

## COVID-19

## CHILD TO STAFF RATIO (CSR) FORM

| DA           | CARE CENTRE:  |                       | DATE:                      |                    |
|--------------|---|-----------------------|----------------------------|--------------------|
| Plar         | nned Reopen Date:   |                       |                            |                    |
| Heal<br>with | Iren Act 1998, Section 75 (2) The operator of a licensed<br>th such records, returns and reports as the Director of<br>in such time as the Director of the Department of Head<br>ary 2019]. | the Department of Hea | lth requests in such fo    | orm and manner and |
| TEACH        | HER RESPONSIBLE:  | RESPONSIBLE:          |                            |                    |
| SUBST        | FITUTE/RELIEF ASSIGNED:   |                       |                            |                    |
|              | CHILD'S NAME:   | D.O.B:<br>MM/DD/YYYY  | ATTENDANCE<br>(P/T OR F/T) | P/T DAYS/TIME*     |
| 1.           |   |                       |                            |                    |
| 2.           |   |                       |                            |                    |
| 3.           |   |                       |                            |                    |
| 4.           |   |                       |                            |                    |
| 5.           |   |                       |                            |                    |
| 6.<br>7.     |   |                       |                            |                    |
| 8.           |   |                       |                            |                    |
| 0.           |   |                       |                            |                    |
|              | HER RESPONSIBLE:  TITUTE/RELIEF ASSIGNED:   |                       |                            |                    |
|              | CHILD'S NAME:   | D.O.B:<br>MM/DD/YYYY  | ATTENDANCE<br>(P/T OR F/T) | P/T DAYS/TIME*     |
| 1            | 1.  |                       |                            |                    |
| 2            | 2.  |                       |                            |                    |
| 3            | 3.  |                       |                            |                    |
| 4            | 1.  |                       |                            |                    |
| 5            | 5.  |                       |                            |                    |
| 6            | 5.  |                       |                            |                    |
| 7            | 7.  |                       |                            |                    |
| 8            | 3.  |                       |                            |                    |



## **Department of Health**

| TEACHER RESPONSIBLE:        | ASSISTANT RESPONSIBLE: | - |
|-----------------------------|------------------------|---|
| SUBSTITUTE/RELIEF ASSIGNED: |                        |   |
|                             |                        |   |

|    | CHILD'S NAME: | D.O.B:<br>MM/DD/YYYY | ATTENDANCE<br>(P/T OR F/T) | P/T DAYS/TIME* |
|----|---------------|----------------------|----------------------------|----------------|
| 1  |               |                      |                            |                |
| 2. |               |                      |                            |                |
| 3. |               |                      |                            |                |
| 4. |               |                      |                            |                |
| 5. |               |                      |                            |                |
| 6. |               |                      |                            |                |
| 7. |               |                      |                            |                |
| 8. |               |                      |                            |                |

<sup>\*</sup>For part-time students identify the days and times they attend the school.

## Note:

- 1. Due to use of the conservative ratios, multi-age groups are allowed. Group sizes should not exceed 8 children supervised by 2 adults
- 2. Centres can choose to meet lower ratios than the requirement outlined in the guidance
- 3. Centres must meet lower ratios if the room does not allow for children to be appropriately distanced
- 4. Changing and/or rotating of staff is strongly discouraged as children should remain in same groupings with the same teacher daily. Please add the name of a designated relief to ensure appropriate coverage.
- 5. A Covid-19 CSR form must be completed for each class at the Day Care Centre where staff have changed since the last notification to the Child Care Regulation Programme.
- 6. Change of Information Forms will be filed in a locked cabinet to ensure minimal contact with the information and names of the children will not be disclosed to any persons other than the Child Care Regulation Officers appointed by the Minister of Health in relation to their jobs.
- 7. If the document is subject to a PATI request, the names of the children would be redacted and would not be released.

| Print Name:               |                 |
|---------------------------|-----------------|
| Owner/Operator Signature: | Date Submitted: |

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