Massachusetts Department of Youth Services

COVID-19 Screening Questions for All Entry to DYS Facilities/Program settings

**Question #1**

1. Today or in the past 24 hours, have you had any of the following symptoms?
* Fever or chills
* Cough other than what you normally experience
* Shortness of breath or difficulty breathing
* Fatigue, muscle or body aches
* Headache
* Sore throat
* New loss of taste or smell
* Congestion or runny nose
* Nausea or vomiting
* Diarrhea

 Yes No

1. In the past 14 days, have you had close contact\* with a person who was tested positive for the novel coronavirus (COVID-19)?

 Yes No

Individuals who answer YES to questions 1 or 2, or who appear unwell will not be allowed to enter the facility/program setting and will be directed to contact a healthcare provider for guidance.

\* “Close contact” is defined as living in the same household as a person who has tested positive for COVID-19, caring for a person who has tested positive for COVID-19, being within 6 feet of a person who has tested positive for COVID-19 for about 15 minutes, or has been in direct contact with secretions (e.g., sharing utensils, being coughed on) from a person who has tested positive for COVID-19, **while that person was symptomatic or in the 48 hours prior to illness onset.** Decisions about who had close contact and implementation of legal quarantine are done through the Local Board of Health.