State of Illinois
Department of Children and Family Services

COVID-19 Daily Staff Health Report

Fill out the form completely. All completed forms should be sent to DCFS.COVID19MONITORING@illinois.gov and your Monitoring Team. If the Agency has multiple sites, please submit a separate form for each site.

Agency Name

Site Address

Reporting Date

Staff Counts

Total Number of Employees at Site	Employees Absent Due to Illness	Employees Absent Due to Exposure or Underlying Conditions but Without Symptoms/Illness	Employee with Confirmed Cases of COVID-19

State of Illinois
Department of Children and Family Services

COVID-19 Daily Youth in Care Health Report

Please complete a line below for each DCFS Youth in Care showing symptoms or confirmed to have COVID-19 at this site.

Youth Name:						Date of Birth:		
Date Symptoms Began (Y or N)	Cough (Y or N)	Fever (Y or N)	Shortness of Breath (Y or N)	Date of COVID-19 Test	Child has Tested Positive for COVID-19 (Y or N)	Date Child's Doctor was Contacted	Date Child seen by Health Provider	Date of Symptom Resolution / Improvement

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