

Watertown Recreation Daily Health Survey

Date: _____

Name: _____

If ALL of the below are NO, the child MAY attend the program. If the child shows signs of any of the below during the day, follow exclusion protocols and call the child's parent/guardian to come pick them up.

If ANY of the below are YES, the child SHOULD NOT BE ALLOWED to enter the program. The child should return home with their parent or caregiver.

Does the staff member/child have any of the following symptoms?	Yes	No
Cough?		
Sore throat?		
Rapid breathing or difficulty breathing (without recent physical activity)?		
Flushed cheeks?		
Gastrointestinal symptoms (diarrhea, nausea, vomiting)?		
Fatigue? (<i>Fatigue alone should not exclude a child from participation.</i>)		
Headache?		
New loss of smell/taste?		
New muscle aches?		
Any other sign of illness?		
Has the child had contact with someone in the previous 14 days with a confirmed or presumptive diagnosis of COVID-19 or someone who is ill with a respiratory illness?		
Is the staff member/child cleared to enter the		

Staff signature: _____

Parent/guardian signature: _____ (if applicable)

Programs should be strictly enforcing the guidelines below with regard to child and/or staff re-entry following illness or exposure:

- If the child or staff member has been *exposed* to an individual who is COVID-19 positive or presumed to be COVID-19 positive, then they may not return to childcare for 14 days.
- If the child has *symptoms but not otherwise exposed* to an individual who is COVID-19 positive or presumed to be COVID-19 positive, they may not return to childcare until the symptoms abate.