

The Discovery Montessori

6553 Ninth Line Mississauga ON. L5N 7B9

DAILY COVID 19 ACTIVE SCREENING FORM FOR CHILDREN & FAMILIES

MONTH

Child's Name: Parent/Guardian Name:

Instructions: The screening process outlined in the Daily Active Screening for COVID-19 Policy will be followed by all staff responsible for conducting screening. Screening staff must complete one monthly Screening Form for each household, which includes parents/guardians and child(ren) in child care. Temperature recordings only required for those entering the child care centre. If anyone in the household answers YES to any of these questions, record the name of the individual below the check box (see examples).

Close contact is being coughed or sneezed on or within 2 meters of an individual with COVID-19 symptoms for 15 minutes.

If YES was answered for any of the questions below for the child attending the school or any household member (parents/guardians, siblings), staff must not permit them to enter the child care centre.

DATE	Time In	your hon fever, r worsening shortness or any	ne have new or g cough, of breath other	Q2: Did you child(ren) he close conta anyone with new/worse cough, sho breath or di breathing in 14 days?	nave act with h fever, ning ortness of ifficulty	COVID-19 in	ave or had act with a or case of	Q4: Does a your home temperature or higher? Temp Rea those ente sche	e have a of 37.8°C Record iding for ering the	Q5: Did yo child(ren) t outside Ca the past 14	ravel nada in	Q6: Has the been given reducing me the last 72 I	fever edicine in	COMMENTS	Staff signature
1		□ Yes	□ No	□ Yes	□ No	□ Yes	□ No	☐ Yes	□ No	□ Yes	□ No	□ Yes	□ No		
2		□ Yes	□ No	□ Yes	□ No	□ Yes	□ No	□ Yes	□ No	☐ Yes	□ No	□ Yes	□ No		
3		□ Yes	□ No	□ Yes	□ No	□ Yes	□ No	☐ Yes	□ No	□ Yes	□ No	□ Yes	□ No		
4		□ Yes	□ No	□ Yes	□ No	□ Yes	□ No	☐ Yes	□ No	☐ Yes	□ No	□ Yes	□ No		
5		□ Yes	□ No	□ Yes	□ No	□ Yes	□ No	□ Yes	□ No	☐ Yes	□ No	□ Yes	□ No		
6		□ Yes	□ No	□ Yes	□ No	□ Yes	□ No	☐ Yes	□ No	☐ Yes	□ No	□ Yes	□ No		
7		□ Yes	□ No	□ Yes	□ No	□ Yes	□ No	☐ Yes	□ No	□ Yes	□ No	□ Yes	□ No		
8		□ Yes	□ No	□ Yes	□ No	□ Yes	□ No	☐ Yes	□ No	□ Yes	□ No	□ Yes	□ No		
9		□ Yes	□ No	□ Yes	□ No	□ Yes	□ No	☐ Yes	□ No	□ Yes	□ No	□ Yes	□ No		

10		□ Yes □ N	o Yes No	□ Yes □ No	□ Yes □ No	□ Yes □ No	□ Yes □ No		
11		□ Yes □ N	o Yes No	□ Yes □ No	□ Yes □ No	☐ Yes ☐ No	□ Yes □ No		
12		□ Yes □ N	o Yes No	□ Yes □ No	□ Yes □ No	☐ Yes ☐ No	□ Yes □ No		
13		□ Yes □ N	o Yes No	□ Yes □ No	□ Yes □ No	☐ Yes ☐ No	□ Yes □ No		
14		□ Yes □ N	o Yes No	□ Yes □ No	□ Yes □ No	☐ Yes ☐ No	□ Yes □ No		
15		□ Yes □ N	o □ Yes □ No	□ Yes □ No	□ Yes □ No	☐ Yes ☐ No	□ Yes □ No		
16		□ Yes □ N	o Yes No	☐ Yes ☐ No	□ Yes □ No	☐ Yes ☐ No	□ Yes □ No		
17		□ Yes □ N	o Yes No	□ Yes □ No	□ Yes □ No	☐ Yes ☐ No	□ Yes □ No		
18		□ Yes □ N	o Yes No	□ Yes □ No	□ Yes □ No	☐ Yes ☐ No	□ Yes □ No		
19		□ Yes □ N	o Yes No	□ Yes □ No	□ Yes □ No	☐ Yes ☐ No	□ Yes □ No		
20		□ Yes □ N	o Yes No	□ Yes □ No	□ Yes □ No	☐ Yes ☐ No	□ Yes □ No		
21		□ Yes □ N	o Yes No	□ Yes □ No	□ Yes □ No	☐ Yes ☐ No	☐ Yes ☐ No		
22		□ Yes □ N	o Yes No	☐ Yes ☐ No	□ Yes □ No	☐ Yes ☐ No	□ Yes □ No		
23		□ Yes □ N	o □ Yes □ No	□ Yes □ No	□ Yes □ No	☐ Yes ☐ No	☐ Yes ☐ No		
				1	1	1	l	1	l

24		☐ Yes ☐ No	□ Yes □ No					
25		☐ Yes ☐ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	☐ Yes ☐ No	☐ Yes ☐ No	
26		☐ Yes ☐ No	□ Yes □ No	☐ Yes ☐ No	□ Yes □ No	☐ Yes ☐ No	☐ Yes ☐ No	
27		☐ Yes ☐ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	☐ Yes ☐ No	□ Yes □ No	
28		☐ Yes ☐ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	☐ Yes ☐ No	□ Yes □ No	
29		☐ Yes ☐ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	☐ Yes ☐ No	□ Yes □ No	
30		☐ Yes ☐ No	□ Yes □ No	☐ Yes ☐ No	□ Yes □ No	☐ Yes ☐ No	□ Yes □ No	
31		☐ Yes ☐ No	□ Yes □ No	□ Yes □ No	□ Yes □ No	☐ Yes ☐ No	□ Yes □ No	
		•	•			•		•

o Sore throat

Other Symptoms Include.

o Rash (if a child)

o Difficulty swallowing o Croup (respiratory infection resulting in o Pink eye barking cough and difficulty breathing) (if a (conjunctivitis)

child)

o Nasal congestion or o Unexplained fatigue/malaise/muscle aches

runny nose without other known cause

o Diarrhea

o Nausea/vomiting o Chills

o Decrease or loss of o Headaches

sense of taste or

o Abdominal pain

smell

If YES was answered for any of the questions for the child attending the child care centre or any household member (parents/guardians, siblings), staff must not permit them to enter the child care centre.

Parents/guardians are advised to obtain information on symptoms, COVID-19 testing and self-isolation by seeing a health care provider, visiting https://www.peelregion.ca/coronavirus/testing/ or contacting Peel Public Health at 905-799-7700 (Caledon: 905-584-2216).