

CDO Pollywog / Frogling Room

Child's Name _____ Age _____

Time In _____ Time Leaving _____

Snack at 9:30? Yes No

Did you bring your own snack? Yes No

Are Cheerios and graham crackers OK? Yes No

Lunch? Yes No

Medications/Allergies _____

Please circle what you have in the diaper bag:

Pacifier	Cup	Bib
Bottle	Spoon	Lunch

Special Instructions: _____

FOR CAREGIVER USE ONLY

Diaper Changes or Bathroom:

Time	Wet?		BM?	
	Yes	No	Yes	No

Slept from: _____ to _____

Caregiver Comments: _____

Date _____

Name _____

Health Screening

In the last 14 days has the child or anyone else in the household (including outside caregivers) been in close contact with anyone who has tested positive or is presumed positive for COVID-19?

Child Yes No Household Yes NO
If yes, what date? _____

Has the child or anyone in the household (including outside caregivers) displayed any of the following that cannot be explained by another known condition / cause:

Fever over 100.3°F or Chills?

Child Yes No Household Yes No

Cough? Child Yes No Household Yes No

Shortness of Breath or Difficulty Breathing?

Child Yes No Household Yes No

Fatigue? Child Yes No Household Yes No

Body Aches? Child Yes No Household Yes No

Headache? Child Yes No Household Yes No

Loss of Taste or Smell?

Child Yes No Household Yes No

Sore Throat? Child Yes No Household Yes No

Congestion or Runny Nose?

Child Yes No Household Yes No

Nausea, Vomiting or Diarrhea?

Child Yes No Household Yes No

FOR CAREGIVER USE ONLY

Temperature _____°F taken at _____ am / pm

Temperature _____°F taken at _____ am / pm

Temperature _____°F taken at _____ am / pm