

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.

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).

Child name: _____


<u>Month</u>	<u>Day</u>	<u>Time of arrival</u>
October 2020	November 2020	December 2020
January 2021	February 2021	March 2021
	<input type="text"/>	<input type="text"/> : <input type="text"/>
		AM PM

Please check responses.

1. Does this child have any of the following **new or worsening** symptoms?






- **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.*
- **Shortness of breath** (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.*

No  Continue



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

2. Does this child have any of the following **new or worsening** symptoms?



- **Sore throat or difficulty swallowing.** *Not related to known causes such as post nasal drip, gastroesophageal reflux.*
- **Runny or stuffy/congested nose.** *Not related to known causes such as seasonal allergies or being outside in the cold weather.*
- **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.*
- **Extreme or unusual tiredness, 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.*

- No  Continue
- Yes – 1 symptom . Symptom is new in past 24 hours.  **No entry. Isolate for at least 24 hours.**
- Yes – 1 symptom. Symptom present for 24+ hours **and** is improving.  Continue
- Yes – 1 symptom. Symptom present for 24+ hours **and** is same/ worse.  **No entry. Isolate and contact Health Care Professional for guidance or obtain COVID-19 test.**
- Yes – 2 symptoms.  **No entry. Isolate and contact Health Care Professional for guidance or obtain COVID-19 test.**

3. In the last 14 days, has this child traveled outside of Canada?

- No  Continue
- Yes  **No entry. Isolate.**

4. In the last 14 days, has a public health unit identified this child as a “close contact” of someone who currently has COVID-19 (or by the COVID app if they have their own phone)?

- No  Continue
- Yes  **No entry. Isolate.**

5. Has this child been directed by a health care provider, including a public health official, to isolate?

- No  **Entry**
- Yes  **No entry. Isolate.**

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

Employee initials: _____