



DISTRICT OF COLUMBIA  
 OFFICE OF THE STATE SUPERINTENDENT OF  
**EDUCATION**

**Daily Screening Tracker: Children**

*An Optional Tool to Support the Implementation of OSSE’s Health and Safety Guidance for Child Care Providers: COVID-19 Recovery Period*

Date: \_\_\_\_\_

Child Name	1. ASK: Has the child experienced <b>one or more</b> of the following symptoms <b>in the last 24 hours*</b> : fever, chills, cough, congestion or runny nose, sore throat, shortness of breath, difficulty breathing, diarrhea, nausea or vomiting, fatigue, headache, muscle or body aches, poor feeding or poor appetite, new loss of taste or smell, or any other symptom of not feeling well?	2. ASK: Has your child been in close contact with a person who has been confirmed to have COVID-19 within the past 10 days?*	3. LOOK: Does the child have visible signs of illness such as flushed cheeks, rapid breathing or difficulty breathing (without recent physical activity), fatigue, or extreme fussiness?	4. Is the answer to question 1, 2, OR 3 “yes”?***	5. If yes to question 4, was the child excluded?

