



DISTRICT OF COLUMBIA
OFFICE OF THE STATE SUPERINTENDENT OF
EDUCATION

Daily Screening Tracker: Staff and Essential Visitors

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

Date: _____

Staff or Essential Visitor Name	1. ASK: Has the staff experienced one or more of the following symptoms within the past 24 hours *: 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 the staff been in close contact with a person who has been confirmed to have COVID-19 within the past 10 days?**	3. LOOK: Does the staff member have visible signs of illness such as flushed cheeks, rapid breathing or difficulty breathing (without recent physical activity)?	4. Is the answer to question 1, 2, OR 3 "yes"?***	5. If yes to question 4, was the staff member excluded?

