

# Daily Log of Child and Staff Entry Health Screenings and Attendance

Complete the checklist below for each staff member and child prior to entering or being admitted to the center each day. Some information recorded will be required when completing your online "Daily Report."

Date:
Organization:

Field Name:
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Name	Staff	Age 0 to Under 2.5	Age 2.5 to 5	Age 6 to 13	Temp. Upon Arrival (Exclude if 100.4 or Higher)	Fever Reducing Medication Administered?	Close Contact with Anyone Diagnosed with COVID-19 in the Past 14 Days?	Child/Staff Symptom(s)?		Household Member Symptom(s)?		Excluded?
								Cough, Shortness of Breath, Trouble Breathing	(at Least 2) Headache, Fever, Muscle Pain, Chills, Repeated Shaking with Chills, New Loss of Taste or Smell	Cough, Shortness of Breath, Trouble Breathing	(at Least 2) Headache, Fever, Muscle Pain, Chills, Repeated Shaking with Chills, New Loss of Taste or Smell	
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Attendance Totals 

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Total Exclusions 

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