

**Capital Area Community Services, Inc.  
CHILD DAILY - COVID-19 Health Screening**

**Self-Declaration by Child's Parent**

**By staff writing their initials by the child's name, they are verifying the parent's response is "No" to each of the questions below. \***

<b>In the past 24 hours, has the child:</b>		
Fever of 100.4°F or higher, or felt feverish Record temperature below:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
New or worsening cough	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sore throat	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Chills/Sweating:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
New onset of severe headache:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Diarrhea, vomiting, or abdominal pain	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>In the last 14 days, has your child:</b>		
Had close contact with an individual diagnosed with COVID-19? <small>**See below</small>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Traveled internationally or to a place with widespread COVID-19?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Make a visual inspection of the child for signs of illness which could indicate:</b> flushed cheeks, rapid breathing or difficulty breathing (without recent physical activity), fatigue, or extreme fussiness.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**TODAY'S DATE:** \_\_\_\_\_ **LOCATION:** \_\_\_\_\_

<i>Child's Name</i>	<i>Temperature Reading</i>	<i>Staff Initial</i>

**\*Any "YES" ANSWER = Access to Building is Automatically Denied**

Retain form on-site for one year from time of generation

\*\* Close contact means someone who was within 6 feet of an infected person for at least 15 minutes starting from 2 days before illness onset (or, for asymptomatic patients, 2 days prior to specimen collection) until the time the person is isolated (MIOSHA). Per the CDC, you are still considered a close contact if you are wearing a mask and are in close contact for 15 minutes or more over a 24-hour period, cumulative.