

COVID-19 Closure or Reduction of Services Reporting Form for Child Care Centres

Centres (including nursery schools) are required to report closures or reductions in services provided. Please note: centres are no longer required to submit COVID-19 Incident Reports for positive cases in the facility.

The management of the facility should monitor staff and child absenteeism and keep track of COVID-related absences:

- 1) positive COVID-19 test results
- 2) COVID-19 related symptoms
- 3) waiting period for test results and/or
- 4) requirements for self-isolation as a close contact to a positive case

Please use this e-form to report closures or reductions in services to the Early Learning and Child Care Program.

Facility Closure: Refers to closure of all rooms/cohorts/programs within the facility. For example, facility closed for two days to allow for thorough cleaning and sanitizing of all rooms.

Reduction in Services: Refers to changes to the services provided by the facility. For example, closed nursery school program to provide additional staff to work in the full time program, reduced hours of operation to maintain regulated ratios with available staff or reduced provision of child care to children of critical service workers due to number of staff requiring self-isolation.

Date Submitted: _____ Child Care Coordinator: _____

Facility Name : _____ Facility ID Number: _____

Regional Health Authority:

- Interlake-Eastern Regional Health Southern Health-Santé Sud
- Northern Health Region Winnipeg Regional Health Authority
- Prairie Mountain Health

1) Facility Closure

a) Start date of facility closure: _____

b) Anticipated end date of closure: _____

c) Total number of staff currently employed: _____

d) Number of staff absent due to COVID-related issues: _____

e) Number of currently enrolled children affected by closure: _____

f) Please describe the reason for closure:

g) When applicable, describe recommendations/directives provided by public health:

2) Reduction in Services

a) Start date of service reduction: _____

b) Anticipated end date of service reduction: _____

c) Total number of staff currently employed: _____

d) Number of staff absent due to COVID-related issues: _____

e) Indicate type(s) of service reduction and provide details in the adjacent text box:

Number of rooms/cohorts/programs closed:

Number of rooms/cohorts/programs remaining open:

Servicing children of critical service workers only:

Describe change in hours of operation:

f) Number of children continuing to attend facility: _____

g) Number of children who are not attending due to reduction in services: _____

h) Please describe the reason for the change:

i) When applicable, describe recommendations/directives provided by public health:

3) Additional Information

Please provide any important information about the situation that is not included above:

Instructions

- 1) Please complete this form electronically and send as an email attachment to cdcinfo@gov.mb.ca with the subject line: **COVID-19 Closure/Service Reduction: Facility Name and Facility Number.**
 - Please do not scan or take photos of a typed or hand-written form.
 - Please do not send a link to the document on cloud storage available in applications such as Adobecloud and Google Docs as the ELCC Program is unable to access these types of documents due to government firewall security.

- 2) After submission of this report, please provide **follow-up information by email** to your Child Care Coordinator. This may include information such as an extension of the closure or reduction in services or further directives from public health (when applicable).

Alternate formats available upon request