# COVID-19 Active Screening Form for Children (to be completed daily for each household)

Name of Child Care Centre/Home Child Care Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child(ren)’s Name(s) (First, Last): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent/Guardian’s Name (First, Last): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**INSTRUCTIONS**

The screening process outlined in the **Daily Screening for COVID-19 of Persons Entering EYCC Settings policy** will be followed by all staff/licensed home child care (LHCC) providers responsible for conducting screening. Screening staff/LHCC provider must complete/verify one monthly screening form for each child or household of children living together attending child care. If any child within the same household of children attending child care answers YES to any of the questions, provide guidance to parents/guardians on next steps indicated in the Results of Screening Questions section found on Page 4.

**Close contact** is having face-to-face contact with an individual with COVID-19 or COVID-19 symptoms for at least 15 minutes cumulatively (in total) within 2 metres (6 feet), without wearing a medical mask and eye protection.

For more information on symptoms, COVID-19 testing and self-isolation, consult with a health care provider, visit <https://www.peelregion.ca/coronavirus/testing/> or contact Peel Public Health at 905-799-7700 (Caledon: 905-584-2216).

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Date** | **Q1: Does your child(ren) have ANY of the following new or worsening COVID-19 symptoms?\**** **fever (37.8°C or higher) and/or chills**
* **cough or barking cough (croup)**
* **shortness of breath**
* **decrease or loss of taste or smell**
* **nausea, vomiting and/or diarrhea**
 | **Q2: In the last 14 days, have your child(ren) or anyone they live with\*\* travelled outside Canada?**  | **Q3: In the last 10 days, have your child(ren) been identified as a “close contact” of someone who currently has COVID-19?** | **Q4: Has a doctor, health care provider or public health unit told you that your child(ren) should currently be isolating or staying at home?** | **Q5: In the last 10 days, have your child(ren) been in close contact with anyone\*\*\* who had COVID-19 symptom(s)?** | **Q6: Is anyone in your child(ren)’s home isolating as a "close contact" of someone who has COVID-19?** | **Q7: In the last 10 days, have your child(ren) tested positive on a rapid antigen** **test or a home-based self-testing kit?** |
| **\***Not related to other known causes or medical conditions. **\*\***[Exemptions](https://travel.gc.ca/travel-covid/travel-restrictions/isolation#exemptions) to the federal quarantine requirements include essential workers who travel across the Canada-US border regularly for work and fully vaccinated individuals who meet the [exemption requirements](https://travel.gc.ca/travel-covid/travel-restrictions/covid-vaccinated-travellers-entering-canada). \*\*\*Anyone with COVID-19 symptoms who has not been tested for COVID-19, is awaiting test results, OR does not have an alternative diagnosis. |
| **1** | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No |
| **2** | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No |
| **3** | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No |
| **4** | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No |
| **5** | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No |
| **6** | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No |
| **7** | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No |
| **8** | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No |
| **9** | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No |
| **10** | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No |
| **11** | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No |
| **12** | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No |
| **13** | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No |
| **14** | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No |
| **15** | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No |
| **16** | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No |
| **17** | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No |
| **18** | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No |
| **19** | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No |
| **20** | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No |
| **21** | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No |
| **22** | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No |
| **23** | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No |
| **24** | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No |
| **25** | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No |
| **26** | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No |
| **27** | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No |
| **28** | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No |
| **29** | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No |
| **30** | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No |
| **31** | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No |

**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.56* 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 child care provider to reduce the risk of spreading the virus in a child care 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.

**RESULTS OF SCREENING QUESTIONS**

**If the individual answered “YES” to any of the symptoms included under Question 1:**

* Your child should stay home to isolate immediately and be tested for COVID-19 even if they are fully vaccinated.
* Contact your child’s health care provider if you are unsure if testing or another treatment is needed.
* **Note:** If the child received a COVID-19 vaccination in the last 48 hours and is only experiencing mild headache, fatigue, muscle aches, and/or joint pain that only began after vaccination, then they would answer NO to this question. The child should wear a properly fitted mask for their entire time in the child care setting. Their mask may only be removed to consume food or drink and they must remain at least two metres away from others when their mask has been removed. If the symptoms worsen, continue past 48 hours, or if they develop other symptoms, they should leave child care immediately to self-isolate and seek COVID-19 testing.

