

Licensed Child Care Daily COVID-19 Health Screening Checklist For Child Care Centre Employees

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

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).

Employee name: _____

Month

June 2021

Sept 2021

July 2021

Oct 2021

Aug 2021

Nov 2021

Day

Time of arrival



 :

AM



PM

1. In the last 14 days, have you or anyone you live with traveled outside of Canada?



(If you are exempt from the federal quarantine requirements due to being an essential worker, select 'No')

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

2. In the last 14 days, have you been identified as a "close contact" of someone who currently has COVID-19?



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

3. Has a doctor, health care provider or public health unit told you that you should currently be isolating (staying at home)?


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


4. Is anyone you live with currently experiencing any new COVID-19 symptoms and/or waiting for test results after experiencing symptoms?

(Not related to getting a COVID-19 vaccine in the last 48 hours)

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

5. In the last 14 days, have you received a COVID Alert exposure notification on your cell phone? If you already went for a test and got a negative result, select "No."


No 

Yes 

6. Are you currently experiencing 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 or barking cough, including croup** (continuous, more than usual, making a whistling noise when breathing). *Not related to other causes such as asthma or post-infectious reactive airways.*
- **Shortness of breath** (out of breath, unable to breathe deeply). *Not related to other causes such as asthma.*
- **Sore throat.** *Not related to known causes such as seasonal allergies or acid reflux.*
- **Difficulty swallowing.** Painful swallowing. *Not related to known causes.*
- **Decrease or loss of smell or taste.** *New and not related to other causes such as nasal polyps, allergies, neurological disorders.*
- **Runny or stuffy/congested nose.** *Not related to known causes such as seasonal allergies or being outside in the cold weather.*
- **Pink eye .** Conjunctivitis *Not related to known causes such as recurring styes.*
- **Headache** that is unusual or long-lasting. *Not related to getting a COVID-19 vaccine in the last 48 hours, or other known causes such as tension-type headaches or chronic migraines.*
- **Digestive issues like nausea/vomiting, diarrhea or stomach pain.** *Not related to known causes such as irritable bowel syndrome or menstrual cramps.*
- **Muscle aches/joint pain that are unusual or long lasting.** *Not related to getting a COVID-19 vaccine in the last 48 hours, or other known causes such as sudden injury or fibromyalgia.*
- **Extreme tiredness that is unusual** (fatigue, lack of energy). *Not related to getting a COVID-19 vaccine in the last 48 hours, or other known causes such as depression, insomnia, thyroid dysfunction.*
- **Falling down often.** *This is mainly a concern for older people.*

No  **Entry**

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

Employee name: _____ Employee Signature: _____

Colleague initials: _____