

Parent/Guardian/Caregiver COVID-19 Screening Agreement for Households*

(to be completed at registration for each household)

Date:

Name of EarlyON Centre:

Address of EarlyON Centre:

***A household is considered any parent/guardian/caregiver and child(ren) who attend the EarlyON program as a unit.**

Health and Safety Protocols for COVID-19

To manage the risk of spreading illness within the EarlyON centre, Peel Public Health has provided direction on cleaning/sanitation protocols and personal health care practices including frequent hand washing. Peel Public Health requires that **ALL HOUSEHOLDS** must be screened **DAILY**. Parents/guardians/caregivers are required to report any symptoms in household members including taking and reporting the temperature of household members attending the EarlyON centre prior to arriving at the centre. In addition to daily active screening, all households will be monitored throughout the program for emerging signs or symptoms of illness. Households showing symptoms of illness will be asked to leave the centre immediately.

As a Parent/Guardian/Caregiver, you can prevent the spread of illness by not attending the program if you, household members or your child(ren) experience any of the following signs or symptoms:

- A temperature at or above 37.8 degrees Celsius (100 degrees Fahrenheit)
- New or worsening cough or shortness of breath
- Lethargy (lack of energy) or difficulty feeding (if an infant and no other diagnosis)
- **Any** of the following symptoms:

<ul style="list-style-type: none"> • Sore Throat • Difficulty swallowing • Pink eye (conjunctivitis) • Chills • Rash (in children) • Headaches 	<ul style="list-style-type: none"> • Nasal congestion or runny nose without other known cause • Unexplained fatigue/malaise/muscle aches 	<ul style="list-style-type: none"> • Abdominal pain • Diarrhea • Nausea/vomiting • Decrease or loss of sense of taste or smell 	<ul style="list-style-type: none"> • *Croup (in children) • *Respiratory infection resulting in barking cough and difficulty breathing
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To protect the health of all individuals at the EarlyON centre, all parents/guardians/caregivers and children 6 years of age and above are required to wear a non-medical or cloth mask while inside the EarlyON centre, including the hallways. Wearing of non-medical or cloth masks is recommended, but not required for children 3-5 years of age. Masks should not be placed on children 2 years of age and under. Parents/guardians/caregivers are responsible for providing their households with a mask(s). If you or your child(ren) are unable to wear a mask for any reason, please inform the EarlyON staff. Reasonable exceptions are permitted including those who have trouble breathing, unable to wear a mask for medical reasons or unable to remove mask without assistance. Proof of a mask exemption is not required.

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Parent/Guardian/Caregiver Consent

- I understand the risk of illness and agree to follow all health and safety protocols including the requirements for wearing masks when attending the EarlyON centre;
- I agree to all screening requirements and to accurately respond to all screening questions, including the reporting of temperatures daily or on-site temperature checks for all persons screened. Misrepresentation on any screening questions, including temperatures or masking fevers with medication could result in being asked to leave the centre;
- I will not administer any medication to anyone in my household that may mask the symptoms of illness, such as Tylenol or Advil, prior attending the EarlyON centre;
- I agree to exclude my entire household from the EarlyON centre immediately upon observing any of the signs or symptoms of illness in any household member until medically deemed able to return to program; and
- I agree that my COVID-19 screening results, including contact information, collected by the EarlyON centre during the screening process, may be provided to Peel Public Health, to help manage and reduce the risk of spreading the COVID-19 virus in the EarlyON centre.

Parent/Caregiver Name _____

Signature _____

Date:

Consent is required for all statements and households are required to pass the active screening to be permitted to enter the EarlyON centre.

COVID-19 Screening Notice with Respect to the Collection, Use and Disclosure of Personal Health Information

The information pertaining to your COVID-19 Screening is being collected, used and disclosed under the authority of the Health Protection and Promotion Act R.S.O 1990 c.H.7 and will be retained, used, disclosed and disposed of in accordance with all applicable municipal, federal and provincial laws and regulations governing the collection, use, disclosure and disposal of information including the Municipal Freedom of Information and Protection of Privacy Act R.S.O. 1990 c.M.5 and the Personal Health Information Protection Act 2004 S.O. 2004 c.3.

This information will be used by Peel Public Health to investigate the occurrence of COVID-19 in the Region of Peel, provide case management, follow-up with close contacts to assess the risk to others, program planning and evaluation. If you test positive for COVID-19, your result may be disclosed to your EarlyON centre to reduce the risk of spreading the virus in EarlyON setting. Any questions, regarding this collection, use or disclosure may be directed to the Medical Officer of Health, Peel Public Health, 7120 Hurontario Street, P.O. Box 669 RPO Streetsville, Mississauga, Ontario, L5M 2C2, 905-791-7800.

COVID-19 Active Screening Form For Households*

(to be completed daily for each family)

Date:

Name of EarlyON
Centre:

Address of
EarlyON Centre:

***A household is considered any parent/guardian/caregiver and child(ren) who attend the EarlyON program as a unit.**

Instructions: The screening process must be completed and documented daily for **each** household member who attends the centre each day on the **COVID-19 Active Screening Form For Households**. Record information for members attending the EarlyON centre only. Temperature should only be reported on the form if fever is present (37.8°C or higher).

Close contact is being coughed or sneezed on or within 2 metres of an individual with COVID-19 symptoms for 15 minutes (without PPE if a health care worker).

If YES was answered for any household member for active screening questions, **the household is not permitted to enter the EarlyON centre.**

Parents/guardians/caregivers are advised to obtain information on symptoms, COVID-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).

COVID-19 Active Screening Form For Households

(to be completed daily for each family)

Household Name (First, Last)	Q1: Does anyone in your household have fever, new or worsening cough, shortness of breath or <u>any</u> other symptoms below*?	Q2: Did any EarlyON attendees have close contact with anyone with fever, new or worsening cough, shortness of breath in the last 14 days?	Q3: Did any EarlyON attendees have COVID-19 or had close contact with a confirmed or suspected case of COVID-19 in the last 14 days?	Q4: Do any EarlyON attendees have a temperature of 37.8°C or higher? (Record temperatures only if 37.8°C or higher), "indicate 'yes' for fever present"	Q5: Did any EarlyON attendee travel outside Canada in the last 14 days?	Q6: Did any infant experience unexplained lack of energy or difficulty feeding?
Parent/Guardian/Caregiver and Child(ren) Name(s): 1. Example	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Fever	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 38.3°C	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Parent/Guardian/Caregiver and Child(ren) Name(s): 1.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

COVID-19 Active Screening Form For Households

(to be completed daily for each family)

***Other Symptoms Include:**

- Sore throat
- Difficulty swallowing
- Pink eye (conjunctivitis)
- Chills
- Headaches
- Rash (in children)
- Nasal congestion or runny nose without other known cause
- Unexplained fatigue/malaise/muscle aches
- Abdominal Pain
- Diarrhea
- Nausea/vomiting
- Decrease or loss of sense of taste or smell
- * Croup (in children)
*Respiratory infection resulting in barking cough and difficulty breathing

Illness Tracking for EarlyON Centre (for EarlyON staff use only)

If a household member fails active screening, the household will not be allowed to enter the centre. If illness is observed while at the centre by the staff, parent/guardian/caregiver or child(ren), the household (parents/guardians/caregivers and their child(ren)) are asked to leave the centre immediately, and the **Outbreak Management for COVID-Related Symptoms Policy** is implemented. Staff must document the parent's, guardian's, caregiver's or child's symptom(s) in the table below

Parent, Caregiver, Child Name (First, Last)	Time of Symptom(s)	Symptom(s)	EarlyON Staff Name