



CASSIE'S PLACE DAY PROGRAM REGISTRATION PACKAGE

We treat all people the same. We don't consider your disABILITY an excuse, but rather, a point of motivation.... When you enter our Day Program you no longer see people with special needs, but staff who meet the needs of special people.

[HTTP://CASSIES.PLACE](http://cassies.place)



CASSIE'S PLACE

CONTRACT FOR THE PROGRAM

Participant Information:

At Cassie's Place for the program year. We have completed the Non-violent Physical Crisis Intervention Release, Participation & Transportation Release, Personal Hygiene Waiver, Media Release and the De-Escalation Preferences Forms. We understand that our participant's place in the program is not secure until Cassie's Place has received post dated cheques in the amounts as set out in our Monthly Fee Schedule (refer to attached fee schedule) dated for the first of each month of the chosen term below. We further understand and agree that any monthly payment returned to Cassie's Place for non-sufficient funds will result in a fee (determined by our fees as set out in our financial institution's NSF policy) We understand and agree that there may be additional charges for excursions that may extend past the scheduled hours of the program. We understand and agree that although every effort is made to keep the program open, days may be cancelled due to weather conditions mechanical failure, or other extraordinary circumstances and unfortunately "make-up" days will not be provided nor will refunds be made. Please tick contract term:

☐ 3 Months ☐ 6 Months ☐ 1 Year

Our contract year runs from January 1st to December 31st. We agree that if we wish to with draw our participant from Cassie's Place, one month's prior written notice will be delivered by us to Cassie's Place and the following terms will apply: All monies paid to Cassie's Place (program fees paid to the end of the month in which the notice period expires) are non-refundable and the post dated cheques for the full remaining months, will be returned to us from Cassie's Place. We understand and agree that Cassie's Place has the right, at any time, to dismiss any program participant (including our participant) whose behaviour is inconsistent with the standards of Cassie's Place (see below) and that in the case of the dismissal of our participant, we agree that all fees paid to the date of dismissal are non refundable.

While at the Cassie's Place program under the supervision of our staff, behaviour(s) inconsistent with the standards of Cassie's Place include but are not limited to:

- Physically aggressive acts to persons or property
- Verbal aggression
- Elopement (running away)
- Behaviours the staff deem detrimental to the group or program

We understand and agree that Cassie's Place will not be operating on the following holidays: New Year's Day, Family Day, Good Friday, Victoria Day, Canada Day, Civic Holiday, Labour Day, Thanksgiving Day, and Winter Break (Dec 25 - Jan 1)

As Cassie's Place is not set-up as a drop-in facility, we understand and agree that acceptance into the program is dependent upon consistent day(s) of the week for the program year. For the enrollment year of _____ please check off the days of the week that you would like your participant to attend.

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

We understand and agree that should our participant(s) not be able to attend on their scheduled day(s) there unfortunately will be no "make-up" day(s) or refunds provided. We certify that we have disclosed to Cassie's Place all known medical diagnosis, including mental health diagnosis. We certify that we have revealed all known behavioural difficulties that could negatively impact the safety of your participant, other Cassie's Place participants, staff, the program and/or the community that we interact with on a daily basis. Failure to disclose any of the above information is grounds for immediate termination of services. This is for the good of the participants and the program of Cassie's Place. We understand and agree that should we not pick up our participants prior to the scheduled program closing time (4:00pm), without prior arrangements you will be charged a fee of \$10.00 for every 15 minutes or portion thereof, beyond the scheduled closing time. Should this policy be abused, measures will be taken that could eventually include expulsion from the program.



CASSIE'S PLACE CONTRACT FOR THE PROGRAM

The contract constitutes the entire agreement between us and Cassie's Place pertaining to the subject matter hereof and it supersedes all prior agreements, understandings, negotiations and discussions, whether oral or written. There are no conditions, warranties, representations or other agreements between us and Cassie's Place in connection with the subject matter of the contract (whether oral or written, express or implied statutory or otherwise) except as specifically set out in this contract and we agree this contract contains no penalty provisions. All information provided will be kept private and confidential between both parties of this contract. This contract shall be governed by the interpreted in accordance with the laws of the Province of Ontario. We agree with the above noted terms and conditions.



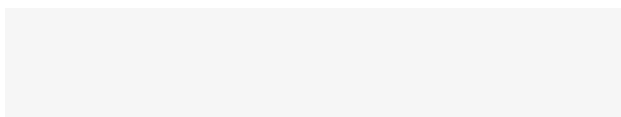
CASSIE'S PLACE CONTRACT FOR THE PROGRAM

Participant Information:

The contract constitutes the entire agreement between us and Cassie's Place pertaining to the subject matter hereof and it supersedes all prior agreements, understandings, negotiations and discussions, whether oral or written. There are no conditions, warranties, representations or other agreements between us and Cassie's Place in connection with the subject matter of the contract (whether oral or written, express or implied statutory or otherwise) except as specifically set out in this contract and we agree this contract contains no penalty provisions. All information provided will be kept private and confidential between both parties of this contract. This contract shall be governed by the interpreted in accordance with the laws of the province of Ontario.

We agree with the above noted terms and conditions.

Date at _____ Ontario this _____ day of _____ 20 _____



Parent/Guardian | Signature over printed name

Cassie's Place hereby accepts the foregoing contract this date at _____ day of _____ 20 _____

Pre: _____ Authorized Representative for Cassie's Place



CASSIE'S PLACE

PARTICIPANT INFORMATION

Participant Information:

Name: _____ Middle: _____ Last: _____
Female/Male: _____ Parent/Guardian: _____

Medical & Health Care Information:

Doctor's Name: _____ Doctor's Phone #: _____
Health Card #: _____ Diagnosis: _____
Other Assessments: (i.e. sensory) _____

Legal Parent/Guardian:

Name: _____ Last: _____
Address: _____

City/Province: _____ Postal Code: _____
Home Telephone #: _____ Cell #: _____ Work #: _____
Email: _____

Legal Parent/Guardian:

Name: _____ Last: _____
Address: _____
City/Province: _____ Postal Code: _____
Home Telephone #: _____ Cell #: _____ Work #: _____
Email: _____

Emergency Contacts:

Name: _____ Last: _____
Address: _____
City/Province: _____ Postal Code: _____
Home Telephone #: _____ Cell #: _____ Work #: _____
Email: _____

Emergency Contacts:

Name: _____ Last: _____
Address: _____
City/Province: _____ Postal Code: _____
Home Telephone #: _____ Cell #: _____ Work #: _____
Email: _____

Medications & Dosages:

Medications being sent for us to administer must be in a blister pack provided by your pharmacist

Medications Name: Dosage/tablets to be administered

Time: Administer medications at this time

Notes:



CASSIE'S PLACE PARTICIPANT INFORMATION

Participant Information:

Does the participant take any medications that will not be sent to the program?

