OUTBREAK No.: 2230 -    -  

Health Department Use Only

OUTBREAK CONTROL PACKAGE FOR DAY NURSERIES

DAY NURSERY: ____________________________________________________________

ADDRESS: ______________________________________________________________________
________________________________________________________________________

PHONE #:___________________________ FAX #:____________________

DAY NURSERY CONTACT: _________________________ POSITION:____________________

Outbreak Notification

OUTBREAK NOTIFICATION DATE:________________________ TIME: ___________ am/pm

OUTBREAK REPORTED BY:____________________________ POSITION:____________________

NOTIFICATION RECEIVED BY:______________________________________________

INVESTIGATING PUBLIC HEALTH INSPECTOR:_______________________________

DAY NURSERY AREA PHI NOTIFIED:_______ yes _______ no

Initial Outbreak Management Meeting

Initial Meeting Date:______________ Time:_____________ am/pm

Location: _________________________________________________________________

Note: Ensure all appropriate people are notified of the date and time of the outbreak management meeting.

An outbreak is defined as two or more linked cases with clinically compatible signs and symptoms of an infection OR two or more laboratory confirmed cases OR common symptoms of illness among the children and staff that is above the norm in the Centre.

Part I – To be completed at the onset of the suspect outbreak.
Collection of information on this form is under the authority of the Health Protection and Promotion Act., R.S.O. 1990, c.H.7. Sec.5. for the purpose of enforcing the Act and Regulations thereunder. For information on collection practices, contact the Director, Environmental Health Division, Durham Region Health Department, (905) 723-3818.
PART I – OUTBREAK SUMMARY

Initial Outbreak Summary

Note: Staff includes part-time staff and volunteers at the centre

Initial Outbreak Summary Date:_________

Date of the first case: ______________________ Time:_________am/pm

Date of the most recent case: ______________________ Time:_________am/pm

Number of Persons currently ill: ________ Children _______Staff

Duration of illness: ______ hours ______ days ______ unknown

Children Hospitalized: ________yes ______ no ______ unknown

Staff Hospitalized: ________yes ______ no ______ unknown

Laboratory Results: ________yes ______ no ______ unknown/pending

If yes, results: ___________________________ Date Specimen(s) Submitted:_________

Name of Persons: ____________________________

Outbreak Case Definition

List of Symptoms from the most to the least prevalent:

a)_______________________________ d)_______________________________
b)_______________________________ e)_______________________________
c)_______________________________ f)_______________________________

d)_______________________________ e)_______________________________

Based upon the above symptoms, the outbreak case definition is:

Any person who is at risk or attending the Day Nursery and develops or is experiencing one or more of the following symptoms over a ________ day period of time starting from _________.

Date:_____/___/___
mmd y

____________________ ____________________ _________________________

____________________ ____________________ _________________________

Diarrhea: ________or more loose or watery stools within a ________hour period.

Notes:

a) The outbreak case definition may change as new information is gathered.

b) An outbreak case is identified when individual(s) are clinically linked to a laboratory confirmed case.

c) An outbreak case becomes confirmed when a causative organism is isolated from the case’s stool sample, mucous sample or other samples.
Population at Risk

<table>
<thead>
<tr>
<th></th>
<th>TOTAL STAFF AT RISK</th>
<th>NUMBER OF ILL STAFF</th>
<th>TOTAL CHILDREN AT RISK</th>
<th>NUMBER OF ILL CHILDREN</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOTAL</td>
<td></td>
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</tbody>
</table>

*Note: Staff includes part-time staff and volunteers at the centre*

How to Use the Day Nursery Outbreak Line Listing Form

Note: This information shall be available at the initial outbreak management team meeting.

The outbreak line listing form is a tool that allows the Health Dept. to evaluate the progress of the outbreak, including the number of new cases that occur each day.

- Please list staff and children on separate line lists using the outbreak case definition.
  
  *Note: Staff includes part-time staff and volunteers at the centre*

- Record those that may have been part of the outbreak and are not present at the centre.

- Record those that may have been part of the outbreak and admitted to a hospital.

- Do not list children and staff experiencing symptoms that are not included in the case definition.

- Do not record the same ill child or staff member more than once on the line listing.

- The line listing shall be updated daily.

- Each day provide an updated DAY NURSERY OUTBREAK LINE LISTING FORM to the investigating Public Health Inspector at the Health Department either by phone or fax (905) 666-1833. The Day Nursery Outbreak Line Listing Form can be found at the back of this package.
Outbreak Control Measures (to be posted)

The following infection control measures are to be implemented immediately until further notice. ✓ CHECK THE APPLICABLE BOXES.

☐ Isolate ill children until removed from the day nursery by parents/guardians.

☐ Ill staff should not be present at the day nursery.

☐ Cohort ill children away from healthy children when necessary within the day nursery.

☐ Exclude ill children until the individual is __ hours symptom-free or as directed by the Health Department.

☐ Exclude ill staff until the individual is __ hours symptom-free or as directed by the Health Department.

☐ Increase the frequency of hand hygiene by everyone in the day nursery. Proper handwashing procedures must be followed (refer to the Health Department’s 6-step “Handwashing” Poster). Provide appropriate hand sanitizers in each room, stored away from children when not in use. It is recommended that 70-90% alcohol based hand rub is used during enteric outbreaks.

☐ Gloves must be worn if contact with blood, feces and/or vomitus is likely. Ensure hands are washed properly after removing gloves. Refer to the Health Department’s Routine Practices in Community Settings poster for the clean-up of blood, feces, vomitus, etc.

☐ Increase frequency of environmental cleaning and disinfection, especially frequently touched surfaces such as hand contact areas, diapering and washroom areas, toys, tables, etc.

☐ Discontinue group water play and shared sensory play table activities (e.g. rice, macaroni, play dough, goop, plush toys, etc.).

☐ No room-to-room contact/activities among children and staff.

☐ Cancel community events (e.g. day nursery excursions, open house events, etc.) and restrict visitation to day nursery members only (e.g. no parent tours).

☐ No new admissions/transfers of children into day nursery or as directed by the Health Department.
PART 2 – OUTBREAK MANAGEMENT

Preliminary Evaluation

- Confirm the information in Part I is correct and update as needed.
- Review the outbreak case definition initially agreed upon. Does the outbreak case definition need to be revised?

  - yes  
  - no

Revised Outbreak Case Definition:

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Date:

a) Is a suspect outbreak occurring?

  - yes  
  - no

b) In reviewing the information collected, what is the most likely type of illness?

  - enteric  
  - respiratory

( go to question f )

Respiratory Outbreak:

c) If a respiratory illness, is influenza suspected?

  - yes  
  - no

d) If yes, recommend child/staff visit their family physician for treatment and/or testing.

  - yes  
  - no

e) Staff and children vaccination status (place a number in the appropriate box).

<table>
<thead>
<tr>
<th></th>
<th>Vaccinated Against Influenza / Season</th>
<th>Not Vaccinated Against Influenza / Season</th>
<th>Unknown / Influenza Vaccination Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff (incl. supervisors)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Volunteers and Part-time Staff</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Enteric Outbreak:

f) If an enteric illness, is viral gastroenteritis suspected?
   _____ yes   _____ no   _____ unknown

g) Is contaminated food suspected as being the cause of illness?
   _____ yes   _____ no   _____ unknown
   If yes or unknown, refer to Day Nursery area PHI for kitchen follow-up.

h) Are food samples available (e.g. leftover food served 72 hours prior to onset of illness)?
   _____ yes   _____ no

Note: If yes, samples of food served within the last 72 hours (prior to onset of illness) must be kept on hold under refrigeration until you are advised that they are no longer required. **DO NOT SERVE LEFTOVERS.**

Food Samples Collected

<table>
<thead>
<tr>
<th>Name of Food</th>
<th>Date Food Prepared</th>
<th>Date Food Served</th>
<th>Name of Person Preparing Food</th>
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</tbody>
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PART 3- ENTERIC OUTBREAK KITS

ENTERIC OUTBREAK KITS

You have been provided with ______ enteric outbreak kits. Each kit contains 3 vials/bottles. Check expiry dates on all vials/bottles. Do not use if expired and report immediately to the Public Health Inspector.

