

## Required Daily Self-Screening (employee, volunteer, parent, child, essential visitors)

Child's Name: \_\_\_\_\_

If anyone answers 'yes' to any of the following, they may not enter the program. Parents are responsible for completing daily screenings. Please keep this form in child's bag.

1. Is your temperature higher than or equal to 100.0 degrees Fahrenheit?
2. Have you had any known contact with a person confirmed or suspected to have COVID-19 in the past 10 days?
3. Are you currently experiencing ANY of the following symptoms?
  - Cough
  - Shortness of breath
  - Trouble breathing
  - Fever (equal to or above 100.4 degrees Fahrenheit)
  - Chills
  - Muscle pain or body aches
  - Headache
  - Sore throat
  - Loss of taste or smell
  - Fatigue
  - Congestion or runny nose
  - Nausea or vomiting
  - Diarrhea

Have you tested positive for COVID-19 through a diagnostic test in the past 10 days?

Have you visited a state on the travel advisory list for coronavirus quarantine in the last 10 days?

If you have answered 'YES' to any questions, you will not be permitted to enter the program.

If you have answered 'NO' to all questions, you may enter the program. Please sign in the corresponding box to indicate that you have answered 'NO' to all questions that day. **A daily indication is required to enter the program.**

## JUNE 2022

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
		6/1	6/2	6/3
6/6	6/7	6/8	6/9	6/10
6/13	6/14	6/15	6/16	6/17
6/20 <b>SCHOOL CLOSED</b>	6/21	6/22 11:30 DISMISSAL LAST DAY OF SCHOOL	6/23 <b>SCHOOL CLOSED</b>	6/24 <b>SCHOOL CLOSED</b>
6/27 <b>SCHOOL CLOSED</b>	6/28 <b>SCHOOL CLOSED</b>	6/29 <b>SCHOOL CLOSED</b>	6/30 <b>SCHOOL CLOSED</b>	