☐ Yes ☐ No

If yes, please provide medication medication in case of emergency

Medical Conditions and Diagnosis:

Has there been any changes to the participants medical condition and or diagnosis?

☐ Yes ☐ No

If yes, please provide details below, any assessments reports can be attached.

Allergy Information:

Does the participant have any allergies?

If yes complete allergy section below:

☐ Yes ☐ No

Allergy Type:

Reaction:

**Is this Allergic reaction
anaphylactic?
Please Check box if yes**

Medications: Yes/No
Drug Name:

☐

Food: Yes/No
Food Name:

☐

Insect/Sting Bites:
Insect Name:

☐

Seasonal/Enviro: Yes/No
Allergic To:

☐

Others: Yes/No
Name:

☐



CASSIE'S PLACE PARTICIPANT INFORMATION

Participant Information:

EPI-Pen provided to Cassie's Place for any of the above allergies?

☐ Yes ☐ No

Other Information:

Are there any other agencies involved with your participant?

☐ Yes ☐ No

If yes, please provide details below and attach any assessments/reports below

Is there anything else to let the staff at Cassie's Place know?

Parent/Guardian | Signature over printed name

Dated at _____ Ontario this _____ day of _____ 20_____



CASSIE'S PLACE MEDICAL ALERT INFORMATION

Participant Information:

Date Updated: _____ Picture: _____

Name: _____ Date of Birth: _____

Home Phone #: _____ Work #: _____ Cell #: _____

Physician: _____ OHIP #: _____

Parent/Guardian | Signature over printed name

Medical Condition:

Symptoms:

Plan of Action:

Please check off all that apply (if any):

- ☐ Diabetes
- ☐ Seizure Disorder
- ☐ Asthma
- ☐ Blood Clotting Disorder
- ☐ Heart Conditions

Please check off all that apply (if any):

- ☐ Call 911
- ☐ Call Parents/Guardian
- ☐ Provide Juice/Snack Diabetes Related
- ☐ Other

To be completed by a physician if emergency medication is required at Cassie's Place (i.e. Rescue Inhalers, Seizure Medications, and Food for Diabetic Participants)

Medications, Dose, Route, Frequency, Directions

Physician | Signature over printed name



CASSIE'S PLACE

DE-ESCALATION PREFERENCE FORM

Participant Information:

It's helpful for us to be aware of the things that can help you feel better when you're having a hard time. Have any of the following ever worked for you? we may not be able to offer all these alternatives, but I'd like us to work together to figure out how we can best help you.

- | | |
|---|---|
| <input type="checkbox"/> Listening to music | <input type="checkbox"/> Punching a pillow |
| <input type="checkbox"/> Reading a newspaper or book | <input type="checkbox"/> Physical exercise |
| <input type="checkbox"/> Sitting by someone | <input type="checkbox"/> Writing in your diary/journal |
| <input type="checkbox"/> Watching TV | <input type="checkbox"/> Playing a computer game |
| <input type="checkbox"/> Talking to a peer | <input type="checkbox"/> Using ice on your body |
| <input type="checkbox"/> Walking the halls | <input type="checkbox"/> Breathing exercise |
| <input type="checkbox"/> Talking with staff | <input type="checkbox"/> Putting your hands under running water |
| <input type="checkbox"/> Calling a friend | <input type="checkbox"/> Going for a walk with staff |
| <input type="checkbox"/> Having your hand-held | <input type="checkbox"/> Lying down with a cold facecloth |
| <input type="checkbox"/> Calling your therapist | <input type="checkbox"/> Wrapping up in a blanket |
| <input type="checkbox"/> Getting a hug | <input type="checkbox"/> Using a weighted vest |
| <input type="checkbox"/> Pounding on clay | <input type="checkbox"/> Voluntary time out in a quiet room |
| <input type="checkbox"/> Voluntary time out (anywhere specific) | |

Is there a person who's been helpful to you when you've been upset?

[] Yes [] No

If you agree that we can call to get this person for further information, provide details and sign below

Name: _____ Telephone # _____

Additional Details (if any) _____

Parent/Guardian | Signature over printed name



CASSIE'S PLACE

DE-ESCALATION PREFERENCE FORM

Participant Information:

What are some of the things that make it more difficult for you when you're already upset? Are there particular "triggers" that you know will cause you to escalate?

- ☐ Being touched
- ☐ Door open
- ☐ Loud noise
- ☐ A particular time of day
- ☐ Being isolated
- ☐ People in uniform
- ☐ Yelling
- ☐ A specific time of the year
- ☐ Specific scents
- ☐ Not having control or input
- ☐ Other

When: _____

Explain: _____

Explain: _____

Others List: _____

Do you have a preference regarding the gender of staff assigned to assist during a crisis?

[] Yes [] No

If yes please tick preference [] Female [] Male

Is there anything else that would assist you in feeling safe here? Please describe



CASSIE'S PLACE DAY PROGRAM CRISIS PREVENTION

Participant Name: _____

Participants who attend Cassie's Place sometimes demonstrate difficult challenging behaviour which at times can take the form of physically acting out episodes (disruptive and or assaultive behaviour) support workers and senior staff at Cassie's Place are trained and certified in Crisis Prevention Institute's (CPI) Nonviolent Crisis Intervention techniques. Nonviolent Crisis Intervention techniques are safe, non-harmful control and restraint techniques to keep an individual safe until he/she can regain control of his/her challenging behaviour.