**If the individual answered “YES” to Question 2:**

* Remain in isolation until the end of the 14-day quarantine after return to Canada. Test if any COVID-19 symptom develops.
* **Note:** Individuals who are [exempt](https://travel.gc.ca/travel-covid/travel-restrictions/isolation#exemptions) from the federal quarantine requirements include essential workers who travel across the Canada-US border regularly for work and fully vaccinated individuals who meet [exemption requirements](https://travel.gc.ca/travel-covid/travel-restrictions/covid-vaccinated-travellers-entering-canada). These individuals would answer NO to this question.
* Unvaccinated children under 12 years of age and dependent children (due to a mental or physical condition) of fully vaccinated travellers will no longer have to complete a 14-day quarantine but must follow strict public health measures. This means they can move around with their parents but must avoid group settings - such as school or child care - during the first 14 days after their arrival.

**If the individual answered “YES” to Question 3:**

* Isolate for 10 days after last exposure to the COVID-19 case or as directed by Public Health. Follow Public Health’s guidance for testing.
* Asymptomatic individuals who are fully vaccinated or have tested positive for COVID-19 in the last 90 days and have since been cleared do not need to self-isolate unless required by Peel Public Health. Testing for COVID-19 is still recommended for fully vaccinated individuals. Individuals who have previously tested positive should get tested only if symptoms of COVID-19 develop or if directed by Public Health to do so. **Note:** Individuals with immunocompromising conditions are still required to self-isolate and should get tested.
* Symptomatic individuals must self-isolate and should get tested for COVID-19 even if they are fully vaccinated or previously positive for COVID-19 in the last 90 days and have since been cleared.
* **Fully vaccinated individuals** are individuals who have completed a Health Canada approved COVID-19 vaccine series or received all recommended doses of a COVID-19 vaccine that has been listed for emergency use by the World Health Organization AND it has been 14 days or more since receiving the full vaccine series (i.e., second dose of a two-dose series or a single dose of a one-dose series).

**If the individual answered “YES” to Question 4:**

* Isolate or stay home for the recommended period of time by Public Health, even if the individual has tested negative.

**If the individual answered “YES” to Question 5:**

* Isolate until the person with COVID-19 symptoms receives a negative test result or an alternative diagnosis by a health care provider.
* **Note:** If the person experiencing symptoms received a COVID-19 vaccination in the last 48 hours and is only experiencing mild headache, fatigue, muscle aches, and/or joint pain that only began after vaccination, the child would answer NO to this question.
* Individuals who are fully vaccinated or have tested positive for COVID-19 in the last 90 days and have since been cleared are not required to stay at home while the symptomatic person awaits test results. **Note:** Individuals with immunocompromising conditions are still required to stay at home while the symptomatic person awaits test results.

**If the individual answered “YES” to Question 6:**

* Stay home for the duration of the household member’s isolation period unless your child is fully vaccinated or has tested positive for COVID-19 in the last 90 days and have since been cleared.
* **Note:** Children who live with household members who were fully vaccinated prior to an exposure to COVID-19 OR household members asked to test for COVID-19 but not isolate (i.e., routine employment testing) are not required to stay home. If the fully vaccinated household member has an immunocompromising condition, children are still required to stay home unless your children are fully vaccinated or have tested positive for COVID-19 in the last 90 days and have since been cleared.
* **Fully vaccinated individuals** are individuals who have received their second dose of a two-dose COVID-19 vaccine series or their first dose of a one-dose COVID-19 vaccine series, 14 days ago or longer.

**If the individual answered “YES” to Question 7:**

* Isolate and do not leave home except to get tested or for a medical emergency.
* Get tested for COVID-19 with a lab-based PCR test. For more information on where to get tested, visit: <https://peelregion.ca/coronavirus/testing/#locations>
* If the individual has since tested negative on a lab-based PCR test, the individual would answer NO to this question.

**Special Instructions for Child Care Service Providers in Peel**

* If a child answers YES to any of the screening questions, any siblings of the child (or any other children in the same household) must be excluded from school or child care and stay home. Siblings (or any other children in the same household) who are fully vaccinated or have tested positive for COVID-19 in the last 90 days and have since been cleared are not required to stay home.