






Child's name: _____

Week of: _____ / _____ / 202_____

How to Screen Children

- Perform temperature checks when arriving.

Document absence of:	Mon.	Tues.	Wed.	Thurs.	Fri.
	❖ You were within 6 feet of someone who has COVID-19 for at least 15 minutes				
Has your child been in close contact with a person who has COVID-19? (If yes, the family should self-quarantine for 14 days)	❖ You provided care at home to someone who is sick with COVID19				
	N	N	N	N	N
Has your child felt unwell in the last 24 hours ?	❖ You had direct physical contact with the person (touched, hugged, or kissed them)				
	❖ You shared eating or drinking utensils				
	❖ They sneezed, coughed, or somehow got respiratory droplets on you				
	N	N	N	N	N
Fever or chills 	N	N	N	N	N
Shortness of breath or difficulty breathing 	N	N	N	N	N
New or change in cough 	N	N	N	N	N
Sore throat 	N	N	N	N	N
Fatigue	N	N	N	N	N
Muscle or body aches	N	N	N	N	N

	Mon.	Tues.	Wed.	Thurs.	Fri.
Headache	N	N	N	N	N
New loss of taste / of smell	N	N	N	N	N
Congestion or runny nose 	N	N	N	N	N
Rash	N	N	N	N	N
Nausea or vomiting	N	N	N	N	N
Diarrhea	N	N	N	N	N
I certify that I have documented my child's health with no symptoms Please initial daily					

- Children checking into the Preschool or extended care with **with a fever of 100.4F (38C) or higher or symptoms will be sent home. Fever is the key indicator for young children.**
- **If a child's temperature is above 100.4 degrees, the child should be excluded from care.**
- **Cough and/or diarrhea in addition to fever is suggestive of coronavirus.**

- https://www.michigan.gov/documents/lara/Child_Care_Re-Opening_5-21-20_-_FINAL_691941_7.pdf
- Updated September 1, 2020