

Childcare Setting COVID-19 Assessment Tool

Please print and complete all fields. This assessment tool is not a mandatory requirement for reopening. It is to aid consultation with Public Health and approval is not required.

Date (MM/DD/YY): _____

Section 1: Childcare Centre Information	
Owner (Last name, first name):	
Supervisor (Last name, first name):	
Business name (Legal):	
Business operating as (Name):	
Street address:	
Town:	Postal code:
Phone number:	
Emergency phone number:	
(Available emergency phone number 24/7 for urgent matters e.g. owner/supervisor)	
Email address:	

Section 2: Facility Information		
Estimated number of staff:	Estimated number of children:	
Staff work at more than one location:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Staff have their Certificate in First Aid Training, including Infant and Child CPR:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Childcare setting type (Please check one that applies):		
<input type="checkbox"/> Licensed childcare centre	<input type="checkbox"/> Licensed childcare program in school	
<input type="checkbox"/> Home childcare	<input type="checkbox"/> Before and after school program in school	
<input type="checkbox"/> Before and after school program	<input type="checkbox"/> Early ON child and family centre	
Childcare centre building is shared with other programs (Seniors program):	<input type="checkbox"/> Yes <input type="checkbox"/> No	
More than one childcare program or day camp is offered in the building:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have a diapering program?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have a toothbrush program?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Infection Control	Do you have a screening protocol for people entering the building?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Do you have an exclusion policy for ill staff or children?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Do you have a written health and safety policy and procedure:	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Do you have a cleaning and disinfection schedule (e.g. surfaces, toys and equipment):	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Adequate handwashing supplies (e.g. liquid soap, paper towel, hot and cold water):	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Adequate hand hygiene supplies (e.g. alcohol based rub with 60-70% alcohol):	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Personal protective equipment available for staff (e.g. masks, gloves, gowns, eye protection):	<input type="checkbox"/> Yes <input type="checkbox"/> No

Section 5: Cleaning and Disinfection	
How will the childcare centre be cleaned?	<input type="checkbox"/> Childcare centre staff <input type="checkbox"/> Third party (e.g. cleaning company) <input type="checkbox"/> Other (please explain):
How will the childcare centre be cleaned after use if the centre is shared with other programs?	<input type="checkbox"/> Childcare centre staff <input type="checkbox"/> Third party (e.g. cleaning company) <input type="checkbox"/> Other (please explain):
Additional actions in your plan to address cleaning (if applicable):	

Section 6: Laundry	
How will laundry services be provided?	<input type="checkbox"/> Childcare centre staff <input type="checkbox"/> Third party (e.g. cleaning company) <input type="checkbox"/> Parent(s) or guardian(s) <input type="checkbox"/> Other (please explain):
Do you have a schedule for doing laundry?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how often?
Have you made any plans to address laundry that may be unscheduled requests for laundry? (e.g. linen becomes soiled with bodily fluids)	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:

Section 7: Illness Management	
Who will be conducting screening of all staff and children entering the building?	<input type="checkbox"/> Childcare centre staff <input type="checkbox"/> Third party <input type="checkbox"/> Other (please explain):
Do you have thermometers to take the temperature of staff or children on-site?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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.	

Should a child develop symptoms, please isolate the child from other staff, children and arrange for pick up.

Complete and fax the Childcare Centre Illness Reporting form to 519-426-9974 and call 519-426-6170 ext. 3231 if:

- Three or more staff and/or children develop symptoms within 24 hours, or
- Childcare setting is informed of one staff or child who has been diagnosed with COVID-19, or
- Childcare setting is aware of one staff or child with a high risk exposure

For urgent situations requiring immediate medical care, call 911. Let the 911 operator know the ill person or child may have COVID-19.

