

Imagine Nation, A Museum Early Learning Center

WHEN YOUR CHILD IS ILL (SICK) AT HOME

“HOME SCREENING QUESTIONNAIRE” CHECK LIST:

To safeguard the health of all children, our staff and the entire community, we ask all parents/legal guardians to monitor their children for symptoms, conditions or criteria that are associated with communicable diseases, including COVID-19. Please notify the early learning administrative office immediately if any of the following exist.

If any box is checked, this is an indication that your child is not feeling well enough to attend school. Please keep them home and call our office to report the absence and illness symptoms. In most cases your child will need to be cleared by their health care provider in writing to return.

Children must “Stay Home” from school if they:

- ☐ Are diagnosed with COVID-19 and have not been cleared to return to school by a physician or the Public Health Authority
- ☐ Are/were a close contact of a COVID-19 positive individual within the last 14 days and have not been cleared to return to school by a physician or the Public Health Authority
- ☐ Have an elevated body temperature of 100 degrees F. or above.
- ☐ Have any sign/symptom of respiratory distress or severe asthmatic episode
- ☐ Have a persistent cough
- ☐ Have a loss of taste and/or smell
- ☐ Have generalized allergic reaction
- ☐ Have seizure, head injury, severe headache, blurred vision or dizziness

- ☐ Traveled to and spent at least 24 hours, within the last 14 days, in any state listed on CT's COVID-19 Travel Advisory. The state must be on the Advisory list during the time spent in the specific state
 - ☐ Have an undiagnosed rash or skin condition
 - ☐ Have recurrent vomiting in the past 24 hours
 - ☐ Have more than one episode of diarrhea
 - ☐ Have large amounts of yellow/green mucus discharge from nose
 - ☐ Have a severe sore throat
 - ☐ Have conjunctivitis (pink eye) with discharge
 - ☐ Have an active infestation of head lice or scabies
 - ☐ Have a communicable disease or condition
 - ☐ Have any other symptom(s), condition(s) or criteria that a healthcare professional, the school health consultant or other Public Health Authority deems appropriate. Students experiencing any of the above symptoms or criteria will need to be assessed by a medical doctor and cleared (in writing) prior to returning to school, unless approved by the school health consultant. School staff and volunteers must follow the same precautions.
 - ☐ Chickenpox: Symptoms of chickenpox are fever accompanied by a rash or blisters. The blisters take several days to appear and to scab over. The child may return to the center once ALL scabs have dried over. All cases of chickenpox must be reported to the health department.
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WHEN CHILDREN ARE IN ATTENDANCE AT INMELC:

The staff will contact the parents/guardians or designee to pick up the child who has any of the previously listed “Stay Home” symptoms on the “Home Screening Questionnaire”, criteria, or if the child becomes injured. If it is an emergency, 911 will be called.

Parents/Guardians or designees are expected to pick up their child within **1 hour** of notification for any health-related reason. Depending on the illness, criteria or injury, the staff/ or health consultant may require the child to be assessed by a medical doctor and cleared (in writing) prior to returning to school.

To protect children, staff and the entire community from COVID-19, we have a room designated for the placement of children who need to be separated from the rest of the population until such time as their parent/guardian or designee picks up the child from INMELC. Parents/Guardians are expected to pick up their child within **1 hour** of notification for any health-related reason.

The following are examples of criteria that may require the child to be separated:

- A confirmed diagnosis of COVID-19 within the last 14 days and/or without clearance to return to school by a physician or the Public Health Authority.
- A close contact of a confirmed COVID-19 positive individual within the last 14 days and/or without clearance to return to school by a physician or the Public Health Authority.
- An elevated body temperature of 100.00 degrees F. confirmed by the administrative staff.
- A persistent cough confirmed by the administrative team.
- Any sign/symptom of respiratory distress confirmed by the administrative team (unless 911 is called).
- A loss of taste and/or smell.
- Traveled to and spent at least 24 hours, within the last 14 days, in any state listed on CT's COVID-19 Travel Advisory. The state must be on the Advisory list during the time spent in the specific state.
- Any other symptom, condition or criteria identified by the administrative team, health consultant or Public Health Authority.

If an employee, visitor or adult volunteer, while at the INMELC, has any of the above COVID-19 related symptoms or criteria and cannot leave the premises immediately, separation may also be required. This is determined by the administrative team, health consultant or Public Health Authority.

Parents will be immediately notified of their child's illness. If the parent cannot be reached, the emergency contact will be notified. It is expected that the child will be picked up within a **1 hour** after notification. The child will be made comfortable while waiting for pick-up and be separated from the other children, with supervision, to prevent possible spread of infection to others.

Children returning after illness must see an administrative team member upon arrival and provide any pertinent information regarding the illness as well as leave medication (Epipen and inhalers) and instructions if needed.

If your child is absent due to a contagious illness or condition and has been diagnosed by your child's health provider, a note is required for them to return to limit the exposure to others of the illness or condition.

“Stay Home”

“Home Screening Questionnaire” Information

I _____ (Parent/guardian signature) have read and understand the health and safety protocols and will willingly conduct the daily “Health Screening Questionnaire” and follow the instructions stated and do my part to protect children, staff and the community from the spread of communicable diseases, including COVID-19.

Date: _____

Child’s Name: _____