Appendix A Screening Tool for Child Care Settings

Parents and guardians, please complete this checklist about your child's health each day and be prepared to confirm your answers to your child care provider.

Is your child feeling sick? Does your child have any of these symptoms? Fever Cough or Sore throat Headache Shortness of Muscle Sneezing breath (i.e. chills, worsening of a aches sweats) previous cough Red, purple or blueish Diarrhea Unusual Loss of sense Nasal congestion/ Hoarse voice lesions (spots) on the fatique of smell or runny nose feet, toes or fingers taste without clear cause

- In the last 14 days, has your child travelled outside Atlantic Canada?
- In the last 14 days, has your child had close contact (within 2 metres / 6 feet) with someone confirmed to have COVID-19?
- 5 Is your child waiting for results from a COVID-19 test?

If you answered $\underline{\text{YES}}$ to one or more of these questions, your child is not able to attend child care.

Please inform your child care provider of the reason for your child's absence. If your child has any of the symptoms in question 2, you should contact 811 or your health care provider.

If you've spoken to 811 or a health care provider and your child only has chronic stable symptoms (e.g. cough, sneeze, runny nose, or nasal congestion) due to a medical condition like asthma or allergies, they are not required to be excluded from child care.

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