

## Request/Notification of Change to EarlyON Centre's Business

### Section 1: EarlyON Centre Provider

Name of EarlyON Provider

Program affected: ☐ Indoor ☐ Outdoor ☐ Online

Name of Site(s):

Submitted By  Position

### Section 2: Notification of Change to EarlyON Centre's Business

- Complete Section 2 for program(s) cancelled for 2 consecutive days
- 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.

Date of program(s) cancellation: From (dd/mm/yyyy):  To (dd/mm/yyyy):

Indicate reason for cancelled program(s): (Select one option)

- ☐ Online platform disruption
- ☐ Staff Shortage
- ☐ Professional learning (Except EarlyON Staff Day and Sector-wide Professional Learning and Development)
- ☐ 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
- ☐ Closure as a result of strike action
- ☐ Other (please indicate)

Were families notified of the program(s) cancellation: ☐ Yes ☐ No

How were families notified of the cancelled program(s): (Select all that apply)

- ☐ Social media platforms (Facebook, Instagram, Twitter, etc.)
- ☐ Website
- ☐ Posted notice at the location
- ☐ Email
- ☐ Other (please indicate)

Additional comments:

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### 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)

- 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:

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

New hours proposed:

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

Adding hours at

Total weekly hours added

Current operating hours:

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

New hours proposed:

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

**Section 5: Region of Peel Approval**

☐ Notification and/or Request for Change Reviewed by Region of Peel

Additional Information Required: ☐ Yes ☐ No

Comments or Additional Information Required:

Regional Sign-Off:

Date (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 [earlyon@peelregion.ca](mailto:earlyon@peelregion.ca).