

## Childcare Center COVID-19 Plan Re-Opening Application

Please print and complete all fields. Failure to provide sufficient information could result in your application being returned for recompletion.

Section 1: Business Information	
Childcare Centre Owner Last Name, First Name):	
Childcare Centre Supervisor: Last Name, First Name	
Business Name (Legal Name):	
Business Operating as (Name)	
Phone Number:	
Email Address:	
Emergency Phone Number (available 24/7 for urgent matters e.g. Supervisor/Owner	

Section 2: Facility Information	
Estimated number of staff	
Estimated number of children	
Number of Rooms assigned for each Cohort (Staff and children) Max cohort size for each room is 10	
Staff work at more than one location	<input type="radio"/> Yes <input type="radio"/> No
Staff have their Certificate in First Aid Training, including Infant and Child CPR	<input type="radio"/> Yes <input type="radio"/> No
Licensed child care center	<input type="radio"/> Yes <input type="radio"/> No
Licensed child care - Home based	<input type="radio"/> Yes <input type="radio"/> No



Section 3b: Isolation room for ill children	
Please note: Plans should consider separating ill children from well children	
Designated Room where ill children can isolate until parents pick them up	
Add additional pages if needed	
Recommend that there is an isolation room or separate area for children who become ill at the childcare center. There should be dedicated staff assigned to attend to the ill child or children	

Section 3: Child care facility services	
Water Supply	<input type="radio"/> Private Well <input type="radio"/> Private Cistern <input type="radio"/> Municipal
Washrooms	Number of washrooms for children Number of washrooms for staff Washrooms shared with other programs in the building?
Washroom Amenities	<input type="radio"/> Hand sink(s) <input type="radio"/> Toilet(s) <input type="radio"/> Diaper station
Kitchen	<input type="radio"/> On-site food preparation <input type="radio"/> food not prepared onsite -ready to eat food delivered
Utensils	<input type="radio"/> Not provided- single service plates, cups and utensils to be provided

Section 4: Food, Water and Other Supplies (e.g. cleaning products, toiletries)	
Proof of satisfactory water sample results within last 3 months:	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Applicable (e.g. municipal water) If not on municipal water, please provide proof of satisfactory water sample results with submission of your plan.
Where will food be purchased from?	
Please note: All food must be purchased from an approved source such as a commercial grocery store or other food premise inspected by public health. Persons delivering food and supplies shall not come within 2 metres of other persons or children at the childcare.	

Section 5: Cleaning and Disinfection	
How will the child care center be cleaned?	<input type="radio"/> child care center staff  <input type="radio"/> Third party (e.g. cleaning company) <input type="radio"/> Other (please explain): _____

How will the child care center be cleaned after use if the center is shared with other programs?	<input type="radio"/> On-site by workers <input type="radio"/> Third party (e.g. cleaning company) <input type="radio"/> Other (please explain): _____ _____
Additional actions in your plan to address cleaning (if applicable):	

Section 6: Laundry	
How will laundry services be provided?	<input type="radio"/> On-site staff <input type="radio"/> Parents <input type="radio"/> Third party (e.g. laundry company) <input type="radio"/> Other (please explain): _____ _____
Do you have a schedule for doing laundry?	<input type="radio"/> Yes <input type="radio"/> No If yes, how often? _____
Have you made any plans to address laundry that may be unscheduled requests for laundry? For example, if linen becomes dirty with bodily fluids	<input type="radio"/> Yes <input type="radio"/> No If yes, please explain: _____ _____

Section 7: Illness Management	
Who will be conducting screening of all staff and children entering the document?	<input type="radio"/> Employee <input type="radio"/> Third party <input type="radio"/> Other (please explain): _____ _____
Do you have thermometers to take the temperature of staff or children onsite?	Name: _____ Phone Number: _____
If a child or staff becomes ill but does not require EMS, how will they be transported to receive medical care?	<input type="radio"/> Supervisor <input type="radio"/> Employee <input type="radio"/> Other (please explain): _____ _____
<p style="text-align: center;"><b>Please note: Where ill persons require medical treatment, the healthcare provider is to be notified of the incoming individual prior to their arrival at the healthcare facility.</b></p>	

**Should a develop symptoms, please isolate them from other staff and children and call the HHU COVID-19 Hotline at 519-426-6170 ext. 9999. For urgent situations requiring immediate medical care, call 911.**

**Simcoe** | PO Box 570, 12 Gilbertson Dr.  
 Simcoe ON N3Y 4N5  
**T:** 519.426.6170  
 905.318.6623 | 519.582.3579

**Caledonia** | 282 Argyle St. S.  
 Caledonia ON N3W 1K7  
**T:** 905.318.6623

**Dunnville** | 117 Forest St. E.  
 Dunnville ON N1A 1B9  
**T:** 905.318.6623

