



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 one or more of the following symptoms*: fever, chills, cough, congestion, 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 COVID-19 in the last 14 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?

*A child does not need to be excluded due to these symptoms **IF**, the symptom the child is experiencing has been previously evaluated by a health care provider and the health care provider has provided written or verbal documentation articulating that the specific symptom is not due to COVID-19.

**Such families shall be instructed to call their health care provider to determine next steps and child care programs must follow the return to care criteria as listed in the OSSE health and safety guidance.