

EARLY CHILDHOOD EDUCATION PROGRAM

COVID-19 (Coronavirus) Child Screening Questionnaire

With the increased spread of COVID-19, UC Berkeley's Early Childhood Education Program is taking every precaution to protect the health and safety of its children, staff, and the community at large. As part of our COVID-19 Response Plan and upon the advice of the Department of Developmental Services (DDS), all individuals entering this facility are to complete this COVID-19 screening questionnaire.

This form is to be completed by the parent/guardian of each child entering our care.

Child's Name (please print): _____

1. Has this child, or anyone they have had contact with, recently traveled to a domestic or foreign area severely affected by COVID-19 virus? ☐ Yes ☐ No
2. Within the last 14 days and to the best of your knowledge has this child, or anyone they have had contact with, been infected with COVID-19 virus? ☐ Yes ☐ No
3. Within the last 24 hours has this child experienced any of the following? (Please check all that apply):

New or worsening cough, respiratory illness, shortness of breath or difficulty breathing

☐ Yes ☐ No

Sore throat

☐ Yes ☐ No

Fever

☐ Yes ☐ No

New loss of taste or smell

☐ Yes ☐ No

Chills

☐ Yes ☐ No

New unexplained rash

☐ Yes ☐ No

Repeated shaking with chills

☐ Yes ☐ No

Fatigue

☐ Yes ☐ No

New or worsening muscle pain or body aches

☐ Yes ☐ No

Congestion or runny nose

☐ Yes ☐ No

New or worsening headaches

☐ Yes ☐ No

Nausea or vomiting

☐ Yes ☐ No

Diarrhea

☐ Yes ☐ No

NOTES:

Child's temperature upon arrival is: _____

Child's temperature at midday is: _____ (to be taken by Teacher)

I understand that if I answer yes to any of the above questions, my child exhibits one or more of the above listed symptoms, and/or my child has a fever of 100°F or greater at any point in the day my child will not be able to return to the center until:

1. The child has remained home for at least 10 days since symptoms first appeared, **AND** there have been at least 24 hours with no fever, without the aid of taking medicines to lower the fever, such as acetaminophen (Tylenol) or ibuprofen (Advil or Motrin), **AND** other symptoms (such as cough or shortness of breath, are improving), **OR**
2. My child's symptoms have resolved **AND** the child has been evaluated by a medical professional (a doctor, a nurse practitioner, or a certified physician assistant), and provides a letter indicating that (1) an alternative diagnosis has been made and (2) the child's symptoms are **NOT** due to COVID-19, **OR**
3. The child has received a **NEGATIVE** COVID-19 test, **AND** the child is feeling better, **AND** there have been at least 24 hours with no fever, without the aid of taking medicines to lower the fever, such as acetaminophen (Tylenol) or ibuprofen (Advil or Motrin), **AND** the child has consulted a medical professional (a doctor, a nurse practitioner, or a certified physician assistant) to determine the significance of their symptoms. The medical evaluator will need to provide a letter indicating that (1) the child's symptoms are **NOT** due to COVID-19, and (2) the COVID-19 test was negative.

Parent's Name (please print): _____

Date: _____

Parent's Signature: _____