Instructions for Collecting Stool Samples (Specimens)

1. Fill in the following information on the label for each vial.
   - Patient’s Name (child or staff name)
   - Patient’s Date of Birth
   - Date Collected (date stool collected)

2. Fill in the following information on the white label on clear plastic bag of the Enteric Outbreak Kit.
   - Patient’s Name (child or staff name)
   - Patient’s Date of Birth
   - Date Collected (date stool collected)
   - Onset Date (date that child/staff started experiencing symptoms of illness)
   - Outbreak No. - Note: The outbreak number is: 2230 - _______ - _______
   - Check off boxes that apply
     ⇒ Resident means child/staff,
     ⇒ Sympt. means individual is showing signs of illness,
     ⇒ Asympt. means individual is not showing any signs of illness

   • We do not need the Health Card Number.

3. Take the Kit No. from the Enteric Outbreak Kit label (top right hand corner) and record Kit No. in the appropriate column beside the child/staff name on the Outbreak Line Listing form.

4. Fill all 3 vials with stool (feces), up to the line indicated on the side of the vial. If possible obtain stool specimens from the first symptomatic bowel movement, otherwise, do the best that you can. Scraping faeces (stool) from a diaper, piece of clothing or even off the floor is satisfactory.

<table>
<thead>
<tr>
<th>Vial (Cap Colour)</th>
<th>Test</th>
<th>Directions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Green</td>
<td>Bacterial</td>
<td>Using the spoon provided, collect 2-3 spoonfuls of stool, touching areas of blood, mucus and pus. <strong>Mix</strong> well into transport media. <strong>Replace cap securely.</strong></td>
</tr>
<tr>
<td>White</td>
<td>Viral and Toxin</td>
<td>Add stool to line indicated. <strong>Replace cap securely.</strong></td>
</tr>
<tr>
<td>Yellow</td>
<td>Parasitology</td>
<td>Add stool to line indicated. Mix well into transport media. <strong>Replace cap securely.</strong></td>
</tr>
</tbody>
</table>

**Note:** Small amounts of specimen can be collected for each vial, when 2-3 spoonfuls are not available.
5. Return all 3 vials to Enteric Outbreak Kit plastic bag.

6. Refrigerate outbreak kit(s) immediately and store away from food. DO NOT FREEZE.

7. Contact the Health Department for pick-up of the enteric outbreak kit(s). Kit(s) will be transported to the Public Health Laboratory for analysis as soon as possible.

Day Nursery Contact Person: ____________________________________________

Enteric Outbreak Kit Location: ____________________________________________
(Fridge where Kits are being stored in Day Nursery)

8. The Health Department will contact the Day Nursery with specimen lab results when they are received.

Day Nursery Contact Person: ____________________________________________
person receiving results

Date lab results reported to Day Nursery: ________________________________

Lab results identified a microorganism as possible cause of outbreak:

_____ yes  _____ no

Name of microorganism: ____________________________________________

Additional comments:

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

Note: Ill staff may be required to provide stool specimens as requested by the Health Department.
PART 4 – CRITICAL CONTROL MEASURES AND RESPONSIBILITIES

A. Responsibilities of Supervisor / Person In Charge

Supervisor of the Day Nursery

Name: ___________________________

- Increase the frequency of hand hygiene practices among children and staff. Reinforce proper handwashing procedures (refer to the Health Department’s 6 step “Handwashing” poster (DUHEV-280)) along with the appropriate use of alcohol based hand rubs. During enteric outbreaks 70-90% alcohol based hand rubs are recommended.

Note: Hand hygiene can either involve handwashing or the use of an appropriate hand sanitizer depending upon the situation.

