**Daily Screening Protocol**

**Please use this tool to screen children daily** before arriving at school. If any of the answers are “yes,” please do not send your child to school and reach out to Lisa Beck at [director@briarcliffnurseryschool.com](mailto:director@briarcliffnurseryschool.com) to discuss.

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| --- | --- | --- |
| **Does the child or anyone in the child’s household have any of the following symptoms?** | **Yes** | **No** |
| A temperature of 100°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 smell or taste? |  |  |
| Fatigue, Muscle or Body aches (new or worsening)? |  |  |
| Chills or repeated shaking with chills? |  |  |
| **For the screener -** Upon a visual inspection, any changes in the child’s baseline – lethargy, paleness, flushed, skin rashes, unusual spots, swelling or bruises, etc. |  |  |
| In the past 10 days, has anyone in your household tested positive for COVID-19 through a diagnostic test? |  |  |
| Is anyone in your household under active quarantine or in isolation? |  |  |
| In the past 10 days, has your child or anyone in your household had any known contact with a person confirmed or suspected to have COVID-19? |  |  |