

Child's Name: _____

Date: _____

Y-ASPIRE Hub Health Screening

Please bring this completed form to Y-ASPIRE on your child's first day of the program each week.

Important: This screening form will be completed prior to the first day of each week and the questions will be reviewed each day by the staff person conducting the health check. If unable to attest to these statements, your child will be unable to attend and a return to Y-ASPIRE plan will be coordinated with the Executive Director.

Everyone is susceptible to contracting COVID-19 upon exposure. Currently, there is no cure or vaccination available to prevent contracting COVID-19. Proper sanitation practices, wearing facial coverings, avoiding contact with infected persons, and self- quarantine at the onset of symptoms are the most effective ways to prevent contraction and spread within the community. These are critical policies that when practiced by our entire Y-ASPIRE community, limit the risk to exposure of COVID-19 and help to keep each other and loved ones safe.

In order for your child to attend Y-ASPIRE, the following statements must be true and your initials indicate that they are. You will be asked these statements during check in each day.

1. My child has not been around anyone with any of the symptoms listed below or diagnosis of COVID19 in the past 14 days. Initial _____
2. My family has not traveled outside of Vermont, whether for a day trip or longer, and has not hosted guests from out of state in the past 14 days. If so, we have quarantined for the 14 days prior to Y-ASPIRE; or have quarantined for 7 days followed by a negative test for COVID19 (date of test _____). Initial _____

OR

2. My family has traveled outside of VT for essential reasons listed under the state's quarantine exemption policy including day trips to that state for work, health care, commuting students to attend preK-12 school or college, and for other essential needs like groceries or visitation for parental shared custody. The quarantine exemption only applies to the person under essential travel rules. It does not apply to anyone else who travels with you, for non-essential reasons. Initial: _____ Please list city, state traveled to and the reason : _____

3. My family has not attended any public and private social, recreational and entertainment gatherings, indoor and outdoor, including large social gatherings incidental to ceremonies, holiday gatherings, parties and celebrations, with members outside of our individual household. Initial: _____
4. My child and our family have adhered to Vermont guidelines regarding COVID19. Initial: _____
5. I have read the State of Vermont Return to Child Care Program Following Illness document and am adhering to the guidelines outline within. - <https://www.healthvermont.gov> Initial: _____

If your child has had any of the following symptoms in the past 48 hours they cannot attend MWYMCA programs. Please call the site phone to report their absence and follow up with the main office for a return to care plan.

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|---|----------------------|--------------------|
| fever (temperature higher than 100.3°) | cough | chills |
| shortness of breath or difficulty breathing | muscle or body aches | headache |
| new loss of taste or smell | sore throat | fatigue |
| congestion or runny nose | diarrhea | nausea or vomiting |
- other signs of illness

By signing below, I hereby state I have no knowledge of my child exhibiting any of the symptoms listed above within the past 48 hours. I also acknowledge that if Meeting Waters YMCA staff notice my child displaying any of the above symptoms, I or another emergency contact will be available to pick up my child from Y-ASPIRE within one hour of being contacted.

Signature: _____ Print Name: _____

Date: _____ Relationship to child: _____

**This information abides by all Meeting Waters YMCA confidentiality policies.