

www.healthunit.org

**CHILD CARE LINE LISTING** – Please complete and send updates if information changes.

Child Care facilities may report via email to schoolsurveillance@healthunit.org or via fax to 613-345-5777 Attention: Infectious Diseases Program (IDP), Community Health Protection Department.

Child Care Centre:	Date Reported:
Comments:	Outbreak #:
* In absence of underlying reason for these symptoms e.g. (allergies, post nasal drip).	

\*\* Presentation may include persistent fever, abdominal pain, conjunctivitis, gastrointestinal symptoms, and rash.

					CASE DEFINITION (only include those that meet this case definition)													ts)	t					
Cohort / Room #	Child	Staff	Initials (not full name)	First Day of Symptoms (Date)	Fever (above 37.8° C)	Nausea	Vomiting	Diarrhea	Poor Appetite	Headache	New or worsening Cough	* Stuffy Nose / Runny Nose	Difficulty swallowing	New taste or smell disorders	** Multisystem Inflammatory Vasculitis	Lethargy/Difficulty Feeding (infants)	Sore Throat / Hoarseness	Fatigue / Generally Unwell	Chills	Other (Specify in Comments)	Child / Staff absent	Child present with symptoms (Child Sent Home)	Date Of Return	Staff Initials

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					CASE	DEFI	NITIO	N (on	ly inc	lude	those th	nat me	et this	s case	definitio	on)				Other (Specify in Comments) Child / Staff absent	t			
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