



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

Version 4 – July 26, 2021

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 Region Health Department. This document also provides clarity as to if a child may return to care. 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's supervisor.

Sincerely,

Melissa Beaucaire, RECE, BA  
Manager  
Directly Operation Child Care and EarlyON Child & Family Centres  
Social Services Department  
The Regional Municipality of Durham

## Required Screening Questions

1. 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.

| COVID1-19 Symptoms  | Yes                          | No                          |
|---|------------------------------|-----------------------------|
| <b>Fever and/or chills</b><br><i>Temperature of 37.8 degrees Celsius or 100.0 degrees Fahrenheit or greater.</i>  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>Cough</b><br><i>Coughing more than usual if a chronic cough, including croup (barking cough, making a whistling noise when breathing).<br/>Not related to other known causes or conditions (e.g., asthma, reactive airway).</i>  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>Shortness of breath</b><br><i>Dyspnea, out of breath, unable to breathe deeply, wheeze, that is worse than usual if chronically short of breath.<br/>Not related to other known causes or conditions (e.g., asthma).</i>   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>Decrease or loss of smell or taste</b><br><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 |
| <b>Sore throat or difficulty swallowing</b><br><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 |
| <b>Stuffy nose and/or runny nose</b><br><i>Nasal congestion and/or rhinorrhea.<br/>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 |
| <b>Headache</b><br><i>New and persistent, unusual, unexplained, or long-lasting. Not related to other known causes or conditions (e.g., tension-type headaches, chronic migraines).<br/>If you received a COVID-19 vaccination in the last 48 hours and are experiencing a mild headache that only began after vaccination, select 'No'.</i>  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>Extreme tiredness or muscle aches</b><br><i>Unusual fatigue, lack of energy, poor feeding in infants (not related to depression, insomnia, thyroid dysfunction, sudden injury, or other known causes or conditions you already have).<br/>If you received a COVID-19 vaccination in the last 48 hours and are experiencing mild muscle aches/joint pain or fatigue that only began after vaccination, select 'No'.</i> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>Nausea, vomiting and/or diarrhea</b><br><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 |
| <b>Stomach Pain</b> (Not applicable to child screening)   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>Pink eye</b> (Not applicable to child screening)<br><i>Conjunctivitis, not related to other known causes or conditions (for example, reoccurring styes).</i>   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**2. Please answer the following questions on behalf of your child.**

| <b>Do these questions apply to your child?</b>  | <b>Yes</b>                          | <b>No</b>                          |
|---|-------------------------------------|------------------------------------|
| <b>In the past 14 days, have you or anyone you live with travelled outside of Canada?</b><br>If exempt from federal quarantine requirements, select "No".   | <input type="checkbox"/> <b>Yes</b> | <input type="checkbox"/> <b>No</b> |
| <b>Has a doctor, health care provider or public health unit told you that you should currently be isolating (staying home)?</b>   | <input type="checkbox"/> <b>Yes</b> | <input type="checkbox"/> <b>No</b> |
| <b>In the last 14 days, have you been identified as a "close contact" of someone who currently has COVID-19?</b>  | <input type="checkbox"/> <b>Yes</b> | <input type="checkbox"/> <b>No</b> |
| <b>In the last 14 days, have you received a COVID Alert exposure notification on your cell phone?</b>   | <input type="checkbox"/> <b>Yes</b> | <input type="checkbox"/> <b>No</b> |
| <b>Does anyone in your household currently have symptoms of COVID-19 or is waiting for a COVID-19 test?</b><br>If the individual experiencing symptoms received a COVID-19 vaccination in the last 48 hours and is experiencing mild headache, fatigue, muscle aches, and/or joint pain that only began after vaccination, select 'No'. | <input type="checkbox"/> <b>Yes</b> | <input type="checkbox"/> <b>No</b> |

**Answering 'yes' to any symptom in question one or 'yes' to any question in question two:**

You have failed the screening.

**Next steps:**

1. Contact your Centre's supervisor to let them know about this result.
2. Isolate (stay home) and do not leave except to get tested or for a medical emergency.
3. Talk with a doctor/health care provider to get advice or assessment, including if your child/you need a COVID-19 test.

**Siblings**

**Siblings must stay at home** until your child showing symptoms tests negative, is cleared by Durham Region Health Department, or is diagnosed with another illness.

**When can I return to child care?**

If children and staff/visitors test negative for COVID-19, they may return when:

- They do not have a fever (without using medication).
- It has been at least 24 hours since symptoms have improved.
- It has been 48 hours since gastrointestinal symptoms have been resolved and they are symptom-free.
- They were not in close physical contact with someone who currently has COVID-19.

**If they test positive**

If children or staff/visitors test positive for COVID-19, they can return to care when:

- They are cleared by the Durham Region Health Department.

### **If they do not get tested**

If children or staff/visitors choose not to be tested, they must isolate for 10 days.

They can return to care after the 10-day isolation when:

- They do not have a fever (without using medication).
- It has been at least 24 hours since symptoms have improved.
- It has been 48 hours since gastrointestinal symptoms have been resolved and they are symptom-free.

### **If they do not talk with a doctor**

If children or staff/visitors choose not to speak with a doctor, they must isolate for 10 days.

They can return to care after the 10-day isolation when:

- They do not have a fever (without using medication).
- It has been at least 24 hours since symptoms have improved.
- It has been 48 hours since gastrointestinal symptoms have been resolved and they are symptom-free.

## **Frequently asked questions for Durham Region operators**

### **How does this memo compare to the memo released in November 2020 related to daily screening?**

- The following questions have been added:
  - In the last 14 days, have you received a COVID alert exposure notification on your cell phone?
  - Does anyone in your household currently have symptoms of COVID-19 or is waiting for a COVID-19 test?
- The tool has been updated to reflect new Provincial direction that child care staff and children with **any new or worsening** symptom of COVID-19, must stay at home until:
  - They receive a negative COVID-19 test result
  - They receive an alternate diagnosis by a health care professional, or
  - It has been 10 days since their symptom onset, and they are feeling better.
- The new Provincial requirement for household contacts (siblings) of a symptomatic child to stay home has been added.

### **Does Durham Region's daily screening assessment differ from the Ontario COVID-19 assessment for school and child care?**

Yes. In Durham Region, in addition to the criteria outlined by the Province as to when a child, staff or visitor may return to care, Durham Region Public Health also requires that they may only return to care when:

- They do not have a fever (without using medication).
- It has been at least 24 hours since symptoms have improved.
- It has been 48 hours since gastrointestinal symptoms have been resolved and they are symptom-free.

### **Why must siblings stay home if they are not showing any symptoms of COVID-19?**

As of February 12, The Ministry of Health has issued updated guidance to public health units regarding COVID-19 variants of concern. This guidance requires that all household contacts of symptomatic individuals quarantine. This guidance applies to children and child care staff by requiring them to stay home from child care if anyone in their household has new or worsening symptoms of COVID-19 and has been recommended for isolation and testing.

### **What do I do if I receive a COVID alert exposure notification on my phone?**

Follow the steps provided on the app regarding testing and isolation requirements.

### **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.