

**Daily Self-assessment checklist**

\*If you answer yes to any of the below, please do not attend creche and make contact with your manager for further guidance

* **Are you, your child or a member of your household displaying covid-19 symptoms?
 Y/N**
* **Have you, your child, or a member of your household booked or planning to book a covid-19 test?**

**Y/N**

* **Are you, your child or a member of your household, a close contact of a positive or suspected positive covid-19 case?
Y/N**
* **If yes: What was location and have you been tested and received a negative covid-19 test?
Y/N**