Nonviolent Crisis Intervention is used only as a last resort when a person is a danger to self, others and/ or property. In the event that the above-mentioned named participant loses control resulting in a physically acting out episode, becoming a danger to self, others and or property, we/I hereby consent that support workers and or senior staff at Cassie's Place implement the techniques of Nonviolent Crisis Intervention.

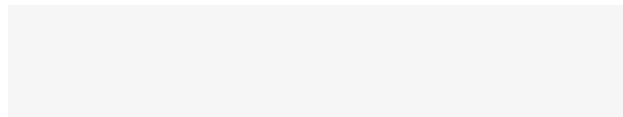
Initials of parent/guardian _____

In consideration of Cassie's Place this service available to the above-name mentioned participant, we/I hereby release and forever discharge Cassie's Place, its staff, contracted individuals as well as employees, officers, directors and contracted individuals of Cassie's Place from any and all actions, causes of actions, claims and demands for damages, loss or injury howsoever arising, which heretofore any have been or may hereafter be sustained by the above named participant in consequence of Nonviolent Crisis Intervention.

Initials of parent/guardian _____

It is understood and agreed that this agreement shall be binding upon us/myself, my heirs, executors or administration as the case may be.

Dated at _____ Ontario this _____ day of _____ 20_____



Parent/Guardian | Signature over printed name

Cassie's Place hereby accepts the forgoing contract this _____ day of _____ 20_____



CASSIE'S PLACE PROGRAM PERSONAL HYGIENE, WASHROOM & CHANGING WAIVER

Participant Name:

We/I hereby authorize and consent to,

We/I, the undersign, do hereby authorize and grant permission for Cassie's Place staff/volunteers to assist our/my participant. With personal hygiene, toileting and/or dressing (i.e. swimsuit to clothing) for the program year. It is understood and agreed that this waiver/agreement shall be binding upon us/myself, my heirs, executors or administrators as the case may be.

Dated at _____ this _____ day of _____ 20____

Parent/Guardian | Signature over printed name

Cassie's Place hereby accepts the foregoing waiver this _____ day of _____ 20____



CASSIE'S PLACE MEDIA RELEASE FORM

Participant Information:

Cassie's Place would like the opportunity to post pictures that are taken during programming activities. We/I, the undersigned, do hereby grant or deny permission to Cassie's Place to use the image/video of our/my participant, as marked by our/ my selection(s) below.

Please tick appropriate box below:

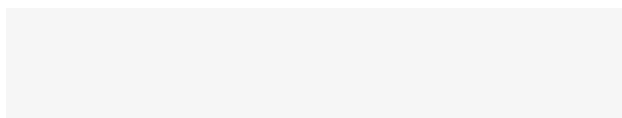
☐ We/I **DENY** permission to use my participants image in all. (note: A current photograph of your participant is still required with the submission of all Cassie's Place intake forms - for emergency identification only.)

☐ We/I **GRANT** permission to use my child's image used in the following ways (mark all that apply - if you do not specify, we will assume unrestricted usage. Specify below:

☐ **LIMITED USAGE:** We/I allow my child's image used within the Cassie's Place setting only (not in the larger community)

☐ **LIMITED USAGE:** We/I allow my child's image used on printed materials only (no digital or video use)

☐ **UNRESTRICTED USAGE:**
We/I give unrestricted permission for my child's image to be used in print, video, and digital media. We/I agree that these images may be used by Cassie's Place for a variety of purposes, and that these images may be used without further notification to me.



Parent/Guardian | Signature over printed name

Dated at _____ Ontario this _____ day of _____ 20____

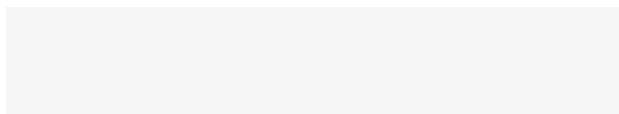


CASSIE'S PLACE TRANSPORTATION RELEASE

Participant Information:

We/I hereby authorize and consent to, Participating in the full range of programs and activities provided by Cassie's Place. We/I consent to the above-named participant travelling, as part of the program at Cassie's Place, by private car, bus or other public transportation or any other transportation arranged by Cassie's Place or on foot into the general community in the company of a support worker(s) from Cassie's Place. (community outings) In consideration of Cassie's Place making this service available to our/my participant we/I hereby release and forever discharge Cassie's Place and their representatives, staff, contracted individuals as well as employees, officers, directors, agents, servants and officials from any and all actions, costs, expenses causes of actions, claims and demands for damages, loss, injury or death howsoever caused arising out of or in connection with our/my participant in consequence of these community outings or participating in any of the programs or activities of Cassie's Place notwithstanding that the same may have been contributed to or occasioned by the negligence of Cassie's Place and their representatives, staff, contracted individuals as well as employees officer, directors, agents, servants, and officials. For said consideration, we/I further agree not to make any claim or take any proceedings against any other person or corporation who might claim contribution or indemnity under the provisions of the Negligence Act and the amendments thereto from the person/persons or corporations discharged by this release. It is understood and agreed that this agreement shall be binding upon/myself, my heirs, executors or administrators as the case may be.

Date at _____ Ontario this _____ day of _____ 20 _____



Parent/Guardian | Signature over printed name

Cassie's Place hereby accepts the foregoing contract this date at _____ day of _____ 20 _____

Pre: _____ Authorized Representative for Cassie's Place



CASSIE'S PLACE DAY PROGRAM

Release of Liability, Waiver of Claims and Indemnity Agreement

Dearest Parents and Guardians,

Participants Name: _____

WARNING! Please read carefully, by signing this document you will waive certain legal rights – including the right to sue.

PARTICIPATION IN ACTIVITIES

I/We consent to the participant participation in excursions, trips, and activities (including but not limited to athletic programs, club programs, performing arts programs, off-program events, field trips, group trips, camps, sporting events and other day program travel or activities) during regular school hours and beyond the end of the school day, on and off campus (collectively referred to as “Activities” and each individually as “Activity”). I/We acknowledge that each of the Activities has certain inherent risks, such as a risk of injury or illness due to nature of the Activity; transportation to or from the Activity; the condition of the premises, environment, or any equipment used in connection with the Activity; the actions, inactions, or negligence of the participant or others; loss or theft of property; lack of immediate access to medical care; and other risks not reasonably foreseeable at this time; and I/we expressly assume all such risks arising out of the participants participation in the Activities. If there is any Activity in which I/we feel the participant should not participate, I/we will notify Cassie's Place immediately and at least 24 hours before the Activity commences.

