 

**COVID-19 Early Head Start Home Visiting Family Health Checklist**

Family Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Present for the Home Visit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Before visiting your home, let me start by asking you these questions to help keep us both safe. We are asking these of every person we meet until the concerns about Coronavirus in our community have passed.*

*In the past 24 hours, has your child or anyone participating in the home visit experienced:*

***\*Reminder that only the parent or caregiver and the child(ren) are present at the home visit***

* Subjective fever (felt feverish)  o yes o no
* New or worsening cough o yes o no
* Shortness of breath o yes o no
* Sore throat o yes o no
* Vomiting/Diarrhea o yes o no
* Repeated shaking with chills o yes o no
* New loss of taste or smell o yes o no
* Muscle pain o yes o no
* Headache o yes o no
* Have you had close contact in the last 14 days with an individual diagnosed with COVID-19? \_\_\_\_\_\_\_\_\_\_
* Have you engaged in any activity or travel within the last 14 days which fails to comply with the Stay Home, Stay Safe Executive Order? \_\_\_\_\_\_\_\_\_\_
* Have you been directed or told by the local health department or your healthcare provider to self-isolate or self-quarantine? \_\_\_\_\_\_\_\_\_\_

**If the person answers *no* to all questions, the employee can continue with the home visit and follow the safety protocol listed below.**

**If the person answers *yes* to any of these questions, employee will inform the client that visits will continue via phone and/or web until the client is symptom free for 14 days. Staff will encourage the client to get tested ASAP and will direct them to a local testing site.**

Caregiver(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Enrolled Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other Children Present: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PPE Needed/Provided for the visit: