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| **Covid 19 –Supplemental Application Form**  **Applicable to Daycare and Educational Operations** | | | | | | | | | | | | | | | | | |
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| **PLEASE NOTE:**   * **Educational Institutions please answer all question on this Application** * **This supplemental form MUST be completed in addition to the General Application** * **Additional underwriting criteria (in addition to this application) may apply depending upon the specific operations** * **All required supplementary documents requested must be submitted for review** | | | | | | | | | | | | | | | | | |
| **Incidents and Potential Incident Information** | | | | | | | | | | | | | | | | | |
| Have you had any incidents relating to COVID-19 or any other contagious diseases, or similar outbreaks? | | | | | | | | | YES | | |  | | | NO |  | |
| If yes, please provide full details including: the number of staff, volunteers, clients/residents affected and precautions you have taken to contain and rectify the situation including whether your workplace provides adequate Personal Protective Equipment (when the risk warrants) such as gloves, masks etc. | | | | | | | | | | | | | | | | | |
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| **General Questions** | | | | | | | | | | | | | | | | | |
| Is your organization working at full capacity or operations? | | | | | | | | | YES | | |  | | | NO |  | |
| If no, please provide full details including any and all operations/activities that have been suspended. | | | | | | | | | | | | | | | | | |
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| Have you implemented all governmental recommendations/guidelines regarding contagious diseases, pandemics or similar outbreaks?  **\*Also refer to DOCUMENTATION PLANS/POLICIES/ PROCEDURES REQUIRED FOR REVIEW in this Application** | | | | | | | | | YES | | |  | | | NO |  | |
| If no, please describe any policies/procedures or practices that differ from that of current government guidelines. | | | | | | | | | | | | | | | | | |
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| Indicate your current staff to children ratio | | | | # of staff |  | | # of children | | | | | |  | | | | |
| Has the number of staff increased or decreased from prior to the most recent pandemic? | | | | | | | | | YES | | |  | | | NO |  | |
| Is this a temporary or permanent measure? | | | | | | | | | YES | | |  | | | NO |  | |
| Do you have a roster of substitute staff with adequate experience who can fill in if regular staff members are unable to come to work? | | | | | | | | | YES | | |  | | | NO |  | |
| Is it a policy or procedure that staff (including temporary or substitute staff) only work for your organization? | | | | | | | | | YES | | |  | | | NO |  | |
| Indicate the number of staff that works for your organization as well as any other organization (including those on contract) | | | | | | | | | | | | |  | | | | |
| Has the number of number of children/students you now accept decreased after this recent pandemic? | | | | | | | | | YES | | |  | | | NO |  | |
| Indicate the number of children in your facility | | | | currently |  | | previously | | | | | |  | | | | |
| If you have not reduced the number of children in your facility, please describe other protocols you are taking to ensure appropriate distancing (e.g. additional space rental/purchase etc.) | | | | | | | | | | | | | | | | | |
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| Have changes or updates been made to your business continuity plans to deal more specifically with a pandemic or outbreak. If so, describe the changes and timelines you have for implementation of these.  **\*Also refer to DOCUMENTATION PLANS/POLICIES/ PROCEDURES REQUIRED FOR REVIEW in this Application** | | | | | | | | | | | | | | | | | |
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| **Protocols** | | | | | | | | | | | | | | | | | |
| **General Protocols** | | | | | | | | | | | | | | | | | |
|  | Describe your cleaning and sanitization procedures to prevent the spread of germs via toys, recreational items etc.? | | | | | | | | | | | | | | | | |
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|  | Is there a designated area for the outdoor shoes and sanitizing area prior to entering the ‘clean’ zone? | | | | | | | | YES | | |  | | | NO |  | |
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| **Screening and Monitoring Protocols** | | | | | | | | | | | | | | | | | |
|  | Describe your screening protocols and procedures in place for admittance daily. | | | | | | | | | | | | | | | | |
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|  | Describe your screening protocols to prevent staff, visitors or children who are ill from entering the facility. | | | | | | | | | | | | | | | | |
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|  | Describe your procedures for pick up/drop off and limiting number of people in the facility at one time. | | | | | | | | | | | | | | | | |
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|  | Describe your Screening Area Protocols (e.g. distancing, visual guides to assist flow of people, signage outlining your process for visitors and/or residents upon arrival etc.) | | | | | | | | | | | | | | | | |
