



COVID-19 Screening Tool for Childcare and Recreational settings in accordance with the Provincial Government Directives and Niagara Regional Public Health

Name of individual being screened: _____ Check applicable box: Child Staff Visitor/Service Provider

Program/Group: _____ Time of Arrival: _____ Date: _____

Assigned Screener: _____ Screener Signature: _____

Screening Questions:

All individuals (participants, staff, visitors, essential service providers) entering the child care space will be denied entry for any single new or worsening symptom not related to a previous condition.

1. Do any of the following international travel scenarios apply to you? If a child/student is not fully vaccinated but is exempt from federal quarantine because they travelled with a fully vaccinated companion, they must not go to school/child care for 14 days. Select "Yes" if this applies. In the last 14 days:

- you travelled outside of Canada and were told to quarantine? You travelled outside of Canada and told to not attend school/child care? Someone you live with returned from outside Canada and is isolating while waiting for COVID-19 test results?
 No Yes (NO ENTRY)

2. In this last [5,10] days, have you experienced any of the following new or worsening symptoms? If you have any symptoms of illness, including those not listed below, stay home and seek assessment from your health care provider if needed.

- Fully vaccinated/Under 11-year-old use 5 days. 12 years+ / not fully vaccinated OR if you are immune compromised, use 10 days;
• If you are symptomatic and tested negative for COVID-19 on a single PCR test or two rapid antigen tests (RAT) taken 24-48 hours apart, with no symptom of fever and symptoms have been improving for 24 hours (or 48 hours for gastrointestinal symptoms), you may answer "no" to all symptoms.
• If you have had a COVID-19 positive test result (rapid antigen or PCR) on or after Dec. 20, 2021, have completed isolation and have developed new symptoms that have been improving for 24 hours (or 48 hours for gastrointestinal symptoms) you may answer "No" to all symptoms
• Select yes if symptoms are new, worsening, and not related to other known causes or conditions you already have.

Table with 3 columns: Symptom description, No, Yes (No Entry). Rows include: Fever and/or chills (temperature of 37.8 degrees C or greater), New or Worsening Cough or barking cough (croup) (more than usual if chronic cough), Shortness of Breath – Out of Breath, unable to breathe deeply (not related to asthma/known conditions), Decrease or loss of smell or taste.

If yes and If you are fully vaccinated or aged 11 or younger you must stay home for 5 days and until your symptoms have been improving for at least 24 hours returning no earlier than 6 days. The 5 days start from the first day after symptoms began. If you are partially vaccinated, unvaccinated, or immunocompromised: stay home for 10 days. The 10 days start from the day after your symptoms began.

3. In this last [5,10] days, have you experienced any of the following symptoms?

- If fully vaccinated use 5 days. If you are 12 years of age or older and not fully vaccinated OR if you are immune compromised, use 10 days
• If symptomatic and tested negative for COVID-19 on a single PCR test or two rapid antigen tests (RAT) taken 24-48 hours apart, and symptoms have been improving for 24 hours (or 48 hours for gastrointestinal symptoms), you may answer "no" to all symptoms.
• If you had one of the following symptoms in the past [5, 10] days and it has been improving for the past 24 hours (or 48 hours for gastrointestinal symptoms) you can select "No".
• If you have had a COVID-19 positive test result (rapid antigen or PCR) on or after Dec. 20, 2021, have completed isolation and have developed new symptoms that have been improving for 24 hours (or 48 hours for gastrointestinal symptoms) you may answer "No" to all symptoms.
• Select yes if symptoms are new, worsening, and not related to other known causes or conditions you already have.



