**CHILD CARE ENTERIC OUTBREAK LINE LISTING RECORD** **Staff** **Children** **Location:**

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| OUTBREAK NUMBER:  2247-     - | | | | | Facility Contact Name: | | | | | | | | **Total Number at Child Care Centre** | | | | | | | | | | Date of Index Case:    yyyy/mm/dd | | | | | | | Date Notified:  yyyy/mm/dd | | | | | Date Declared Over:  yyyy/mm/dd | | | | | |
| Facility: | | | | | Telephone #: | | | | | | | | # Staff: | | | | | | # Children: | | | |
| Room/ Occupation | | Name  (Last name, First name)  *Print name out in full* | | | | | Sex  M/F | | Date of Birth  (for children only)  yyyy/mm/dd | | Symptom Onset Date  & Time  yyyy/mm/dd, hh:mm | | Symptoms  (Check all that apply) | | | | | | | | | | | | | | | Date & Time child was last at centre  yyyy/mm/dd, hh:mm | | Date & Time symptoms ended  yyyy/mm/dd, hh:mm | | | Date & Time child returned to centre  yyyy/mm/dd, hh:mm | | Treatment | | | | Initials/  Designation  [For Health Unit Use Only] | |
| Diarrhea | | # Episodes in 24 hours | Vomiting | | # Episodes in 24 hours | | Nausea | | Fever | | Stomach cramps | |  | | Physician/ NP Seen Y / N | | Hospitalized  Y / N | |
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| **Complete and fax DAILY by 11 am to 705-482-0670.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COMMENTS: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Last Updated** |  | |  |  | |  | |  | |  |  |  | |  | | |  | | | |  | | | |  | |  | |  | |  |  | |  | |  | |  | |  |



WIT-CDC-105-06 – 2022-09-16