

		<div>ENTERIC OUTBREAK LINE LISTING: CHILD CARE CENTRES</div> <div>Outbreak No. 2236 / _____ / _____ Child List <input type="checkbox"/> OR Staff List <input type="checkbox"/></div> <div>Name of Facility: _____ Address: _____</div> <div>Date: _____ Attn. Halton Region Contact Person: _____</div> <div>Contact person at centre: _____ Phone: (905)825-6000 Ext. _____ Fax: (905)825-1009</div> <div>Phone: _____ Fax: _____ Email: _____</div>															
		Case definition: A child or staff member of the facility, presenting 2 or more unexpected episodes of diarrhoea and/or vomiting within 24 hour time period, with or without fever.															
		<div>First and last initials</div> <div>Please list all child and staff cases that meet case definition.</div>		<div>Location</div> <div>Please indicate room for each case (e.g. Infant 1, Toddler 2, etc.)</div>		<div>Date (YY/MM/DD)</div>		<div>Symptoms</div>					<div>Case was ill on the premises</div>		<div>Specimen Collected</div>	<div>Specimen (+/-)</div>	<div>Comments: e.g. child has sibling in other room, hospitalization, repeat case, family ill, etc.</div>
													Yes	No			
													Onset	Resolved			
1.																	
2.																	
3.																	
4.																	
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9.																	
10.																	

First and last initials Please list all child and staff cases that meet case definition.	Location Please indicate room for each case (e.g. Infant 1, Toddler 2, etc.)	Date (YY/MM/DD)		Symptoms					Case was ill on the premises		Specimen (Y/N)	Specimen (+/-)	Comments: e.g. child has sibling in other room, hospitalization, family ill, etc.
		Onset	Resolved	Diarrhoea	Vomiting	Nausea	Fever	Other (specify)	Yes	No			