Runny Nose/Nasal Congestion-Not related to allergies, being outside or other chronic conditions	<input type="checkbox"/> No	<input type="checkbox"/> Yes -No Entry
Headache- Unusual, long-lasting, not related to tension-type headaches, chronic migraines or other chronic conditions. If you received a COVID-19 and/or flu vaccination in the last 48 hours and is experiencing a mild headache that only began after vaccination, select "No"	<input type="checkbox"/> No	<input type="checkbox"/> Yes-No Entry
Extreme Fatigue	<input type="checkbox"/> No	<input type="checkbox"/> Yes-No Entry
Sore Throat-Not related to allergies, being outside or other chronic conditions	<input type="checkbox"/> No	<input type="checkbox"/> Yes-No Entry
Muscle Aches/Joint Pain (ADULTS ONLY) Unexplained, unusual, or long-lasting (not related to sudden injury, fibromyalgia, or other known causes or conditions)	<input type="checkbox"/> No	<input type="checkbox"/> Yes-No Entry
Gastrointestinal Symptoms (Nausea, vomiting or Diarrhea)-Not related to known causes such as irritable bowel syndrome, anxiety, menstrual cramps., or other known causes or conditions you already have	<input type="checkbox"/> No	<input type="checkbox"/> Yes-No Entry

If only one of these symptoms you must go/stay home. You can return to it if it has been at least 24 hours since your symptoms started improving (48 hours for nausea, vomiting, and/or diarrhea) and as long as you do not develop any additional symptoms. **If you have two or more** of the following new or worsening symptoms- *If fully vaccinated or age 11 or younger you must stay home for 5 days returning on the 6th day to the child care centre at the earliest if your symptoms have been improving for at least 24 hours. The 5 days start from the first day after symptoms began. If you are partially vaccinated, unvaccinated, or immunocompromised: stay home for 10 days. The 10 days start from the day after your symptoms began. In both cases, all of your household members (regardless of vaccination status) will need to stay home for the duration of this isolation period.*

If testing is available, you should get tested by taking either:1 PCR test or 1 rapid antigen test, waiting 24 to 48 hours, and then taking 1 more rapid antigen test. If you had a negative result for the PCR test or for both rapid antigen tests, you can return to school/child care if it has been at least 24 hours since your symptoms started improving (or 48 hours if you had nausea, vomiting, and/or diarrhea).

4. In the last 5 for fully vaccinated/10 days non-vaccinated, have you tested positive on a rapid antigen test or home-based self testing kit? Select no if you have already completed your isolation period of 5 days because your symptoms started before your positive result, and you do not have a fever and your symptoms have been improving for 24hrs (48 for Nausea, vomiting and or diarrhea)

No Yes (NO ENTRY)

5. Do any of the following apply?

- You live with someone who is currently isolating because of a positive COVID-19 test OR who is currently isolating because of COVID-19 symptoms OR someone who is waiting for COVID-19 test results.

Select "No" if the person has not tested positive for COVID-19 and only has one of these symptoms: sore throat or difficulty swallowing, runny or stuffy/congested nose, headache, extreme tiredness, muscle aches or joint pain, nausea, vomiting and/or diarrhea. If you have had a COVID-19 positive test result (rapid antigen or PCR) on or after Dec. 20, 2021 you may answer "No" as you are only required to self-monitor.

No Yes (NO ENTRY)

6. Has a doctor, health care provider, or public health unit told you that you should currently be isolating (staying at home)?

No Yes (NO ENTRY)

7. Have you been identified as a "close contact" of someone who currently has COVID-19 and been advised to self-isolate? **Note: Given the multiple protective strategies in place, contacts who are only exposed at school or child care are not generally considered close contacts requiring isolation.** If public health guidance provided to you has advised you that you do not need to self-isolate, select "No."

- You are fully vaccinated, and not immunocompromised, and you do not live with the person who has COVID-19/symptoms of COVID-19
- You completed your isolation after testing positive in the last 90 days (using a rapid antigen, rapid molecular, or PCR test)

No Yes (NO ENTRY)

Hours of Operation	Contact	Phone
8:30a.m. – 8:30p.m	Public Health COVID Hotline	905-688-8248 Press 7; Press 2 905-378-4647 ext. 42819