

Section 1: EarlyON	N Centre Provider							
Name of EarlyON P	Provider							
Program affected:	□ Indoor	□ Outdoor	☐ Online					
Name of Site(s):								
Submitted By	Position							
Section 2: Notifica	ation of Change to EarlyON C	entre's Business						
<ul> <li>Complete Section 2 for program(s) cancelled for 2 consecutive days</li> <li>Do not complete for closures/cancellations reported as a serious occurrence, which is an unplanned disruption of the normal programming/services offered at or by the EarlyON Centre that poses a risk to the health, safety, or well-being of children and parents/caregivers accessing programs/services, such as fire, flood, power outage, carbon monoxide, other toxic substance, outbreak, lockdown, and evacuation.</li> <li>Date of program(s) cancellation: From (dd/mm/yyyy):</li> </ul>								
Indicate reason for cancelled program(s): (Select one option)								
<ul> <li>□ Online platform disruption</li> <li>□ Staff Shortage</li> <li>□ Professional learning (Except EarlyON Staff Day and Sector-wide Professional Learning and Development)</li> <li>□ Additional closure beyond statutory and other holidays stated in the EarlyON Centres Services Agreement, namely: New Year's Day; Family Day; Good Friday; Victoria Day; Canada Day; Civic Holiday; Labour Day; National Day for Truth and Reconciliation; Thanksgiving Day; Christmas Day; and Boxing Day</li> <li>□ Closure as a result of strike action</li> </ul>								
☐ Other (please inc	dicate)							
How were families r	dicate)	m(s): (Select all that	□ No apply)					

Security Classification: RESTRICTED



# Section 3: Request for Change to EarlyON Centre's Business (Program Hours/Day) Complete Section 3 of this form if you are requesting any changes in the total program hours and/or days of operation of the programs/services being offered at the EarlyON centre. This includes any changes to regular program hours or days of operation. Indicate the change being requested: Change in the hours of operations of programs/services Current operating hours: New hours proposed: Change in the days of operations of programs/services Current operating days: New days proposed: Additional Comments:



## Section 4: Request for Change to EarlyON Centre's Business (Transfer of Program Hours Between Sites)

**Between Sites)** Complete Section 4 of this form if you are requesting to transfer program hours from one existing site to another, within your agency. Indicate the sites affected by the transfer of program hours, and the updated program hours for each site: Reducing hours at Total weekly hours reduced Current operating hours: New hours proposed: Monday Monday Tuesday Tuesday Wednesday Wednesday Thursday Thursday Friday Friday Saturday Saturday Sunday Sunday Adding hours at Total weekly hours added Current operating hours: New hours proposed: Monday Monday Tuesday Tuesday Wednesday Wednesday Thursday Thursday Friday Friday Saturday Saturday Sunday Sunday



Section 5: Region of Peel Approval								
□ Notification and/or Request for Change Reviewed by Region of Peel								
Additional Information Required:		No						
Comments or Additional Information Required:								
				<del></del>				
Regional Sign-Off:				Da	ite (dd/mm/yyyy):			

### **Notice with Respect to the Collection of Information**

The information collected on this form is being collected pursuant to the Child Care and Early Years Act, 2014 and will be used by Region of Peel to fulfill prescribed responsibilities and obligations pertaining to a business change(s) as Consolidated Municipal Service Managers of Child and Family Centres. Any questions regarding this collection may be directed to the Early Years and Child Care Services Division, Region of Peel, 10 Peel Centre Drive, Suite B, P.O. Box 2136 STN B, Brampton, ON L6T 0E3 or by email at <a href="mailto:earlyon@peelregion.ca">earlyon@peelregion.ca</a>.