**Record of Child Arrival, Health Questionnaire, and**

**Record of Child Departure**

Please help us to protect children, staff and parents by assisting the Greeter with completing this form regarding symptoms of COVID-19 before entry to ***PROGRAM NAME***. Return this for to the office each day.

Temperatures will be checked upon arrival and every 2 hours beginning at 8:30am.

If a child has **any symptoms** on this form, we cannot allow the child to enter until the symptoms have resolved. If a parent answers “Yes” when asked if he/she was in close contact with a person diagnosed with COVID-19, the child may not attend.

If a parent, child or a member family living with the enrolled child have traveled outside the state of Pennsylvania, we must be notified and we will provide additional guidance.

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| Date:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Arrival (Drop Off) Time and Staff Initials | | Parent/Drop off Person’s name. Was parent or child in close contact (being within 6 ft. of sick person with COVID -19 for about 10 minutes, caring for a person with COVID-19, or living in same household as a sick person with COVID-19) with a person diagnosed Covid-19? (Y/N) | | Does parent or child have: Cough/Shortness of breath or difficulty breathing/Chills/Repeated shaking with chills/Muscle pain/ Headache/Sore throat/New loss of taste or smell? Does child have Rash or change in skin color/Swollen lymph nodes/Inflammation/Tenderness/Abdominal pain/Swollen tongue/Red eyes or conjunctivitis? (Y/N) | Fever of 100.4 or greater? Check both parent and child. (Child’s temperature will be checked at arrival and every 2 hours thereafter.)  (Actual Reading) | | Departure (Pick Up) Time and Staff Initials | |
| Child Name | Time | Initials | Parent Name | Y/N | Y/N | Parent Temp. | Child Temp. | Time | Initials |
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