

Parent _____

Date _____

COVID-19 Pandemic State of Emergency

Daily Screening

The Administrator shall not be liable or deemed to be responsible, directly or indirectly, from exposure to COVID-19 and any similar cause beyond reasonable steps taken to prevent the spread of this virus. I enter at my own risk, and I accept responsibility for self-reporting any COVID-19 exposure to myself, my child and any other member of my household to the Administrator immediately.

Parent's Signature _____

Family Temperature Chart

Driver	_____°F	Passenger	_____°F
Passenger	_____°F	Passenger	_____°F
Passenger	_____°F	Passenger	_____°F

Notes

(Print Clearly)

Greet each vehicle in the parking area. Take and record temperatures of all occupants in the vehicle. If any occupant registers a temp of **100.0°F or higher**, the entire family/group must be restricted from entering the facility.

Questions to Ask Parents

Yes	No	
___	___	Have you or your child(ren) or any member of your household experienced fever, diarrhea, vomiting or unusual symptoms within the last 24 hours?
___	___	Have you or your child(ren) or any member of your household returned from a state/country with widespread transmission of COVID-19 within the last 14 days?
___	___	Have you or your child(ren) or any member of your household attended any large group gatherings or parties within the last 14 days?
___	___	Have you or your child(ren) or any member of your household been exposed to someone with COVID-19 within the last 14 days?

If any are answered "yes", restrict entry/attendance.

Hand sanitizer (**60% alcohol content or higher**) must be provided to all persons before entering the childcare facility and applied up to the elbows.

Signature of Intake Official

Time: _____ AM/PM