**Daily Screening Protocol**

*Please post this in your home and run through the questions before bringing your child to BNS.* ***If the answer to any of these questions is “yes,” do not bring your child to school*** *and email Lisa Beck at director@briarcliffnurseryschool.com*

**Does your child have any of the following symptoms?**

* A temperature of 100.0 F or above? Any fever in the last 3 days?
* Cough or sore throat (new or worsening)?
* Headache (new or worsening)?
* Shortness of breath or difficulty breathing (new or worsening)?
* Gastrointestinal symptoms (diarrhea, nausea, vomiting)?
* Nasal congestion or runny nose?
* New loss of taste or smell?
* Fatigue, muscle, or body aches (new or worsening)?
* Chills or shaking with chills?

**Upon a visual inspection, have there been any changes in your child’s baseline- lethargy, paleness, flushed cheeks, skin rashes, unusual spots, swelling, or bruises?**

**Has anyone in your family had contact with a person confirmed or suspected to have COVID-19 in the past 14 days?**

**Does anyone in your family show any signs of illness?**

**Again, please keep your child home if you have answered “yes” to any one of these questions.**

**Thank you in advance for keeping our BNS family safe!!**