



COVID-19 Screening Tool for Children, Staff, and Essential Visitors in Durham Region Licensed Child Care

Version 2 – November 17, 2020

This document outlines the daily screening tool questions as well as the guidance provided to tool users if the screening is failed. This tool has been adapted from the Ministry of Health, COVID-19 School and Child Care Screening and the Ontario COVID19 Self-Assessment Tool to meet Infection Prevention and Control (IPAC) requirements dictated by the Durham Region Health Department and legislative requirements within the Child Care and Early Years Act (2014).

This document will help centres in providing clear guidance as to whether a child, staff or essential visitor is fit to enter the program, self-isolate, consult a health care provider and/or contact the Durham Health Department. This document also provides clarity as to if a child may return with an improved symptom or return either 24- or 48-hours symptom-free. For more information, please see the Question and Answer section at the end of this document. Should you have any additional questions or concerns, please contact your centre supervisor.

Sincerely,

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Manager
Directly Operation Child Care and EarlyON Child & Family Centres
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The Regional Municipality of Durham

Required Screening Questions for Children

1. Does your child have any of the following symptoms? *Symptoms should not be chronic or related to other known causes or conditions.*

COVID1-19 Symptoms	Yes	No
Fever and/or chills <i>Temperature of 37.8 degrees Celsius or 100.0 degrees Fahrenheit or greater.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Cough <i>Coughing more than usual if a chronic cough, including croup (barking cough, making a whistling noise when breathing).</i> <i>Not related to other known causes or conditions (e.g., asthma, reactive airway).</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Shortness of breath <i>Dyspnea, out of breath, unable to breathe deeply, wheeze, that is worse than usual if chronically short of breath.</i> <i>Not related to other known causes or conditions (e.g., asthma).</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Decrease or loss of smell or taste <i>New olfactory or taste disorder. Not related to other known causes or conditions (e.g., nasal polyps, allergies, neurological disorders).</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Answering “Yes” to any symptom in question one:

The child has failed the screening:

- The child must stay home and isolate immediately.
- The parent/guardian should contact their child’s health care provider for further advice or assessment, which may include their child requiring a COVID-19 test or other treatment.

The child may return to care when the parent/guardian confirms:

- A negative COVID-19 test has been received.

Or

- The health care provider has confirmed the child may return to child care.

And

The child has been without any of the above symptoms for 24-hours, without medication for a fever.

2. Does your child have any of the following new or worsening symptoms? *Symptoms should not be chronic or related to other known causes or conditions.*

New or Worsening Symptoms	Yes	No
Sore throat <i>Painful swallowing or difficulty swallowing. Not related to other known causes or conditions (e.g., post-nasal drip, gastroesophageal reflux).</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Stuffy nose and/or runny nose <i>Nasal congestion and/or rhinorrhea. Not related to other known causes or conditions (e.g., seasonal allergies, returning inside from the cold, chronic sinusitis unchanged from baseline, reactive airways).</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Headache <i>New and persistent, unusual, unexplained, or long-lasting. Not related to other known causes or conditions (e.g., tension-type headaches, chronic migraines).</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fatigue, lethargy, muscle aches or malaise <i>General feeling of being unwell, lack of energy, extreme tiredness, poor feeding in infants that is unusual or unexplained. Not related to other known causes or conditions (e.g., depression, insomnia, thyroid dysfunction, anemia).</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Answering “Yes” to one symptom in question two:

The child has failed the screening:

- The child must stay home for 24-hours.
- If the symptom worsens, the parent/guardian should contact the child’s health care provider for further advice or assessment, which may require a COVID-19 test or other treatment.

The child may return to care when the parent/guardian confirms:

The symptom has improved, and no new symptoms have developed. **Answering “Yes” to two or more symptoms in question two:**

The child has failed the screening:

- The child must stay home and isolate immediately.
- The parent/guardian should contact their child’s health care provider for further advice or assessment, which may include their child requiring a COVID-19 test or other treatment.

The child may return to care when the parent/guardian confirms:

- A negative COVID-19 test has been received.

OR

- The health care provider has confirmed the child may return to child care.

AND

The child has been without any of the above symptoms for 24-hours and has not developed any new symptoms

3. Does your child have any of the following symptoms? Symptoms should not be chronic or related to other known causes or conditions.

Other symptoms	Yes	No
Nausea, vomiting and/or diarrhea <i>Not related to other known causes or conditions (e.g., transient vomiting due to anxiety in children, chronic vestibular dysfunction, irritable bowel syndrome, inflammatory bowel disease, side effect of medication).</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Answering “Yes” to question three:
The child has failed the screening:**

- The child must stay home until symptoms are resolved.
- If the symptom worsens, the parent/guardian should contact the child’s health care provider for further advice or assessment, which may require a COVID-19 test or other treatment.

The child may return to care when the parent/guardian confirms:

The child has been without any of the above symptoms for 48-hours and has not developed any new symptoms.

4. Do any of the following statements apply to your child?

Do these questions apply to you?	Yes	No
Has your child travelled outside of Canada in the past 14 days?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has your child been identified as a close contact of someone who is confirmed as having COVID-19 by the Durham Region public health unit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has your child been directed by a health care provider including a public health official to isolate?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Answering “Yes” to any question in question four:
The child has failed the screening:**

- The child must stay home and isolate immediately.
- If the family has not been in contact with the Durham Region Health Department, they must do so, and follow the advice of the public health officials.

The child may return to care when the parent/guardian confirms:

A health care provider and/or public health official has advised that the child may return to child care.

Frequently asked questions for Durham Region operators

How does this memo compare to the memo released in October 2020 related to daily screening?

- The daily screening questions have remained the same, with improved consistency of language in next steps for parents sections for each symptom group.
- The November 2020 memo has removed the requirement to report a Serious Occurrence if parents have been tested for COVID-19 as part of the daily screening protocol.
- The November 2020 Operational Guidelines have removed the requirement to maintain records of daily screening.

How does this memo outlining the symptoms and corresponding advice compare to the COVID-19 Screening Tool for Children in School and Child Care (Version 2, November 2020)?

The following table outlines the difference between the daily screening assessments created by Durham Region for licensed child care compared to the Ontario COVID-19 assessment for school and child care.

Table 1: Differences between Regional and Provincial screening tools

Symptoms	Durham Region	Ontario
Presence of fever and/or chills, cough, shortness of breath or decrease or loss of smell or taste.	If any symptom is present, regardless of the severity, the child fails the screening. Children must be symptom-free in order to attend child care.	Only if child's symptoms are new or worsening the child fails the screening. This implies the child may return with a mild fever, chills, cough, shortness of breath, or slight loss in smell or taste.
Presence of nausea, vomiting and/or diarrhea.	If a child shows any gastrointestinal symptoms, they fail the screening and are excluded until they have been symptom-free for 48-hours.	A child fails the screening and is encouraged to stay home for 24-hours from when the symptom(s) started. The child can return when symptoms have improved, and the child feels well enough to attend.

Do I need to collect a doctor's note or proof of a negative COVID-19 test before a child returns to child care?

No. As outlined by the Ministry of Health, COVID-19 Screening Tool for Children in School and Child Care (Version 2, November 2020) and by the Ministry of Education, when a child is no longer showing symptoms that would otherwise require that child to stay home, barriers to returning to child care, such as the requirement of medical notes or proof of negative COVID-19 tests, are not required.

How long do I have to keep screening records?

As per the Ministry of Education Operational Guidelines (Version 2, November 2020), the requirement to maintain records of daily screening has been revoked.