AUTHORIZATION FOR TRANSPORTATION OF PARTICIPANTS

I/We authorize Cassie's Place to transport the participants to and from Activities or healthcare providers in Cassie's Place non-school bus vehicles or approved vehicles.

MEDICAL EMERGENCY TREATMENT, REFERRAL AND DISCLOSURE

Clinical Treatment. I/We understand that Cassie's Place in the event of illness of, or injury to, the participant, Cassie's Place may, but is not obligated to, provide Healthcare to the participant. I/We hereby authorize Cassie's Place to provide Healthcare to the participant as may be determined to be necessary, without the need for additional or further authorization by me/us. I/We understand that Cassie's Place will make reasonable attempts to notify me/us as soon as possible of illness of or injury to the participant. I/we understand that Cassie's Place may disclose confidential information to Medical Staff in case of a medical emergency.

USE OF STUDENT'S NAME AND/OR LIKENESS

I/We understand that Cassie's Place may take, record, use, and publish electronic or digital images and/or photographs, video, audio, and/or digital recordings of the program (“Materials”). I/We consent to Cassie's Place use of the Materials without restriction or compensation, in any manner and for any purpose Cassie's Place deems appropriate. I/We waive any rights to approve the Materials and understand that Cassie's Place is not obligated to use or provide to me/us any of the electronic or digital images and/or photographs, video, audio, and/or digital recordings taken of the participant.

DISCLAIMER

Cassie's Place Bowling and their respective Directors, Officers, employees, coaches, volunteers, officials, participants, agents, sponsors, owners/operators of the facilities in which the Activities take place, and representatives (collectively the “Organization”) are not responsible for any injury, personal injury, damage, property damage, expense, loss of income or loss of any kind suffered by a participant during, or as a result of, the Activities, caused in any manner whatsoever including, but not limited to, the negligence of Cassie's Place.

IDESCRPTION & ACKNOWLEDGMENT OF RISKS

- a) The Activities have foreseeable and unforeseeable inherent risks, hazards and dangers that no amount of care, caution or expertise can eliminate, including without limitation, the potential for serious bodily injury, permanent disability, paralysis and loss of life
- b) Cassie's Place has a difficult task to ensure safety and it is not infallible. Cassie's Place may be unaware of my fitness or abilities, may misjudge weather or environmental conditions, may give incomplete warnings or instructions, and the equipment being used might malfunction
- c) (COVID-19) The COVID-19 disease has been declared a worldwide pandemic by the World Health Organization and is extremely contagious. Cassie's Place has put in place preventative measures to reduce the spread of COVID-19; however, Cassie's Place cannot guarantee that I will not become infected with COVID-19. Further, participating in the Activities could increase my risk of contracting COVID-19



CASSIE'S PLACE DAY PROGRAM

Release of Liability, Waiver of Claims and Indemnity Agreement

I am participating voluntarily in the Activities. In consideration of my participation, I hereby acknowledge that I am aware of the risks, dangers and hazards associated with or related to the Activities. I understand that Cassie's Place may fail to safeguard or protect me from the risks, dangers and hazards of the Activities, some of which are listed below. The risks, dangers and hazards include, but are not limited to:

- a) Health: executing strenuous and demanding physical techniques; physical exertion; overexertion; stretching; dehydration; fatigue; cardiovascular workouts; rapid movements and stops; lack of fitness or conditioning; traumatic injury; sprains and fractures, spinal cord injuries, bacterial infections; rashes; and the transmission of communicable diseases, including viruses of all kinds, COVID-19, bacteria, parasites or other organisms or any mutation thereof
- b) Premises: defective, dangerous or unsafe condition of the facilities; falls; collisions with objects, walls, equipment or persons; dangerous, unsafe, or irregular conditions on bowling surfaces, or other surfaces; extreme weather conditions; and travel to and from the premises
- c) Use of equipment: mechanical failure of the equipment; negligent design or manufacture of the equipment; the provision of or the failure by Cassie's Place to provide any warnings, directions, instructions or guidance as to the use of the equipment; failure to wear safety or protective equipment; and failure to use or operate equipment within my own ability
- d) Contact: contact with other equipment, vehicles, or other persons; and other contact that may lead to serious bodily injury, including but not limited to concussions and/or other brain injury or serious spinal injury
- e) Advice: negligent advice regarding the Activities
- f) Ability: failing to act safely or within my own ability or within designated areas
- g) Sport: the sports and its inherent risks
- h) Cyber: privacy breaches; hacking; and technology malfunction or damage
- i) Conduct: my conduct and conduct of other persons including any physical altercation between participants
- j) Travel: travel to and from the Activities
- k) Negligence: my negligence and negligence of other persons, including NEGLIGENCE ON THE PART OF CASSIE'S PLACE, which may increase the risk of damage, loss, personal injury or death

RELEASE OF LIABILITY

In consideration of Cassie's Place allowing me to participate, I agree:

- a) That the sole responsibility for my safety remains with me
- b) To ASSUME all risks arising out of, associated with or related to my participation
- c) That I am not relying on any oral or written statements made by Cassie's Place or its agents, whether in a brochure or advertisement or in individual conversations, to agree to participate in the Activities
- d) To WAIVE any and all claims that I may have now or in the future against Cassie's Place
- e) To freely ACCEPT AND FULLY ASSUME all such risks and possibility of personal injury, death, property damage, expense and related loss, including loss of income, resulting from my participation in the Activities
- f) To FOREVER RELEASE Cassie's Place from any and all liability for any and all claims, demands, actions, damages (including direct, indirect, special and/or consequential), losses, actions, judgments, and costs (including legal fees) (collectively, the "Claims") which I have or may have in the future, that might arise out of, result from, or relate to my participation in the Activities, even though such Claims may have been caused by any manner whatsoever, including but not limited to, the negligence, gross negligence, negligent rescue, omissions, carelessness, breach of contract and/or breach of any statutory duty of care of Cassie's Place
- g) To FOREVER RELEASE AND INDEMNIFY Cassie's Place from any action related to my becoming exposed to or infected by COVID-19 as a result of, or from, any action, omission or negligence of myself or others, including but not limited to the Organization
- h) That Cassie's Place is not responsible or liable for any damage to my vehicle, property, or equipment that may occur as a result of the Activities
- i) That negligence includes failure on the part of Cassie's Place to take reasonable steps to safeguard or protect me from the risks, dangers and hazards associated with the Activities
- j) This release, waiver and indemnity is intended to be as broad and inclusive as is permitted by law of the Province of Ontario and if any portion thereof is held invalid, the balance shall, notwithstanding, continue in full legal force and effect



CASSIE'S PLACE DAY PROGRAM

Release of Liability, Waiver of Claims and Indemnity Agreement

I acknowledge that I have read and understand this agreement, that I have executed this agreement voluntarily, and that this agreement is to be binding upon myself, my heirs, spouse, children, guardians, next of kin, executors, administrators and legal or personal representatives. I further acknowledge by signing this agreement I have waived my right to maintain a lawsuit against the Organization on the basis of any claims from which I have released herein.

Signature of parent/guardian of
athlete if under the age of majority

Signature of athlete if over the age of
majority

Printed name and date



CASSIE'S PLACE COVID PROTOCOLS

ARRIVAL AT THE PROGRAM

Anyone entering the camp (participants, staff, parents/guardians, contractors, deliveries, etc.) must be actively screened upon arrival. Refer to the 'Screening' section below for more information.

Cassie's Place staff are required to keep and maintain daily records for anyone entering the program, including name, contact information, time of arrival/departure, screening to facilitate contact tracing in the event of a probable or confirm COVID-19 case or outbreak.

Pick-up and drop-off participants should take place outdoors and within a designated and isolated area. Parents/guardians must not enter the program building, or go beyond the drop-off/pick-up areas unless it is determined there is a need, and if so, they must be actively screened and should adhere to public health measures (e.g., mask, hand hygiene, physical distancing).

Staggering the arrival and departure times is recommended to support cohorting and physical distancing measures.

SCREENING & SYMPTOM MONITORING

Passive screening will be achieved by posting signs at the entrance/reception areas and should include:

- explanations of symptoms of and exposures to COVID-19
- actions to take if they have symptoms or have had exposures (i.e., screening is positive)
- importance of public health measures

Active screening must be achieved by using an online, paper-based, or in person screening tool and can be completed:

- at home prior to arrival, or
- upon arrival at program setting prior to entry (details below).

Anyone entering the program (e.g., participants, staff, or visitors) must be actively screened prior to arrival or upon their arrival prior to entry at a clearly identified location, with the exception of first responders who should in emergency situations be permitted entry without screening.

Anyone who is ill and/or does not successfully pass the active screening must not be permitted to attend the program.

Where possible, daily screening of participants should be completed by a parent/guardian prior to arrival at camp.



CASSIE'S PLACE COVID PROTOCOLS

SCREENING & SYMPTOM MONITORING

Passive screening will be achieved by posting signs at the entrance/reception areas and should include:

- explanations of symptoms of and exposures to COVID-19
- actions to take if they have symptoms or have had exposures (i.e., screening is positive)
- importance of public health measures

Active screening must be achieved by using an online, paper-based, or in person screening tool and can be completed:

- at home prior to arrival, or
- upon arrival at program setting prior to entry (details below).

Anyone entering the program (e.g., participants, staff, or visitors) must be actively screened prior to arrival or upon their arrival prior to entry at a clearly identified location, with the exception of first responders who should in emergency situations be permitted entry without screening.

Anyone who is ill and/or does not successfully pass the active screening must not be permitted to attend the program.

CLEANING AND DISINFECTING

Ensure all equipment are cleaned and disinfected

Minimize the sharing of objects, equipment and surfaces, and other personal items, where possible, or they should be cleaned and disinfected between use. Camp participants should clean their hands before and after use of shared items that cannot be properly cleaned and disinfected

Clean and disinfect frequently touched surfaces twice daily at a minimum; however, more frequent cleaning and disinfection may be necessary, depending on the frequency of use and extent of soilage. Examples include, but are not limited to toilet and faucet handles, tables, knobs, handles, light switches, and touch screens.

Use only disinfectant products that have a Drug Identification Number (DIN). Low-level hospital grade disinfectants may be used.

HAND AND RESPIRATORY HYGIENE

Promote and perform frequent, proper hand hygiene (including supervising or assisting participants) by handwashing with soap and water or using an alcohol-based hand-rub (ABHR) at 60% to 90% alcohol concentration when hands are visibly soiled.

Educate staff and participants on proper hand hygiene and ensure that each participant and staff member performs hand hygiene often throughout the day including before and after eating, using shared equipment (activities, after toileting, blowing their nose, and before touching their faces).



CASSIE'S PLACE COVID PROTOCOLS

PHYSICAL DISTANCING

Physical distancing is not required by individuals within a cohort; however, physical distancing of at least 2 metres must be maintained by individuals of other cohorts. Physical distancing is encouraged between participants, parents/guardians, and staff.

Ensure physical distancing between cohorts by:

Choosing or modifying activities to minimize close contact;

Staggering or alternating common routines such as mealtimes or other activities to reduce number of individuals in common areas and to enable physical distancing of at least 2 metres between cohorts where physical distancing may not be possible;

Incorporate more individual activities or activities that encourage more space between camp participants and/or cohorts, and where possible, between individuals within a cohort;

Using telephone or video conferencing when possible for meetings between staff and parents/guardians

Consider staffing ratios and staff expertise that may be needed to support participants with special needs. Physical distancing may be more challenging to achieve for participants with greater personal needs. In the event physical distancing cannot be maintained and the participant is unmasked, or mask use is inconsistent, the use of a medical mask and eye protection by staff is required.

ACTIVITIES

Outdoor programming is encouraged as much as possible.

