



COVID-19 Screening for children/students

Please complete before entering the child care/JK-12 school setting.

Updated October 5, 2021

Name: _____ Date: _____ Time: _____

1. Does the child/student have any of the following new or worsening symptoms?



Fever > 37.8°C and/or chills
Yes No



Cough
Yes No



Difficulty breathing
Yes No



Decrease or loss of taste/smell
Yes No



Nausea, vomiting or diarrhea
Yes No

If the child/student has a health condition diagnosed by a health care provider that gives them the symptom, select "No". If the symptom is new, different or getting worse, select "Yes".

• Anyone who is sick or has any symptoms of illness, including those not listed above, should stay home and seek assessment from their health care provider if needed.

If "YES" to any symptom:



2. Does anyone in your household have one or more COVID-19 symptoms and/or are waiting for test results after experiencing symptoms?

• If the child/student is fully vaccinated* or has tested positive for COVID-19 in the last 90 days and been cleared, select "No".

3. In the last 10 days, has the child/student tested positive on a rapid antigen test or a home-based self-testing kit?

• If they have since tested negative on a lab-based PCR test, select "No".

4. Has the child/student been notified as a close contact of someone with COVID-19 or been told to stay home and self-isolate?

• If the child/student is fully vaccinated* or has tested positive for COVID-19 in the last 90 days and been cleared or public health has said the child/student does not have to self-isolate, select "No".

5. In the last 14 days has the child/student travelled outside of Canada AND been advised to quarantine per the federal quarantine requirements OR was told not to attend school/child care?

If "YES" to questions 2, 3, 4 or 5:



* Fully vaccinated means 14 days or more after getting a second dose of a two dose COVID-19 series or as defined by the Ontario Ministry of Health



MY CHILD/STUDENT HAS 1 OR MORE SYMPTOMS OF COVID-19

Updated October 5, 2021

The child/student should stay home, self-isolate & get tested with a PCR (Polymerase Chain Reaction) test.

Notify the child care/school that they have symptoms.

WHAT WAS THE RESULT OF THE COVID-19 PCR TEST?

POSITIVE

Let the child care/school know that they tested positive for COVID-19.

The child/student must stay home & self-isolate for 10 days from the day their symptoms started. They can return on day 11, even if someone else at home develops symptoms.

Household members & close contacts who are not fully vaccinated with a COVID-19 vaccine* must self-isolate for at least 10 days and should get tested.

Toronto Public Health will contact you to do an investigation & will provide further instructions.

If the child/student tested positive with a rapid antigen test, they must get a PCR test to confirm the result.

NEGATIVE

Is the child/student a close contact of someone who tested positive for COVID-19 in the last 10 days?

No They may return 24 hours after their symptoms have started improving (48 hours for nausea, vomiting or diarrhea).

Yes If the child/student is not fully vaccinated*, they need to self-isolate for 10 days from last exposure to the person who was positive.

Yes If the child/student is fully vaccinated*, they may return 24 hours after their symptoms have started improving (48 hours for nausea, vomiting or diarrhea).

Yes If the child/student has tested positive for COVID-19 in the last 90 days and was cleared, they may return 24 hours after their symptoms have started improving (48 hours for nausea, vomiting or diarrhea).

Yes If the child/student only received an exposure notification through the COVID Alert app, they can return 24 hours after their symptoms have started improving (48 hours if nausea, vomiting or diarrhea).

Siblings and adults in the home who attend a child care/school setting can return right away as long as there are no other household members with symptoms.

NOT TESTED

The child/student must stay home & self-isolate for 10 days from the day symptoms started. On day 11, the child/student can return to the child care/school setting if their symptoms are improving.

Anyone in the household who is not fully vaccinated* or has not tested positive for COVID-19 in the last 90 days and was cleared, must self-isolate until the child/student gets a negative COVID-19 test or 10 days have passed.

If a health care provider has diagnosed a condition that isn't related to COVID-19, the child/student can return 24 hours after their symptoms improve (48 hours for nausea, vomiting or diarrhea). Household members do not need to stay home.

If the child/student tested negative with a rapid antigen test, they must get a negative result on a PCR test to be cleared.



If the child/student travelled outside of Canada in the last 14 days:

The child/student must follow federal guidelines for quarantine and testing after returning from international travel. If the child/student is not fully vaccinated, they are not to attend school/child care for 14 days, even if they traveled with a vaccinated companion.

Follow federal requirements for travellers.



*Fully vaccinated means 14 days or more after getting a second dose of a two dose vaccine series or as defined by the Ontario Ministry of Health.

TORONTO.CA/COVID19



PH210955145



Jackman Daycare Health Pass

Oct 5, 2021

The most important thing families can do to help slow the spread of COVID-19, is to screen their children daily for any COVID-19 symptoms and keep them home from daycare if they are sick or have had close contact with anyone diagnosed with COVID-19.

Review this COVID-19 checklist daily with your child. Sign* below each day to confirm that your child does not have any symptoms or have had other exposure to COVID-19. We all have a role in keeping our daycare safe and healthy. Please fill out one per child.

Child Name : _____

Date: _____ Signature: _____ Date: _____ Signature: _____

Date: _____ Signature: _____ Date: _____ Signature: _____

Date: _____ Signature: _____ Date: _____ Signature: _____

Date: _____ Signature: _____ Date: _____ Signature: _____

Date: _____ Signature: _____ Date: _____ Signature: _____

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****The daycare reserves the right to refuse entry to any child who staff believe to be showing symptoms listed above***