

**Background**

PLASP Child Care Services (“**PLASP**”) has arranged to reopen its operations as of \_\_\_\_\_.

As part of PLASP’s efforts to prevent the spread of COVID-19, this form must be completed by a parent or guardian for each child **prior to** the child’s attendance at a PLASP Centre. Failure to complete this form prior to the child’s attendance will result in denial of care by PLASP. **PLASP appreciates and requires your cooperation.**

As you know, COVID-19 is a new strain of coronavirus that has not been previously seen in humans. The virus can cause symptoms like the common cold but can advance, in some cases, to severe respiratory illness or even death. COVID-19 can be spread from person to person, usually after close contact with someone infected with the virus.

PLASP is reopening based on the assurance that all persons entering its premises have taken proper precautions to prevent the spread of COVID-19. Accordingly, any false statements or failure to follow the requirements outlined below could result in a denial of care by PLASP or termination of the child’s registration with PLASP.

As you are aware, COVID-19 can be transmitted by persons who do not exhibit symptoms. There is therefore no guarantee that COVID-19 will not be contracted in the course of this reopening.

**Health and Illness Protocol for COVID-19**

**Children who are ill must not attend PLASP.**

**Children must not attend at PLASP if you or anyone that comes into contact with your child has any COVID-19 symptoms.**

To manage the risk of spreading illness, **PLASP has made adjustments to its operations to assist with efforts to prevent the spread of COVID-19 according to direction by Peel Public Health.**

**ALL CHILDREN AND PARENTS/GUARDIANS** will undergo screening **DAILY UPON ARRIVAL** at PLASP. Temperature checks are required for children entering PLASP premises. Temperatures will only be required for parents/guardians if there is an extenuating circumstance that requires them to enter the centre. In addition to daily active screening, all children will be monitored throughout the day for emerging signs or symptoms of illness.

**COVID-19 screening results, including contact information, collected by PLASP during the screening process, may be provided to Peel Public Health, to help manage and reduce the risk of spreading the COVID-19 virus at PLASP.**

As a Parent/Guardian, you can prevent the spread of illness by keeping your child(ren) home if you, your child(ren), or anyone that comes into contact with you or your child(ren) experience or are observed to be experiencing **any** of the following signs or symptoms (the “Symptoms”):

- A temperature at or above 37.8 degrees Celsius (100 degrees Fahrenheit)
- New or worsening cough or shortness of breath
- Lethargy (lack of energy) or difficulty feeding (if an infant and no other diagnosis)

- **Any** of the following symptoms:

- |                             |                  |   |
|-----------------------------|------------------|---|
| ○ Sore throat               | ○ Headaches      | ○ Diarrhea                                    |
| ○ Difficulty swallowing     | ○ Unexplained    | ○ Nausea/vomiting                             |
| ○ Pink eye (conjunctivitis) | fatigue/malaise/ | ○ Decrease or loss of sense of taste or smell |
| ○ Chills                    | muscle aches     | ○ Runny nose without other known cause        |
| ○ Rash (in children)        | ○ Abdominal pain | ○ Nasal congestion without other known cause  |
| ○ *Croup (in children)      |                  |   |

\*Respiratory infection resulting in barking cough and difficulty breathing

If your child experiences **any** Symptoms while at PLASP, PLASP staff will contact you or one of your emergency contacts to pick up your child **immediately**. If there are siblings attending PLASP at that time, they will also be required to be picked up at that time (regardless of whether they are showing Symptoms). While your child(ren) waits for you or your designate to arrive, s/he will be separated from the other children.

Any member of your child's household who is experiencing Symptoms should be tested for COVID-19 before your child can return to PLASP. PLASP will provide the parent/guardian with contact information for Peel Public Health. **Children with Symptoms must be excluded from child care and self-isolate for 14 days after the onset of Symptoms (unless tested negative). This exclusion will also apply to children exposed to a confirmed case of COVID-19 or to symptomatic person(s).**

To protect the health of all individuals at PLASP, staff will support the arrival and pick up routine for families. Upon arrival, once your child has completed active screening and been deemed able to enter the centre, staff will escort your child to the appropriate program room. Parents/guardians are discouraged from entering the centre. Pick-up and drop-off of your child will occur outside the childcare setting unless it is determined that there is a need for a parent/guardian to enter the Centre.

As a Parent/Guardian responsible for my child's childcare placement, I agree to the following:

- ✓ I agree to continuously monitor and exclude my child from PLASP **IMMEDIATELY UPON OBSERVING OR BECOMING AWARE** that I, my child, or anyone that comes into contact with my child experiences any of the Symptoms.
- ✓ I agree that if my child experiences any of the Symptoms or comes into contact with anyone who has Symptoms, has tested positive for COVID-19 or is under investigation for COVID-19, I will exclude my child from PLASP and will not return him/her or any of my children to PLASP until **medically deemed able to return to PLASP**. I further agree to report all such incident(s) to PLASP and provide proof of medical confirmation as required by PLASP to permit my child's return to PLASP.
- ✓ I agree to all screening requirements and to accurately and truthfully respond to all screening questions, including the reporting of temperatures daily for all persons screened. I further agree not to administer any medication to my child that may mask the symptoms of illness, such as Tylenol or Advil, prior to dropping my child off at PLASP. Misrepresentation on any screening questions, including temperatures or masking fevers with medication could result in the termination of my child's PLASP placement. I further consent to providing copies of any COVID-19 test results for my child, upon request by PLASP.
- ✓ I agree to keep myself informed and abide by ongoing guidance and direction by PLASP, public health authorities, Region of Peel, Government of Ontario, and Government of Canada in relation to the prevention of COVID-19.
- ✓ Neither my child, anyone in my child's household, nor anyone with whom a member of my child's household has been in close contact has traveled to or had a layover in any country outside Canada in the past 14 days. If such return from travel occurs after submitting this form, I will **immediately** exclude my child from PLASP, and my child will not attend PLASP until a minimum period of 14 days has passed after the date of return to Canada.

Note: close contact includes living with, providing care, or otherwise having close prolonged contact (within 2 meters) with another person.

- ✓ I understand that PLASP may be required to collect, store, and disclose personal health information obtained in the DAILY screenings (including any COVID-19 test results) from me or my designate to support contact-tracing efforts, prevent the spread of COVID-19, or for its own record keeping purposes. I consent to PLASP's use and disclosure of such information in this manner and in compliance with PLASP's privacy policy and prevailing statutory obligations under the *Child Care and Early Years Act, 2014* S.O. 2014, c.11, Schedule 1 and the *Health Protection and Promotion Act*, R.S.O. 1190, c. H.7.
- ✓ I have read and understood the above information. I confirm that this agreement shall remain in place until such time as it is revoked, in writing, by PLASP.

\_\_\_\_\_  
Name of Child  
(Please Print)

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Name of Parent/Guardian  
(Please Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian