

## Appendix 4: Return to Setting Form for Children

<b>Childs Name:</b>	<b>Manager Name:</b>
<b>Parents/Guardians Name:</b>	
<b>Name of Setting:</b>	
<b>Questions regarding COVID-19</b>	<b>Yes / No</b>
1. Does your child have symptoms of cough, fever, high temperature, sore throat, runny nose, breathlessness or flu like symptoms now or in the past 14 days?	
2. Has your child been diagnosed with confirmed or suspected COVID-19 infection in the last 14 days?	
3. Is your child a close contact of a person who is a confirmed or suspected case of COVID-19 in the past 14 days (i.e. less than 2 metres for more than 15 minutes accumulative in 1 day)?	
4. Has your child been advised by a doctor to self-isolate at this time?	
5. Has your child been advised by a doctor to cocoon at this time?	
6. Please provide details below of any other circumstances relating to COVID-19, not included in the above, which may need to be considered to allow your child's safe return to the setting. Further information on people at higher risk from Coronavirus can be accessed <a href="#">here</a> .	

\*if you are unsure whether or not your child is in an at-risk category, please check the information at the link in Question 6.

\*\* If your situation changes after you complete and submit this form, please tell management.

## Appendix 5: Checklist No. 8 (Parents/Guardians)

<b>COVID-19 Return to Work Safely Protocol - Checklist No. 8</b> <b>Parents/Guardians</b>			
<p>This checklist has been developed to help inform parents and guardians about what they need to do to help prevent the spread of COVID-19 in the setting. Providers and families must work together to protect everyone at the setting and in the community. Further information can be found at <a href="http://www.Gov.ie">www.Gov.ie</a>, <a href="http://www.hse.ie">www.hse.ie</a>, <a href="http://www.hpsc.ie">www.hpsc.ie</a> and <a href="http://www.hsa.ie">www.hsa.ie</a></p>			
	Control	Yes / No	Action needed
1.	Are you keeping up to date with the latest COVID-19 advice from Government?		
2.	Are you aware of the signs and symptoms of COVID-19?		
3.	Do you know how the virus is spread?		
4.	Have you completed the COVID-19 return-to-setting form above and given it to the manager of the setting (1 week prior to your child returning to the setting)?		
5.	Have you told the manager or key worker if your child falls into any of the at-risk categories?		
6.	Have you been made aware of the control measures the management of the setting has put in place to minimise the risk of your child and others being exposed to COVID-19?		
7.	Are you committed to cooperating with the staff in the setting to make sure these control measures are maintained?		
8.	Do you know how to contact the management of the setting if you have any concerns about exposure to COVID-19, control measures not being maintained or have any suggestions that could help prevent the spread of the virus?		
9.	Do you know what to do in relation to physical distancing, good hand hygiene and respiratory etiquette?		
10.	Do you know to keep 2 metres physical distancing from others at all times when dropping and collecting your child from the setting?		
11.	Do you know what to do if you or your child start to develop symptoms of COVID-19 at home?		
12.	Have you been made aware of the procedure in the setting should your child start to develop symptoms of COVID-19 while in the setting?		
13.	Have you advised the manager or key worker of your contact details and details of an alternative person to contact should your child start to develop symptoms and need to be taken home?		
14.	Do you understand the purpose of the setting maintaining a COVID-19 contact log?		
15.	Are you aware of the importance of regular handwashing of your child's hands?		

16.	Do you know what supports are available to your child if they are feeling anxious or stressed?		
	<b>Additional Information</b>		

Name.....Signature.....Date.....