

Daily Screening

The Ministry of Education and Durham Region Health Department have mandated that all children, caregivers, and staff must be screened prior to entry into Regional Early Learning and Child Care Centres. This information is collected in accordance with O. Reg 261/20, s.5, pursuant to the Child Care and Early Years Act (2014).

Please note, if your Early Learning and Child Care Centre has been deemed *in outbreak* all children, staff, and essential visitors must be symptom-free in order to pass this screening. If children have symptoms, they will be asked to stay home until they are 48 hours symptom-free.

Please complete this form, one per child / staff / visitor, every day prior to drop-off.

If you require this information in an accessible format, please contact 1-800-387-0642.

Today's date:

Child care centre:

Who are you completing this form for?

- My child attending a centre
- Myself, as a visitor to the centre
- Myself, as a staff member

Child / Staff / Visitor first name:

Child / Staff / Visitor last name:

Children's Screening

Does your child have any of the following symptoms? *Symptoms should not be chronic or related to other known causes or conditions.*

Note: Select the "?" beside each question for a full explanation of the symptom.

Fever and/or chills

Yes

No

Cough

Yes

No

Shortness of breath

Yes

No

Decrease or loss of taste or smell

Yes

No

Sore throat

Yes

No

Does your child have any of the following ***new or worsening*** symptoms?

Stuffy nose and/or runny nose

Yes

No

Headache

Yes

No

Fatigue, lethargy, muscle aches or malaise

- Yes
- No

Nausea, vomiting, and/or diarrhea

- Yes
 - No
-

Have you travelled outside of Canada in the past 14 days?

- Yes
- No

Has your child been identified as a close contact of someone who is confirmed as having COVID-19 by the Durham Region Health Department?

- Yes
- No

Has your child been directed by a health care provider or public health official to isolate?

- Yes
 - No
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Parents

Please answer the following question regarding your own signs and symptoms.

Are you being tested because you have symptoms of COVID-19?

- Yes
- No