child care**

To further improve ventilation in child care, the ministry will deploy an additional 5,000 standalone HEPA filter units to the sector based on guidance currently under development by the Office of the Chief Medical Officer of Health.

### **5. Promoting Vaccination**

Vaccination continues to represent our most effective strategy to reduce COVID-19 transmission and I am pleased to see the growing vaccination rates for child care staff.

We ask that you continue to promote vaccination efforts for children, families, and staff, including third doses for eligible staff. As a result of our collective focus, Ontario has one of the highest rates of immunization in Canada.

The ministry will provide further information to child care programs regarding new requirements for child care staff, home child care providers, home child care visitors and students on educational placement staff to disclosure information related to third doses.

## 6. Reporting of COVID-19 Cases

In light of the Omicron (B.1.1.529) variant of concern and how quickly it is spreading, the COVID-19 [case, contact and outbreak management approach](#) is being updated across all sectors, by the Office of the Chief Medical Officer of Health (OCMOH), to balance individual risk and societal disruption – while maintaining safety in schools, child care programs and communities. As a result, cohort-based dismissals may not occur in schools and child care settings.

Given recent changes to case and contact management by the Ministry of Health and OCMOH, the ministry will suspend reporting of COVID-19 cases in child care. Further information will be shared shortly on reporting expectations of absences and program closures due to COVID-19.

In the meantime, please continue to submit serious occurrences when a child, staff, student, home child care provider, home child care visitor or a person who is ordinarily a resident /regularly present at a home child care premises has a confirmed case of COVID-19 (i.e., a positive COVID-19 test result).

The ministry will continue to work with the OCMOH and local PHUs to adjust health and safety requirements (e.g., more or less restrictive measures) and update guidance as required, based on the public health environment.

### **Supports for Staff Absences to Minimize Operational Child Care Centre Closures**

The government's priority is to keep schools and child care programs open to provide continuity of learning for children and critical child care supports for parents and families.

In recognition of anticipated increases in staff absences, child care centres are permitted to assign staff and children to different groups to better accommodate staffing needs and minimize program closures for operational reasons. Licensees must ensure ratios and maximum group size requirements are met at all times and must maintain clear documentation that demonstrates the "groups" or "cohorts" children and staff have been assigned to (e.g., accurate attendance records including the time/days each child spent in each group).

Some possible examples include:

- Combining two groups for a period of time to minimize staffing needs (e.g., children from two toddler groups with low attendance are combined to form a new toddler group that operates out of a single room and allows for more flexible staffing arrangements)
- Re-assigning staff to other groups when attendance permits (e.g., move staff from a room with low attendance to support another group where a staff is absent)



## **Emergency Child Care**

The ministry has greatly appreciated our partnership with licensees throughout the pandemic and the many times that licensees have stepped forward to provide Emergency Child Care. Although I recognize the many challenges the child care sector is facing, I am hoping that I can count on you to work with the ministry to prepare for any scenario that we may be faced with, including the need to pivot to providing Emergency Child Care should the government announce a move to remote learning.

Thank you for your ongoing partnership as we work to keep child care safe 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