Activities that involve singing:

Indoors with only camp participants of the same cohort, with physical distance of at least 2 metres and adequate ventilation; or,

Outdoors with physical distancing of at least 2 metres.

Low contact sports and recreational fitness activities are permitted indoors. Masking is not required indoors for these sports/activities if with individuals of a cohort or if distancing can be maintained.

High contact sports and recreational fitness activities are permitted outdoors.

For aquatic activities (e.g., pool, lake, beach, splash pad, wading pool), staff of day camps must adhere to any applicable requirements in Ontario Regulation 565:

Programs that involve food preparation and consumption activities should follow hand hygiene and public health standards and all public health measures.



CASSIE'S PLACE COVID PROTOCOLS

TRANSPORTATION

Transportation of participants and staff may occur to the program, field trips, and off-site activities.

The follow measures should be followed:

Participants and staff must be actively screen prior to boarding. Participants and staff must not be permitted to board if they have symptoms or otherwise do not pass screening;

Transport should limited to a single cohort of camp participants;

Masks must be worn if participants or staff are travelling with individuals outside of their cohort

To the extent possible, physical distancing should be maintained between cohorts.

All passengers must clean their hands prior to boarding;

Eating and drinking should be discouraged;

A seating plan of all passengers including the date of travel is required and must be maintained for the duration of transport for the purposes of contact tracing;

If parents/guardians are dropping off/picking up participants or staff directly at the departure/destination of transportation, parents/guardians should wear a mask and maintain a physical distance of 2 metres from other participants, staff, or parents/guardians; and,

The vehicle is cleaned and disinfected after each use including high touch surfaces (e.g., seatbelts, armrests, handles).

Public transportation for field trips and off-site activities is strongly discouraged due to the increased risk of potential exposure to COVID-19. However, if avoiding public transportation is not possible for essential activities, the following must be adhered to:

Performing hand hygiene prior to and after each trip;

Masking is required;

Eating and drinking should be discouraged on public transportation;

Touching of contact surfaces should be avoided, where possible, on public transportation;

Remaining in assigned cohort groups for the duration of the trip

Maintaining physical distancing, where possible, from those outside of the cohort.



CASSIE'S PLACE COVID PROTOCOLS

EATING & DRINKING

Drinking water fountains should only be used with water bottles and disposable cups

Eating outdoors is encouraged. If eating indoors, stagger mealtimes between cohorts, where possible.

If meals or snacks are provided by the program or brought to the program by the participant or staff, ensure:

Participants and staff perform proper hand hygiene before and after eating;

Participants and staff have their own drink bottle (or has access to disposable cups) that is labeled, kept with them during the day, and not shared;

Participants and staff have their own individual meal or snack with no common food;

Self-serve buffets are not permitted;

Food service (e.g., buffet) for participants or staff should be conducted or assisted by a staff member;

Food and drinks are not shared;

Utensils and other items (e.g., plates, condiments) are kept and dispensed in a manner to prevent contamination;

Cleaning and disinfection procedures are followed for surfaces and all items used in the food service chain;

Masks should be worn within indoor dining areas unless eating or drinking (i.e., individuals should leave their masks on until they start eating/drinking); and,

Physical distancing between cohorts while seated at tables.

MASKS AND PERSONAL PROTECTIVE EQUIPMENT

Masks must be worn by staff and camp participants indoors, unless the individual:

Has a medical condition that inhibits their ability to wear a mask or face covering;

Is unable to put on or remove their mask or face covering without the assistance of another person

Is being accommodated in accordance with the Accessibility for Ontarians with Disabilities Act

Is eating or drinking;

is at their desk or workspace (for staff); or,

There is a barrier in place (for staff).

Reasonable exceptions are expected to be put in place by day program operators following provincial guidance. Refer to the Government of Ontario's Guidance on Face Coverings and Face Masks, Government of Ontario's Guidance on Using Masks in the Workplace. Note: It is not a provincial requirement, nor is it encouraged to obtain a doctor's note related to a medical exemption for masking requirements.



CASSIE'S PLACE COVID PROTOCOLS

Masks are not required in outdoors spaces among participants of a cohort; however, cohorts should maintain at least a 2 metre physical distance from other cohorts.

Staff must wear a medical mask indoors. Staff must wear eye protection (e.g., face shield, goggles) when engaging with an individual who is not wearing a mask and physical distance of at least 2 metres cannot be maintained.

In the event a medical mask cannot be worn, physical distance must be maintained to minimize risk to others.

Staff are encouraged to wear a mask during outdoor activities and is required to wear a mask if physical distancing of at least 2 metres cannot be maintained between individuals.

Space(s) should be provided to support nutrition and mask breaks for staff in a safe manner (e.g., a space where staff can maintain at least 2 metres distance from each other).

Staff may take off their masks and eye protection when eating/drinking or on break; however, time with masks off should be limited and they must be separated from every other person by a physical distance of at least 2 metres or plexiglass or some other impermeable barrier.

Camp participants and staff should have access to multiple masks to facilitate changing, as needed. Masks should be changed when visibly soiled, damp, or damaged.

Masks should be avoided if undue risk may occur (e.g., interfering with communication or with the specific activity), or if breathing is difficult during extremely hot weather conditions. In these instances, physical distancing must be maintained.

A personal protective equipment (PPE) kit should be maintained specifically for managing a participant or others who become symptomatic during the camp day. The kit should be readily available for staff to use quickly if they are not already wearing a medical mask and eye protection, and include at a minimum: ABHR, medical masks, and eye protection (e.g., face shield or goggles)

MANAGEMENT OF INDIVIDUALS OF SYMPTOMS OF COVID 19

If a participant, staff, or visitor begins to experience symptoms of COVID-19 while attending day program:

The symptomatic individual should be immediately separated and isolated from others in a pre-established, supervised isolation area until they can leave the program;

Anyone providing care to the symptomatic individual must use appropriate droplet and contact precautions, including a medical mask and eye protection (e.g., face shield or goggles), and gown and, where possible, maintain a physical distance of at least 2 metres;

The symptomatic individual must also wear a medical mask, if tolerated, and be reminded about frequent hand hygiene and respiratory etiquette;



CASSIE'S PLACE COVID PROTOCOLS

Tissues should be provided to the symptomatic individual with proper disposal in a closed, lined, no-touch waste basket or garbage bin followed by hand hygiene

Symptomatic individuals, without an alternative diagnosis, should be directed to be tested according to the Provincial Testing Guidance;

Symptomatic staff and participants should follow the advice of the COVID-19 where appropriate and contact their health care provider where needed. They may also complete the COVID-19 self assessment for further direction on testing recommendations.