- Ensure handwashing occurs especially during the following situations:
  - when hands are visibly soiled
  - before preparing and serving foods to children (staff)
  - before eating snacks and meals (staff and all children)
  - before feeding infants/toddlers (staff)
  - after toilet use (staff and children)
  - after diaper changing (staff and children)
  - after contact with blood or body substances (e.g. nasal discharge, vomitus, feces)

- Staff shall wear gloves when contact with blood and/or body substances (e.g. diarrhea, vomitus) are likely. Handwashing must occur after gloves are removed.

- Follow appropriate Routine Practices when cleaning up substances that may contain blood or body substances (refer to the Health Department’s Routine Practices in Community Settings poster). The same procedure can be used when cleaning up feces or vomitus.

- General coordination of the outbreak management process.

- Advise all parents and staff of the outbreak and what actions are necessary if their child becomes symptomatic. The day nursery should post a sign at all entrances into the centre advising parents of the outbreak.

- Provide an updated outbreak line listing to the Health Department daily, forwarded to the attention of the investigating Public Health Inspector, fax # 905-666-1833 or telephone # 1-888-777-9613.

- Immediately advise the Health Department of any hospitalizations of line listed cases.
Coordinate and ensure that the agreed upon **Control Measures for Outbreaks** are enforced. The Supervisor should ensure that the list of Control Measures for Outbreaks is posted in each room. Ensure all staff members understand and implement the control measures outlined.

Ensure the proper use of the enteric outbreak kits whenever requested by the Health Department. Contact the Health Department when kit(s) become available for pick up. Arrangements can be made to have the Health Department deliver and pick up kits from a home when necessary.

Isolate ill children until they are removed from the centre by their parents.

Exclude ill children/staff from the centre until ______ hours after person’s symptoms have stopped.

No new child admissions during the outbreak. Admissions to unaffected room(s) can be discussed with the investigating Public Health Inspector.

Cohorting of ill staff and ill children when necessary.

During an outbreak do not interchange staff/children from room to room.

Ensure all staff follow proper infection control procedures.

Ensure outbreak kits are collected from staff when requested by the Health Department. Arrangements can be made to have the Health Department deliver and pick up kits from the home when necessary.

Staff shall report if they are experiencing any outbreak related symptoms of illness to the Supervisor.

Review diapering procedures and ensure procedures are being followed (refer to the Health Department’s **Diapering Procedure, Important Steps to Remember**).

Ensure diaper change tables are disinfected after each child using an appropriate disinfectant. Follow manufacturer’s instructions on label of the disinfectant (e.g. appropriate uses, mixing solution, contact time, etc.).

Ensure children’s hands are washed (using soap and water) after diaper changing and/or using the washroom.

Staff and children shall practice frequent hand hygiene, including washing hands just prior to eating or when hands are visibly soiled.

Encourage older children to report outbreak related symptoms/illness to their caregiver and parents.
D. **Housekeeping Requirements**

- Enhance environmental cleaning and disinfection.

  **Note:** Increase the frequency of cleaning and disinfection of high traffic areas, frequently touched surfaces and surfaces most likely to be contaminated (e.g. diaper change surfaces, toilets, handwashing sinks and faucets, toys, infant vinyl floor mats, tables, door knobs, etc.).

- Reusable cloths used to clean and disinfect surfaces shall be used once, then laundered prior to reuse.

- Surfaces shall be cleaned (using a detergent, warm water and applying friction) and rinsed prior to disinfection, especially when surfaces are heavily soiled. Refer to the Health Department’s Information Sheet on “Cleaning and Disinfection in Day Nurseries” (DUHEV-198).

- Follow and review manufacturer’s instructions for cleaners (detergents) and disinfectants used on-site and ensure instructions are being followed (e.g. mixing solution, contact time, etc.).

- Mix fresh bleach solutions daily and use chlorine test strips to test proper strength. Other disinfectants requiring dilution shall be diluted as per manufacturer’s instructions.