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|  | Describe any additional protocols you have put in place to monitor children/students for symptoms throughout the day (e.g. temperature monitoring) | | | | | | | | | | | | | | | | |
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|  | Is there an isolation room or area where the sick child can stay until their guardian can pick them up? | | | | | | | | YES | | |  | | | NO |  | |
|  | | | | | | | | | | | | | | | | | |
| **Contractual Obligations** | | | | | | | | | | | | | | | | | |
| If you are providing temporary services or additional operations to a third party related to an infectious disease or pandemic such as COVID -19 – please provide full details of these operations.  **Provide all contracts that the Applicant has signed or is contemplating signing with respect to these operations.** | | | | | | | | | | | | | | | | | |
| Are there are any hold harmless or waivers of liability clauses in these contracts? | | | | | | | | | YES | | |  | | | NO |  | |
|  | | | | | | | | | | | | | | | | | |
| **Documentation - Plans/Policies/Procedures Required for Review – All Operations** | | | | | | | | | | | | | | | | | |
| Please check the box if you have the following in place and provide a copy for our review: | | | | | | | | | | | | | | | | | |
|  | |  | Governmental recommendations/guidelines regarding contagious diseases, pandemics or similar outbreaks for your operation | | | | | | | | | | | | | | |
|  | |  | Return to work plans | | | | | | | | | | | | | | |
|  | |  | Business continuity plans/policies and procedures | | | | | | | | | | | | | | |
|  | |  | Emergency response plans/policies and procedures | | | | | | | | | | | | | | |
|  | |  | Crisis management plans/policies and procedures including communication plans in place | | | | | | | | | | | | | | |
|  | |  | Plans/policies and procedures in place for those who meet with clients, staff and community members in-person to prevent the spread of this type of sickness/disease | | | | | | | | | | | | | | |
|  | |  | Plans/policies and procedures supporting those self-monitoring for symptoms or self-isolating as a result of any communicable diseases or illnesses | | | | | | | | | | | | | | |
|  | |  | Policies and Procedures for maintaining sanitization logs | | | | | | | | | | | | | | |
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| **Supplementary Documentation Required for Review – Food Preparation or Transportation Services** | | | | | | | | | | | | | | | | | |
| If you provide these services, please check the box if you have the following in place and provide a copy for our review: | | | | | | | | | | | | | | | | | |
|  | |  | Food preparation plans/policies and procedures | | | | | | | | | | | | | | |
|  | |  | Plans/policies and procedures for group activities (e.g. staggered mealtimes, arrival departure times etc.) | | | | | | | | | | | | | | |
|  | |  | Plans/policies and procedures for Transportation Services (e.g. seat distancing, driver distancing, sanitization) | | | | | | | | | | | | | | |
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| **Supplementary Documentation Required for Review – Fundraising or Workshops** | | | | | | | | | | | | | | | | | |
| If these services are normally part of your operations - please provide a copy of your plans/policies and procedures, you intend to implement upon re-opening for our review. | | | | | | | | | | | | | | | | | |
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| **Educational Institutions (Other Than Daycare)** | | | | | | | | | | | | | | | | | |
| **In addition to the questions above, the following must be completed by all other educational institutions** | | | | | | | | | | | | | | | | | |
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| Has the number of number of children/students per classroom decreased | | | | | | | | YES | | |  | | | NO | |  | |
| Indicate the highest number of children in each classroom | | | | | | currently | |  | | | previously | | | | | |  |
| Indicate the new distance between students with respect to seating arrangements | | | | | | | | | |  | | | | Feet | | | |
| Will students and/or teachers alike be attending in shifts, putting in part of their days on school premises and completing the rest from home using e-learning tools to supplement traditional lessons? If 'Yes' describe your plans in detail | | | | | | | | YES | | |  | | | NO | | |  |
|  | | | | | | | | | | | | | | | | | |
| Will individual/group workshops be suspended? | | | | | | | | YES | | |  | | | NO | | |  |
| If 'No' or only 'Some activities/workshops will be suspended – provide details as to which will be cancelled, and which will continue | | | | | | | | | | | | | | | | | |
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| If workshops or group activities are continuing describe your safety protocols in place for these. | | | | | | | | | | | | | | | | | |
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| Describe your training protocols for employees/volunteers regarding how to screen clients for the COVID-19 Virus and prevention measures? | | | | | | | | | | | | | | | | | |
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