

DATA DICTIONARY FOR COVID INCIDENT REPORTING FORM FOR EARLY YEARS AND CHILD CARE SETTINGS, DAY CAMP AND RECREATIONAL PROGRAMS

This data dictionary describes the data fields on the **COVID Incident Reporting Form for Early Years and Child Care Settings, Day Camp and Recreational Programs**.

- It is intended to help you complete the form thoroughly and accurately.
- Review this data dictionary prior to completing the form for the first time to familiarize yourself with the data requested.
- Use it as a reference for subsequent uses of the form. NOTE: Complete a separate incident reporting form for **EACH** positive or probable case you are reporting to Peel Public Health (PPH). Any data elements below that are preceded by an asterisk (*) are required (mandatory) fields on the Incident Reporting Form. This is also noted with an asterisk following the question on the fillable form.

Date reported to PPH: Provide the date the Incident Reporting Form is completed to notify PPH about the positive or probable case.

***Contact name:** Provide name of primary contact person at the setting for PPH to contact if we have questions about the information reported

***Contact phone number:** Provide telephone number where PPH may reach the named primary contact person

***Contact email:** Provide email address where PPH may reach the named primary contact person

***This form completed by (name, position):** Provide name and position of person completing the Incident Reporting Form. This provides us with a contact if necessary to follow-up

***Setting type:** Select appropriate setting type, i.e. EarlyON Child and Family Centre, Licensed Child Care Centre, Licensed Home Child Care, Unlicensed Home Child Care, Day Camp or Recreational Program

THE FOLLOWING QUESTION IS ONLY APPLICABLE TO EARLYON CHILD AND FAMILY CENTRES:

Is the EarlyON program an outdoor program: Respond yes or no

***Official name of setting/agency:** Provide official full name of setting/agency

***Setting/agency address (location where exposure occurred):** Provide full address of setting/agency where the COVID-19 exposure occurred, including postal code

THE FOLLOWING QUESTION IS ONLY APPLICABLE TO HOME CHILD CARE SETTINGS:

***Home child care provider's address:** Provide full address of home child care site, including postal code. This allows for monitoring of positive cases in the household.

***Is the setting located in a shared space:** Indicate yes or no as to whether the setting is in a shared space, such as a community centre, church, park etc.

If yes to share space question above, answer the following two questions:

***Type of shared setting:** indicate setting in the open text field, e.g. community centre, church, park etc.

***Name of shared setting:** provide your answer in the open text field; provide official full name of community centre, church, park etc.

***Name of positive or probable case:** Provide positive case's first and last name, and middle name or initial, if available

Date of birth of positive or probable case: Provide date of birth for positive or probable case, if known, using calendar date picker tool.

Date positive COVID-19 test was taken: Provide the test date for the COVID-19 positive case using calendar date picker tool

Positive or probable case is: Specify who the positive or probable case is in terms of role options provided e.g. child, home child care provider, household member of home child care provider, staff, visitor, parent/guardian/caregiver

THE FOLLOWING QUESTION IS ONLY APPLICABLE IF A STAFF MEMBER IS A POSITIVE OR PROBABLE CASE

If you chose "staff" to describe positive or probable case in last question above, answer next question:

If staff, then staff position: Choose position of staff member (choose all roles that apply) from drop down menu e.g. classroom educator, supply staff, enrichment educator, special needs enhanced program staff, runner, screener, cook, cleaner/custodian, float staff, supervisor, post-secondary placement student, bus/van driver, day camp staff, other.

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THIS QUESTION IS ONLY APPLICABLE IF A CHILD IS A POSITIVE/PROBABLE CASE IN ANY SETTING

If child, then age group: Use drop down menu to choose the applicable age group of the child who is the positive or probable case

Name of class/group/program (i.e. cohort): Provide the name of the class, group, or program (i.e. cohort) to which the positive or probable case belongs, to help identify potential groups that may have been exposed to the individual case

Indicate which date(s) the positive or probable case attended, if applicable: Specify in the open text field, the date(s) the positive or probable case was in attendance. For day camp settings, you may enter the week(s), e.g. weeks of July 5, July 12 etc.

Name(s) of staff/home child care provider(s) in the same cohort as the positive or probable case: Provide the names of all staff or home child care provider(s) who were part of the same classroom/grouping/program as the positive or probable case. This helps to identify potential contacts of the case.

Number of children in affected cohort/grouping/program: Indicate the number of children in the cohort of the positive or probable case.

Number of staff (classroom/program and non-classroom/program staff) in affected cohort/grouping/program: Specify the total number of staff in the affected cohort, both those who work directly with children in the affected cohort and those who work indirectly

Grand total of children and adults in the setting, including those in the affected and unaffected cohorts. Provide total # of children and all staff, inclusive of classroom/program and non-classroom/program staff, home child care provider(s) and household members in a home child care setting currently in attendance in-person at the setting. PPH reports this data to the Ministry of Health.

Did individual case attend the setting 72 hours prior to symptom onset, or 72 hours prior to test specimen collection date, whichever is earlier, OR 72 hours prior to test collection date (if asymptomatic): Indicate yes or no. Choose YES if either option is true; choose NO if neither apply to the individual case's attendance at the setting. This tells PPH whether the case was in attendance when they were potentially infectious.

Were symptoms reported to you by the positive or probable case?: Choose yes or no. This tells PPH whether case was symptomatic at time of testing.

If yes, specify all symptoms that apply: Select from drop down menu provided

If yes, what was date of symptom onset?: Use date picker tool to provide date symptoms first appeared

***Last date positive or probable case attended setting in person:** Use date picker tool to provide date the case last attended the setting in-person

***Did the positive or probable case attend any other group setting or recreational program:** Choose yes or no

***Does positive or probable case have any household members attending any group setting in-person (including same setting as case)?:** Choose yes or no

If yes, which setting(s): Use open text field to provide name of setting for each household member, if known

If yes, which cohort(s)?: Provide details for each household member, if known.

***Was positive or probable case part of a previously dismissed/closed cohort?:** Choose yes or no as to whether the present positive case was previously dismissed or directed to self-isolate due to a COVID-19 case in the setting.

If yes:

Number of children and staff that were part of the previously dismissed/closed cohort: Provide number of children and staff who were part of the previously dismissed/closed cohort.

If no:

***Has your setting had two cases of COVID-19 within the last 14 days?** Indicate yes or no.

***Does positive or probable case ride a school bus or transportation provided by the setting?:** Indicate yes or no.

If yes, then provide date bus/vehicle last ridden: Use date picker tool to choose date the child last used the transportation service. This information helps PPH determine if the child used the transportation service when they were potentially infectious.

If yes, provide bus/vehicle run number (if applicable): Provide bus run number ridden by child to allow for dismissal of bus run, if necessary.

Additional comments: Open text field. Provide any additional relevant comments here.