- All disinfectants shall be tested daily (where test reagents are available) to ensure an effective chemical strength.

  **Important Note:** Increase the frequency of environmental cleaning and disinfection as soon as an outbreak is suspected, do not wait for the outbreak to be confirmed.
# OUTBREAK SUMMARY AND EPI-CURVE

## Name of Day Nursery:

<table>
<thead>
<tr>
<th>Date of Onset</th>
<th>Notification Date</th>
<th>Date Outbreak Declared Over</th>
<th>Laboratory Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Day</td>
<td>Month</td>
<td>Year</td>
<td>Day</td>
</tr>
<tr>
<td>Enteric</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Respiratory</td>
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**Public Health Inspector:**

**Case Definition:**

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____________________________________________________________________________________________
_______________________________________________________________________________________
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<table>
<thead>
<tr>
<th>Child Population at Risk</th>
<th>Number of Child Cases</th>
<th>Staff Population at Risk</th>
<th>Number of Staff Cases</th>
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</table>

**Date of Onset of Illness**

12
OUTBREAK NOTES

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Spoke To</th>
<th>Comments</th>
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</table>
**D DAY NURSERY ROUTINE ILLNESS SURVEILLANCE FORM**

<table>
<thead>
<tr>
<th>DATE</th>
<th>NAME</th>
<th>SYMPTOMS</th>
<th>RETURN DATE</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>diarrhea</td>
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<td></td>
<td></td>
<td>bloody stool</td>
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<td></td>
<td></td>
<td>nausea</td>
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<td></td>
<td>vomiting</td>
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<td></td>
<td>headache</td>
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<td></td>
<td>fever</td>
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<td></td>
<td>dry cough</td>
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<td></td>
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<td></td>
<td></td>
<td>nasal congestion</td>
<td></td>
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<td>sore throat</td>
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<td></td>
<td>muscle aches</td>
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<td></td>
<td></td>
<td>malaise</td>
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<td>poor appetite</td>
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<td>other</td>
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Day Care Name: ___________________________  Operator: ___________________________

Address: __________________________________________  Phone #: _________________

Fax #: ___________________________

DUHEV-238 (Apr/11)
# DAY NURSERY OUTBREAK LINE LISTING FORM

Outbreak No.: 2230 /  

Case Definition:  

Date:  

Children ☐  Staff ☐  

Note: List staff and children on separate forms  

<table>
<thead>
<tr>
<th>Name</th>
<th>Gender (M/F)</th>
<th>Date of Birth (dd/mm/yyyy)</th>
<th>Room #</th>
<th>Date of Onset of Symptoms (d/m)</th>
<th>Enteric</th>
<th>Respiratory</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>nausea</td>
<td>vomiting (record # of episodes)</td>
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<td></td>
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<td></td>
<td></td>
<td>diarrhea</td>
<td>record # of episodes</td>
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<td></td>
<td>bloody stool</td>
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<td>abdominal cramps</td>
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<td></td>
<td>stool</td>
<td>(record # of episodes)</td>
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<td>fever (°C or °F)</td>
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<td>chills</td>
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<td>dry cough (new)</td>
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<td>productive cough (new)</td>
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<td>running nose</td>
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<td>hoarseness/difficult swallowing</td>
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<td>rash</td>
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<td></td>
<td></td>
<td>myalgia (aching bones &amp; joints)</td>
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<td>rash</td>
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<td>headache</td>
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<td>malaise</td>
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<td>please specify</td>
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<th>Mecal</th>
<th>s-saliva</th>
<th>n-nasal</th>
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<td>Symptoms Resolved (y / n)</td>
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<td>Sample Taken (f, s, n)</td>
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<td>Kit Number</td>
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<tr>
<td>Date Collected</td>
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<tr>
<td>Lab Result (+ve or -ve)</td>
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</tbody>
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Comments/ Diagnosis

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Health Department  
1-800-777-9613, Fax (905) 666-1833

Page ____ of ____