Daily Log – COVID-19

Appendix C

Date: _____ Stable Cohort: _____

Child Name (First Last)	**IN**	**Entrance Screening* completed (x)**	**Parent/Guardian name & phone**	**Interactions beyond the Cohort**	**OUT**	**Symptoms and/or exposures noted**

Staff/Adult Names in Contact with Cohort**	**Role/Title**

***Entrance Screening** – Must include either a visual check/parent attestation: check for the primary symptoms of concern.

****Staff Name** – The name of any staff member or adult who comes in contact with the students throughout their day.