

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 #:
<p>* <i>In absence of underlying reason for these symptoms e.g. (allergies, post nasal drip).</i></p> <p>** <i>Presentation may include persistent fever, abdominal pain, conjunctivitis, gastrointestinal symptoms, and rash.</i></p>	

Cohort / Room #	Child	Staff	Initials (not full name)	CASE DEFINITION (only include those that meet this case definition)																Other (Specify in Comments)	Child / Staff absent	Child present with symptoms (Child Sent Home)	Date Of Return	Staff Initials
				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					
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