



COVID-19 HEALTH SCREENING FOR ATTENDANCE

To minimize the risk of transmission of COVID-19 and to take full precautions to keep all students and staff healthy, **we ask you to review all of the following questions before attending. Please consider this list each day your child is scheduled to attend class.** The questions are intended for staff members, members of your household, parents, caregivers and siblings. If you answer YES to any of the following questions, please call the school office 614-209-4554 to report your child's absence.

Currently we are asking all parents and staff to wear a mask at arrival and dismissal and practice 6ft social distancing. Hand washing will take place at arrival, several times through the day and dismissal. Staff will have their temperature taken upon arrival and we will take your child's temperature upon arrival. Temperature cannot be 100' or higher to attend.

1. Have you or your child been in close contact with anyone who was confirmed/suspected to have COVID-19 in the past 14 days?
2. Have you or your child traveled internationally in the past 14 days? Or to any travel restricted states? Review self-quarantine information at [Coronavirus.ohio.gov](https://www.coronavirus.ohio.gov)
3. Have you or your child had a fever of 100' or higher in the past 24 hours?
4. Does your child have a runny nose, cough, or fatigue?
4. Have you or your child had a cough or shortness of breath in the past 24 hours?
5. Have you or your child had a recent loss of smell, taste, or sore throat?
6. Do you or your child have any cold or flu symptoms (ex: muscle pain, severe headache, vomiting, diarrhea, rash, abdominal pain, red/pink eye(s), overall weakness)?
7. Did you take your child's temperature before bringing them to school?
8. Did your child wash their hands before coming to school?

Having this information and confirming represents your full understanding of the risks and benefits of attending preschool during the COVID-19 pandemic. Our mutual goal is to provide every reasonable step to slow the spread of this virus. Please sign that you have received this CDC information and your child will attend Little Shepherds with good health to the best of your knowledge.

Parent: _____

Date: _____

Student name: _____

RETURN WITH ENROLLMENT FORMS