

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

An enhanced screening process must be completed daily in Emergency Child Care settings, as per Ministry of Education direction. The health of children and employees at this child care program, as well as their families and social circles, depends on your honesty and accuracy in completing this screening tool.

Please circle Yes / No responses.

Employee name: \_\_\_\_\_

Month	Day	Time of arrival
June      July		:
August    September		:
		AM PM

<b>1. Temperature at arrival</b>	Ear	°C	Less than 37.8 C	Continue
			Greater than/equal to 37.8 C	No entry
	Forehead (thermal)	°C	Less than 37.8 C	Continue
			Greater than/equal to 37.8 C	No entry

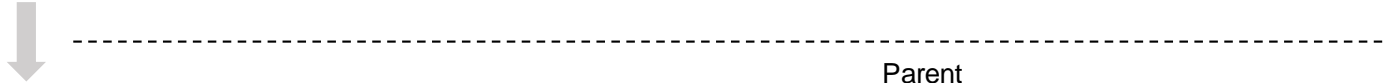
<b>2. Have you taken any non-prescription fever-reducing medication in the last 12 hours? Examples of fever-reducing medication: acetaminophen (Tylenol, Tempra), ibuprofen or other NSAID (Advil, Motrin, Naproxen)</b>	No	Continue
<b>Yes    No</b>		
↓		
Did you take the medicine for fever, aches or pains that are new?	No	Continue
	Yes	No entry

**3. Do you or anyone living in your household have any of the following symptoms? (circle any that apply)**

<ul style="list-style-type: none"> <li>• Fever</li> <li>• Chills</li> <li>• Cough that is new or worse</li> <li>• Sore throat</li> <li>• Difficulty breathing</li> <li>• Headache</li> <li>• Diarrhea</li> </ul>	<ul style="list-style-type: none"> <li>• Upset stomach</li> <li>• Loss of appetite</li> <li>• Red eyes (conjunctivitis)</li> <li>• Unusual fatigue</li> <li>• Runny nose / congestion / sneezing (not due to allergies)</li> </ul>	No	Continue
		Yes	No entry

4. Have you or anyone in your household traveled outside of Canada in last 14 days? No → Continue

**Yes No**



Can you confirm with your initials that the only person who travelled was a health care provider, first responder or other essential worker who was crossing the border to carry out their work duties exclusively? ie: transporting a patient or travelling to work in a care-based facility. **Yes No**

Parent initials

Yes + initials → Continue

No → No entry

5. In the past 14 days, have you or anyone living in your household been notified by Public Health that you have been in contact with COVID-19 and must self-isolate? No → Continue

**Yes No** Yes → No entry

6. In the past 14 days, have you or anyone in your household been advised by Public Health or a health care provider to self-isolate for any reason? No → Entry

**Yes No** Yes → No entry

Note: Some essential workers are deemed 'critical' and may have been given permission to return to work earlier than the recommended 14 day period of self-isolation. However, this permission to leave self-isolation is only because they perform critical roles and so does not apply to other non-critical members of their household, and does not apply to their children. Because of this, there may be some essential workers that Public Health is permitting to return to work but whom must find other child care arrangements outside of licensed child care programs, because their children must remain in self-isolation.

Niagara Region Public Health's COVID-19 hotline is available for all Niagara residents to provide confidential professional advice on unique individual situations. Families accessing child care programs who are unsure of how to answer any questions on this screening tool are advised to speak to a Public Health Nurse to help inform their answers. We ask that families err on the side of caution and consult Public Health whenever they are unsure, in order to protect the health of children in the child care program as best as we can. The COVID-19 hotline can be reached at 1-888-505-6074.

[Insert privacy statement here]

Employee signature: \_\_\_\_\_

Colleague witness initials: \_\_\_\_\_