# Checklist No. 8 (Parents/Guardians)

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| **COVID-19 Return to Work Safely Protocol - Checklist No. 8 Parents/Guardians** |
| 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 [www.Gov.ie](http://www.gov.ie/), [www.hse.ie](http://www.hse.ie/), [www.hpsc.ie](http://www.hpsc.ie/) and [www.hsa.ie](http://www.hsa.ie/) |
|  | **Control** | **Yes / No** | **Action needed** |
| 1. | Are you keeping up to date with the latest COVID-19 advice fromGovernment? |  |  |
| 2. | Are you aware of the [signs and symptoms of COVID-19](https://www2.hse.ie/conditions/coronavirus/symptoms.html)? |  |  |
| 3. | Do you know [how the virus is spread](https://www2.hse.ie/conditions/coronavirus/how-coronavirus-is-spread.html)? |  |  |
| 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 childreturning to the setting)? |  |  |
| 5. | Have you told the manager or key worker if your child falls into any ofthe [at-risk categories](https://www2.hse.ie/conditions/coronavirus/people-at-higher-risk.html)? |  |  |
| 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 othersbeing exposed to COVID-19? |  |  |
| 7. | Are you committed to cooperating with the staff in the setting to makesure 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 spreadof the virus? |  |  |
| 9. | Do you know what to do in relation to physical distancing, good handhygiene and respiratory etiquette? |  |  |
| 10. | Do you know to keep 2 metres physical distancing from others at alltimes when dropping and collecting your child from the setting? |  |  |
| 11. | Do you know what to do if you or your child start to develop symptomsof COVID-19 at home? |  |  |
| 12. | Have you been made aware of the procedure in the setting should yourchild 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 todevelop symptoms and need to be taken home? |  |  |
| 14. | Do you understand the purpose of the setting maintaining a COVID-19contact log? |  |  |
| 15. | Are you aware of the importance of regular handwashing of your child’shands? |  |  |
| 16. | Do you know what supports are available to your child if they are feelinganxious or stressed? |  |  |
|  | **Additional Information** |  |  |
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Name………………………………………………Signature…………………………………………Date………………