

Screener: COVID-19 Active Surveillance Form for Children

Centre Name: Brighton Children's Centre

| Date: | Name | Room # | Close contact with a confirmed or probably case of COVID-19? | Did you travel to a big city within the last two weeks? | Have you travelled outside of Canada within the last 2 weeks? | New, or worsened cough or difficulty breathing? | Runny Nose or Any Congestion? | Diarrhea? | Sore Throat? | Do you have a fever within the last 5 hours? and/or did you give fever-reducing medication within the last 5hrs? | Onset Symptoms (Please describe) |
|-------|---------------|----------|--|---|---|---|-------------------------------|------------------------------|------------------------------|--|----------------------------------|
| | (Last, First) | | (Please circle option below) | (Please circle option below) | (Please circle option below) | (Please circle option below) | (Please circle option below) | (Please circle option below) | (Please circle option below) | | |
| | | Rm # 137 | YES / NO | YES / NO | YES / NO | YES / NO | YES / NO | YES / NO | YES / NO | YES / NO | |
| | | Rm # 138 | | | | | | | | | |
| | | Rm # 141 | | | | | | | | | |
| | | Rm # 121 | | | | | | | | | |

* If an answer is yes to any of the above questions, immediately ask parent(s) and their children to leave the childcare centre and inform parents that children may not return to the Centre until 14 days after isolating at home*