

Licensed Child Care Daily COVID-19 Health Screening Checklist for Children Attending Child Care Centres

An enhanced screening process must be completed daily in licensed child care settings, as per Ministry of Health direction. The responses you provide will be used to determine your child's eligibility to enter the program on the current day. The health of children, families and the clients of essential workers who access this child care program depends on your honesty and accuracy in completing this screening tool.

Child name: _____

<u>Month</u>	<u>Day</u>	<u>Time of arrival</u>
February 2021	March 2021	April 2021
May 2021	June 2021	July 2021

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AM

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PM

1. Does this child have any of the following **new or worsening** symptoms? (without the use of fever-reducing medication such as Tylenol, Advil, acetaminophen or ibuprofen)
- **Fever and / or chills** (A fever is a temperature of 37.8 degrees Celsius or higher).
 - **Cough** (continuous, more than usual), **including croup**. Croup is often a barking cough and whistling noise when breathing). *Not related to other causes such as asthma or reactive airway.*
 - **Difficulty breathing** (out of breath, unable to breathe deeply). *Not related to other causes such as asthma.*
 - **Decrease or loss of smell or taste**. *New and not related to other causes such as nasal polyps, allergies, neurological disorders.*
 - **Sore throat or difficulty swallowing**. *Not related to known causes such as post nasal drip, gastroesophageal reflux.*
 - **Headache** that is unusual or long-lasting. *Not related to known causes such as tension-type headaches or chronic migraines.*
 - **Nausea, vomiting or diarrhea**. *Not related to known causes such as irritable bowel syndrome, anxiety, menstrual cramps.*
 - **Fatigue, lethargy, or muscle aches** (fatigue, lack of energy, extreme tiredness, poor feeding in infants). *Not related to known causes such as depression, insomnia, thyroid dysfunction or sudden injury.*
 - **Runny or stuffy / congested nose**. *Not related to known causes such as seasonal allergies or being outside in the cold weather.*

- No Continue
- Yes **No entry. Isolate and contact Health Care Professional for guidance or obtain COVID-19 test.**

2. In the last 14 days, has this child or anyone in this child's household traveled outside of Canada?

- No → Continue
- Yes → **No entry. Isolate.**
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3. In the last 14 days, has this child been identified as a "close contact" of someone who currently has COVID-19 (or by the COVID Alert app if they have their own phone)?

- No → Continue
- Yes → **No entry. Isolate.**
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4. Is anyone in this child's household currently experiencing any new COVID-19 symptoms and/or waiting for test results after experiencing symptoms?

- No → Continue
- Yes → **No entry. Isolate.**
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5. Has this child been told by a health care provider or public health unit that they should currently be isolating?

- No → **Entry**
- Yes → **No entry. Isolate.**
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Collection of personal information

Collection of personal information. Applies to personal information about the children in our care, their parents/legal guardians, their siblings, and other individuals who are involved in their care and upbringing (collectively, "the children in our care and their families"). Niagara Nursery School respects privacy and we have a longstanding commitment to protecting the personal information of the children in our care and their families. For the purposes of this policy, "personal information" is defined as any identifiable information about the children in our care and their families, such as contact details, health information, living arrangements, background information, the child's personal characteristics and behaviour styles. Personal information is only collected, used and disclosed by Niagara Nursery School in accordance with this Privacy Policy and the legal obligations imposed by the Personal Information Protection and Electronic Documents Act (PIPEDA).

Parent/caregiver name: _____ Parent/caregiver signature: _____

Employee initials: _____