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:	

Staff and Visitor Screening

Do you have any of the following **new or worsening** 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.

1. Fever and/or chills
○ Yes
○ No
2. Cough or barking cough (croup)
○ Yes
○ No
3. Shortness of breath
○ Yes
○ No
4. Decrease or loss of taste or smell
○ Yes
○ No
5. Sore throat or difficulty swallowing
5. Sore throat or difficulty swallowing Yes No
○ Yes
YesNo6. Runny or stuffy/congested nose
YesNo6. Runny or stuffy/congested noseYes
 Yes No 6. Runny or stuffy/congested nose Yes No
 Yes No 6. Runny or stuffy/congested nose Yes No 7. Headache that's unusual or long lasting
○ Yes ○ No
 Yes No 6. Runny or stuffy/congested nose Yes No 7. Headache that's unusual or long lasting Yes
 Yes No 6. Runny or stuffy/congested nose Yes No 7. Headache that's unusual or long lasting Yes No

9. Extreme tiredness that is unusual
○ Yes
○ No
10. Pink eye
○ Yes
○ No
11. Muscle aches that are unusual or long lasting
○ Yes
○ No
12. Have you travelled outside of Canada in the past 14 days?
○ Yes
○ No
13. In the past 14 days, have you been in close physical contact with someone who currently has COVID-19?
○ Yes
○ No
14. In the last 14 days, have you been in close physical contact with someone who is currently sick with COVID-19 symptoms or returned from outside of Canada in the last 2 weeks?
○Yes
○ No