Daily Log of Entry Health Screenings and Attendance

Logs for each day of the week shall be submitted to the OOL every Friday.

Complete the checklist below for each visitor, staff member, and child prior to entering or being admitted to the center each day. Childcare programs operating in public school buildings and receiving children directly from school shall not be required to screen children a second time upon arrival. Children who meet the following criteria should be promptly isolated and excluded from the facility for 10 days from symptom onset, or until they receive an alternate diagnosis from a healthcare provider or a negative COVID-19 test result.

Date:

License ID:

City:

Center Name:

Name	Visitor	Staff	Age 0-2.5	Age 2.5-5	Age 6-13	Temperature			Symptoms		Contact		Travel	Excluded** (Exclude if "Yes" is marked for any question)?
						Temp. Upon Arrival	Is Temperature 100.4 °F or Higher?	Fever Reducing Medication Administered?	At least 2 of the following: Chills, Shivers, Muscle Aches, Headache, Sore Throat, Nausea/Vomiting, Diarrhea, Fatigue, Congestion/Runny Nose	At least 1 of the following: Cough, Shortness of Breath, Difficulty Breathing, New Loss of Taste or Smell	Close contact (within 6 feet for at least 10 minutes) with a person with confirmed COVID-19 in the Past 14 Days?	Someone in the household that has symptoms of COVID-19 or is diagnosed with COVID-19?	Travel to an Area of High Community Transmission*?	
							☐No ☐Yes	☐No ☐Yes	☐No ☐Yes	☐No ☐Yes	☐No ☐Yes	☐No ☐Yes	☐No ☐Yes	☐No ☐Yes
							☐No ☐Yes	☐No ☐Yes	☐No ☐Yes	☐No ☐Yes	☐No ☐Yes	☐No ☐Yes	☐No ☐Yes	☐No ☐Yes
							☐No ☐Yes	☐No ☐Yes	☐No ☐Yes	☐No ☐Yes	☐No ☐Yes	☐No ☐Yes	☐No ☐Yes	☐No ☐Yes
							☐No ☐Yes	☐No ☐Yes	☐No ☐Yes	☐No ☐Yes	☐No ☐Yes	☐No ☐Yes	☐No ☐Yes	☐No ☐Yes
							☐No ☐Yes	☐No ☐Yes	☐No ☐Yes	☐No ☐Yes	☐No ☐Yes	☐No ☐Yes	☐No ☐Yes	☐No ☐Yes
							☐No ☐Yes	☐No ☐Yes	☐No ☐Yes	☐No ☐Yes	☐No ☐Yes	☐No ☐Yes	☐No ☐Yes	☐No ☐Yes
							☐No ☐Yes	☐No ☐Yes	☐No ☐Yes	☐No ☐Yes	☐No ☐Yes	☐No ☐Yes	☐No ☐Yes	☐No ☐Yes
							☐No ☐Yes	☐No ☐Yes	☐No ☐Yes	☐No ☐Yes	☐No ☐Yes	☐No ☐Yes	☐No ☐Yes	☐No ☐Yes
							☐No ☐Yes	☐No ☐Yes	☐No ☐Yes	☐No ☐Yes	☐No ☐Yes	☐No ☐Yes	☐No ☐Yes	☐No ☐Yes
							☐No ☐Yes	☐No ☐Yes	☐No ☐Yes	☐No ☐Yes	☐No ☐Yes	☐No ☐Yes	☐No ☐Yes	☐No ☐Yes
							☐No ☐Yes	☐No ☐Yes	☐No ☐Yes	☐No ☐Yes	☐No ☐Yes	☐No ☐Yes	☐No ☐Yes	☐No ☐Yes
							☐No ☐Yes	☐No ☐Yes	☐No ☐Yes	☐No ☐Yes	☐No ☐Yes	☐No ☐Yes	☐No ☐Yes	☐No ☐Yes
							☐No ☐Yes	☐No ☐Yes	☐No ☐Yes	☐No ☐Yes	☐No ☐Yes	☐No ☐Yes	☐No ☐Yes	☐No ☐Yes
							☐No ☐Yes	☐No ☐Yes	☐No ☐Yes	☐No ☐Yes	☐No ☐Yes	☐No ☐Yes	☐No ☐Yes	☐No ☐Yes
							☐No ☐Yes	☐No ☐Yes	☐No ☐Yes	☐No ☐Yes	☐No ☐Yes	☐No ☐Yes	☐No ☐Yes	☐No ☐Yes
							☐No ☐Yes	☐No ☐Yes	☐No ☐Yes	☐No ☐Yes	☐No ☐Yes	☐No ☐Yes	☐No ☐Yes	☐No ☐Yes
							☐No ☐Yes	☐No ☐Yes	☐No ☐Yes	☐No ☐Yes	☐No ☐Yes	☐No ☐Yes	☐No ☐Yes	☐No ☐Yes
							☐No ☐Yes	☐No ☐Yes	☐No ☐Yes	☐No ☐Yes	☐No ☐Yes	☐No ☐Yes	☐No ☐Yes	☐No ☐Yes
							☐No ☐Yes	☐No ☐Yes	☐No ☐Yes	☐No ☐Yes	☐No ☐Yes	☐No ☐Yes	☐No ☐Yes	☐No ☐Yes
							☐No ☐Yes	☐No ☐Yes	☐No ☐Yes	☐No ☐Yes	☐No ☐Yes	☐No ☐Yes	☐No ☐Yes	☐No ☐Yes
							☐No ☐Yes	☐No ☐Yes	☐No ☐Yes	☐No ☐Yes	☐No ☐Yes	☐No ☐Yes	☐No ☐Yes	☐No ☐Yes
							☐No ☐Yes	☐No ☐Yes	☐No ☐Yes	☐No ☐Yes	☐No ☐Yes	☐No ☐Yes	☐No ☐Yes	☐No ☐Yes
							☐No ☐Yes	☐No ☐Yes	☐No ☐Yes	☐No ☐Yes	☐No ☐Yes	☐No ☐Yes	☐No ☐Yes	☐No ☐Yes
							☐No ☐Yes	☐No ☐Yes	☐No ☐Yes	☐No ☐Yes	☐No ☐Yes	☐No ☐Yes	☐No ☐Yes	☐No ☐Yes
Attendance Totals														Total Exclusions

**NJ Travel Advisory List: https://covid19.nj.gov/faqs/nj-information/travel-and-transportation/which-states-are-on-the-travel-advisory-list-are-there-travel-restrictions-to-or-from-new-jersey*

***Exclusion criteria based on New Jersey Department of Health COVID-19 Public Health Recommendations.*