Kiddie Kollege of Fairfield Inc.
Arrival/Departure COVID19 Screening Log
(June 2020)

DATE: _____

Child's Name	Does your child have fever, cough, sore throat, or shortness of breath? Y/N	Has your child or anyone in the household traveled outside the country in the past month? Y/N	Has your child come into contact with anyone who has tested positive with COVID-19? Y/N	Is anyone in your child's household experiencing sign of illness? Y/N	Child's Temperature	Parent Temperature	Time in	Time out