Refer to Ministry of Health website for testing locations.

The isolation space or any other areas of the program where the ill individual was should be cleaned and disinfected once the individual leaves the camp.

All cases of COVID-19 should be investigated and managed according to the Public Health Management of Cases and Contacts of COVID-19 in Ontario.

A list of day participants, staff, and visitors in the day camp who were in close contact with or in the same cohort as the symptomatic individual should be prepared by staff to give to the local public health unit (when requested), should the individual test positive or become a probable case (e.g., they are symptomatic and their household member tests positive).

Program operators are expected to record and make available:

- Attendance records,
- Cohort lists and seating charts,
- Transportation lists and seating charts,
- Up to date contact information for parents/guardians, staff, and participants.

Communication protocols that include plans to update and inform necessary within the day program workplace and community while maintaining confidentiality of the ill individual should be initiated with direction from the local public health unit.

Regular day program activities can continue unless directed otherwise by the local public health unit.



COVID-19

BEFORE YOU ENTER

Do you have ANY mild, new or worsening symptoms?

- Fever or chills
- Runny or stuffy nose
- Loss of sense of smell or taste
- Shortness of breath
- Unusual or long-lasting headache
- Not feeling well, tired or sore muscles
- Cough
- Sore throat, trouble swallowing
- Nausea, vomiting or diarrhea
- Pink eye (in adults)
- Falling down often (in older adults)

If you received a COVID-19 vaccination in the last 48 hours and have a mild headache, fatigue, muscle ache and/or joint pain that only began after immunization, and no other symptoms, answer **"No"** to those questions.

Has a health care provider or public health unit told you that you should currently be self-isolating or staying home?

In the last 14 days, have you received a COVID Alert exposure notification on your cell phone?*

If you already went for a test and got a negative result, select **"No"**.

In the last 14 days, have you been identified as a close contact of someone who has COVID-19?*

In the last 14 days, have you travelled outside of Canada AND been advised to quarantine per the federal quarantine requirements?

In the last 10 days, have you tested positive on a rapid antigen test or home-based self-testing kit?

If you have since tested negative on a lab-based PCR test, select **"No"**.

Is anyone you live with currently experiencing any new COVID-19 symptoms (not related to receiving a COVID-19 vaccine in the past 48 hours) and/or waiting for test results after experiencing symptoms?*

*If you are **fully vaccinated**, do not have symptoms and have not been told to self-isolate, answer **"No"**. Fully vaccinated means that you received all required doses of an approved COVID-19 vaccine at least 14 days ago. See our website for more detailed information.

If you are immunocompromised, you should continue to follow all standard public health direction, even if you are fully vaccinated. If you have questions, speak to your healthcare provider.

DO NOT ENTER if you answered YES to any of the questions, and stay home.



For more information visit peelregion.ca/coronavirus

@regionofpeel

@peelregion.ca

@regionofpeel

 **Region
of Peel**
working with you

CDU-0736 21/08/22

CASSIE'S PLACE



COVID-19 Screening

Please complete before entering the child care/day camp/school setting.

Updated July 19, 2021

1. Does the child/student have any of the following new or worsening symptoms?



Fever > 37.8°C



Cough



Difficulty breathing



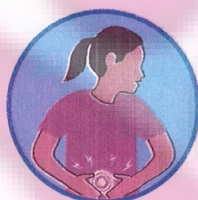
Decrease or loss of taste/smell



Sore throat or pain swallowing



Stuffy or runny nose



Nausea, vomiting or diarrhea



Headache*



Feeling unwell, muscle aches or tired*

Children/students who have an existing health condition identified by a health care provider that gives them the symptoms should not answer "Yes," unless the symptom is new, different or getting worse.

*If the child/student is 12+ years old and has a mild headache, tiredness, sore muscles or joints within 48 hours after getting a COVID-19 vaccine, they should select "No" and wear a fitted mask when at child care/day camp/school. If symptoms last longer than 48 hours or worsen select "Yes."

If "YES" to any symptoms: Stay home & self-isolate + get tested or contact a health care provider

2. Does anyone in your household have one or more of the above symptoms and/or are waiting for test results after experiencing symptoms?

Yes ☐

No ☐

• If the child/student is fully vaccinated**, select "No."

• If the household member's mild headache, tiredness, sore muscles or joints occurred within 48 hours after getting a COVID-19 vaccine, select "No". If their symptoms last longer than 48 hours or worsen, select "Yes."

3. In the last 10 days, has the child/student tested positive on a rapid antigen test or a home-based self-testing kit?

Yes ☐

No ☐

• If the child/student has since tested negative on a lab-based PCR test, select "No."

4. Has the student/child been notified as a close contact of someone with COVID-19 or been told to stay home and self-isolate?

Yes ☐

No ☐

• If the child/student is 12 years of age and older and fully vaccinated** with a COVID-19 vaccine and have not been advised to self-isolate by public health, select "No."

5. In the last 14 days, has the child/student travelled outside of Canada AND been advised to quarantine per the [federal quarantine requirements](#)?

Yes ☐

No ☐

If "YES" to questions 2, 3, 4 or 5: Stay home + follow Toronto Public Health advice

CASSIE'S PLACE

If you cannot reschedule your visit, please follow these measures:



Do not enter if:

- You are feeling unwell
- You have had contact with anyone that is unwell
- You have been out of the country in the last three weeks



Wash your hands

as soon as possible after entering the building and frequently while visiting. Use soap and water or an alcohol-based hand sanitizer.



