



COVID-19 Childcare Facility Reporting Form

Childcare facilities must report:

- Greater than 15% of children, staff and students report symptoms within the daycare on one day (in absence of underlying reasons for these symptoms such as seasonal allergies, post-nasal drip, etc.).
- Cases of COVID-19 among staff or child attendees that are laboratory-confirmed or probable (symptoms occurring among a staff or child who has been exposed to a person with confirmed COVID-19)

| | | | |
|-------------------------------|-------|------------------------------------|------|
| Facility Name: | | Facility Contact Number: | |
| Facility Contact Name: | | Cohort Number: | |
| Date: | Time: | Staff <u>or</u> Child (circle one) | DOB: |
| Last Name: | | First Name: | |
| Parent/Guardian Name: | | Phone/Cell: | |
| Comments: | | | |

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|----------------------------|-------------------------------|
| Symptom Onset Date: | Date last at facility: |
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| Symptoms of COVID-19: | |
| <input type="checkbox"/> Fever/feverish | <input type="checkbox"/> Headaches |
| <input type="checkbox"/> New onset of cough | <input type="checkbox"/> Unexplained fatigue/malaise |
| <input type="checkbox"/> Worsening chronic cough | <input type="checkbox"/> Unexplained muscle aches |
| <input type="checkbox"/> Shortness of breath | <input type="checkbox"/> Nausea/vomiting |
| <input type="checkbox"/> Difficulty breathing | <input type="checkbox"/> Diarrhea |
| <input type="checkbox"/> Sore throat | <input type="checkbox"/> Abdominal pain |
| <input type="checkbox"/> Difficulty swallowing | <input type="checkbox"/> Pink eye (conjunctivitis) |
| <input type="checkbox"/> Decrease or loss of sense of taste or smell | <input type="checkbox"/> Runny nose/nasal congestion without other known cause |
| <input type="checkbox"/> Chills | |

Fax to Renfrew County and District Health Unit (RCDHU) at (613) 735 – 3067

For questions call 613-732-3629 between 8:30 am and 4:00 pm, daily or email infectioncontrol@rcdhu.com