Practice physical distancing

Maintain a two metre distance from others



Avoid touching your eyes, mouth and nose



Avoid high touch surfaces



Cover your coughs and sneezes

Use your upper sleeve or elbow, not your hands

We will continue to monitor the situation closely and will take all measures recommended by Public Health.

Thank you for your compliance in this extraordinary and difficult time.

CDS-0646 20/05/13

For more information visit peelregion.ca/coronavirus

 @regionofpeel  @peelregion.ca  @regionofpeel

 **Region
of Peel**
working with you

CASSIE'S PLACE

Day Camp

Screening Tool

Do you have **ONE** or more of the following new or worsening symptoms?



Fever $\geq 37.8^{\circ}\text{C}$ or chills



Not feeling well, tired or sore muscles



Runny or stuffy nose



Cough



Loss of sense of smell or taste



Sore throat, trouble swallowing



Shortness of breath

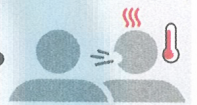


Nausea or vomiting, diarrhea



Unusual or long-lasting headache

Have you or anyone you live with had close contact with a person who is sick with COVID-19 symptoms or has tested positive in the past 14 days?



Have you or anyone you live with travelled outside of Canada in the past 14 days? (except for exemptions like cross border essential workers)



Have you been told by Public Health or the COVID-19 Alert app to stay home or self-isolate at home?



If you answered **YES** to any of these questions, please stay home. If you have symptoms or are a close contact, get tested and/or speak with your healthcare provider.

For more information visit peelregion.ca/coronavirus

CASSIE'S PLACE

Required Screening Questions

1. Are you currently experiencing one or more of the symptoms below that are new or worsening? Symptoms should not be chronic or related to other known causes or conditions.

Do you have one or more of the following symptoms?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fever and/or chills	Temperature of 37.8 degrees Celsius/100 degrees Fahrenheit or higher
Cough or barking cough (croup)	Not related to asthma, post-infectious reactive airways, COPD, or other known causes or conditions you already have
Shortness of breath	Not related to asthma or other known causes or conditions you already have
Decrease or loss of smell or taste	Not related to seasonal allergies, neurological disorders, or other known causes or conditions you already have
(For adults ≥ 18 years or older) Fatigue, lethargy, malaise and/or myalgias	Unusual tiredness, lack of energy (not related to depression, insomnia, thyroid dysfunction, or other known causes or conditions you already have) <i>If you received a COVID-19 vaccination in the last 48 hours and are experiencing mild fatigue that only began after vaccination, select "No."</i>
(For children < 18 years) Nausea, vomiting and/or diarrhea	Not related to irritable bowel syndrome, anxiety, menstrual cramps, or other known causes or conditions you already have

CASSIE'S PLACE

2. In the last 14 days, have you travelled outside of Canada AND been advised to quarantine (as per the federal quarantine requirements)?

☐ Yes

☐ No

3. Has a doctor, health care provider, or public health unit told you that you should currently be isolating (staying at home)?

This can be because of an outbreak or contact tracing.

☐ Yes

☐ No

4. In the last 10 days, have you been identified as a "close contact" of someone who currently has COVID-19?

If public health has advised you that you do not need to self-isolate (e.g., you are fully immunized or have tested positive for COVID-19 in the last 90 days and since been cleared), select "No."

☐ Yes

☐ No

5. In the last 10 days, have you received a COVID Alert exposure notification on your cell phone?

If you have already gone for a test and got a negative result, select "No."

If you are fully immunized or have tested positive for COVID-19 in the last 90 days and since been cleared, select "No."

☐ Yes

☐ No

6. In the last 10 days, have you tested positive on a rapid antigen test or a home-based self-testing kit?

If you have since tested negative on a lab-based PCR test, select "No."

☐ Yes

☐ No

CASSIE'S PLACE

travelled outside of Canada AND been advised to quarantine (as per the federal quarantine requirements) in the last 14 days?

If you are fully immunized or have tested positive for COVID-19 in the last 90 days and since been cleared, select "No."

☐ Yes

☐ No

- 8. In the last 10 days, has someone in your household (someone you live with) been identified as a "close contact" of someone who currently has COVID-19 AND advised by a doctor, healthcare provider or public health unit to self-isolate in the last 10 days?**

If you are fully immunized or have tested positive for COVID-19 in the last 90 days and since been cleared, select "No."

☐ Yes

☐ No

- 9. Is anyone you live with currently experiencing any new COVID-19 symptoms and/or waiting for test results after experiencing symptoms?**

If the individual experiencing symptoms received a COVID-19 vaccination in the last 48 hours and is experiencing mild fatigue, muscle aches, and/or joint pain that only began after vaccination, select "No."

If you are fully vaccinated or have tested positive for COVID-19 in the last 90 days and since been cleared, select "No."

☐ Yes

☐ No

Results of Screening Questions:

- If the patron answered **NO to all questions from 1 through 9**, they can enter the business or organization. In the business or organization, the patron must continue to follow all public health measures, including masking, maintaining physical distance and hand hygiene, where applicable.
- If the patron answered **YES to any questions from 1 through 9**, they should not be permitted to enter the business or organization (including any outdoor or partially outdoor business or facility). They should be advised to go home to self-isolate immediately and contact their health care provider or Telehealth Ontario ([1-866-797-0000](tel:1-866-797-0000)) to get advice or an assessment, including if they need a COVID-19 test.
- If the patron answered **YES to question 9**, they must be advised to stay home, along with the rest of the household, until the sick individual gets a negative COVID-19 test result, is cleared by their local public health unit, or is diagnosed with another illness.

CASSIE'S PLACE

- If any of the answers to these screening questions change during the day, this screening result is no longer valid and the patron may need to screen again, wherever necessary.
- Any record created as part of patron screening may only be disclosed as required by law.

Note:

For more information on federal requirements for travellers, including for unvaccinated children less than 12 years of age and quarantine exemptions, please see the Government of Canada's [website](#).

Resources:

- [COVID-19 \(coronavirus\) in Ontario](#) webpage (find a testing location, check your results, how to stop the spread of the virus).
- Ministry of Labour, Training and Skills Development's [Resources to prevent COVID-19 in the workplace](#).
- [Screening for COVID-19: guidance for employers](#) webpage.