



# **ACS COVID-19 GUIDANCE FOR CONGREGATE FOSTER CARE FACILITIES**

**Visitation, Quarantine, Isolation,  
Staff Absence and  
Health Screening Assessments**

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## Introduction

On March 4, 2022, New York City Mayor Eric Adams announced several changes to COVID-19 pandemic restrictions that will continue to protect the health and safety of all New Yorkers, while simultaneously boosting the city's economic recovery. In the face of quickly declining COVID-19 cases and hospitalizations and more than 17 million doses of vaccines administered, Mayor Adams announced the suspension of the Key to NYC program and the removal of indoor mask mandates in city public schools for K-12 students.

Because residential foster care staff and resident children are at greater risk for the spread of germs, these changes do not apply to congregate care settings. The best way to protect staff and children continues to be to prevent exposure to the virus that causes COVID-19. **Residential foster care staff must continue to wear a face covering that covers their mouth and nose at all times while on-site (except when eating or drinking).** This is in addition to the existing mitigation practices of vaccination, testing, PPE usage, hand hygiene and cleaning and disinfection which also remain in place.

Congregate care facilities must also take additional measures to prevent COVID-19 introduction from the community, specifically during on-site visitation. The guidelines in this document have been updated to reflect the current guidance from the New York State Department of Health and New York City Department of Health and Mental Hygiene.

# Guidelines for On-Site Visitation

The following guidelines must be applied regarding onsite visitation between family members and children in residence.

A. In-Person Visiting Permitted for All Residents, With <u>Voluntary</u> COVID-19 Testing OR Proof of Full Vaccination	B. In-Person Visiting Permitted for All Residents, With <u>Required</u> COVID-19 Testing OR Proof of Full Vaccination	C. In-Person Visiting Temporarily Suspended
<ul style="list-style-type: none"> <li>• The City is at a "High" transmission level or lower overall</li> <li>• The City is experiencing a &lt; 3% COVID positivity rate and a &lt; 125 average hospitalization rate due to COVID-19</li> <li>• The facility has:               <ul style="list-style-type: none"> <li>• No positive COVID residents</li> <li>• No quarantined residents</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• The City is at a "Very High" transmission level or higher overall</li> <li>• The City is experiencing a <math>\geq</math> 3% COVID positivity rate and a <math>\geq</math> 125 average hospitalization rate due to COVID-19</li> <li>• The facility has:               <ul style="list-style-type: none"> <li>• No positive COVID residents</li> <li>• No quarantined residents</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• In-Person Visiting Suspended for Pods / Dormitories / Cottages / Groups while <b>at least 1 resident child is in isolation or quarantine*</b>, until the isolation/quarantine days are completed.</li> <li>• Other Pods / Dormitories / Cottages / Groups will continue In-Person Visiting per epidemiological metrics of A. and B.</li> </ul>

\*Refer to the Guidelines for Isolation and Quarantine starting on Page 9.

Please review the epidemiologic data on the [NYC DOHMH COVID-19 Data site](#) periodically to confirm the above metrics governing visitation. At the same time, ACS' Office of Child and Family Health will be monitoring the data daily and will send notice to all providers when there are relevant trends.

- Prior to each scheduled visit, visitors must
  - Undergo verbal health screening conducted by facility staff (please see the health screening assessment on page 14), and
  - Undergo temperature checks by facility staff
- Residential foster care programs may choose to ask visitors to voluntarily provide proof of a negative COVID-19 viral test taken within 48 hours before the time of visit OR proof of full vaccination. Programs must make rapid COVID-19 tests available upon entry. ACS will be able to make test kits available for agencies to pick-up. ACS' Division of Family Permanency Services will contact residential foster care programs to coordinate test kit requests.
- Residential foster care programs must require that visitors provide proof of a negative COVID-19 diagnostic test taken within 48 hours before the time of visit OR proof of full vaccination when the City is at a "Very High" transmission level or higher overall and the City is experiencing a  $\geq$ 3% COVID positivity rate and a  $\geq$ 125 average hospitalization rate due to COVID-19. See the table above for epidemiological metrics governing visitation. Programs must make rapid COVID-19 tests available upon entry. As noted above, ACS' Division of Family Permanency Services will contact residential foster care programs to coordinate test kit requests.
- Visitation must not occur with any resident children who are currently in quarantine due to exposure for COVID-19 or isolation for a positive COVID-19 test. The only exceptions are for

compassionate care circumstances, such as resident children exhibiting signs and symptoms of exceptional emotional distress. Compassionate care visits are permitted when visitation may not otherwise be permitted in accordance with the Department of Health's current visitation guidance. Compassionate care situations may be considered by program leadership on a resident-specific basis;

- Facilities shall set appropriate hours during which visitation may occur, based upon The staffing available, ability to implement appropriate disinfection between visits, size and needs of the home, consistent with any Court orders;
- All visits must be scheduled ahead of time and approved by program leadership. Visits shall be staggered so as not to have visitors from multiple family units in a shared space at one time and to ensure adequate time to disinfect any common areas or high touch surfaces between visits.
- Number of visitors per resident child should be limited based on the size of the facility and space allocated for visits consistent with any Court orders;
- Program leadership should consider scheduling visits for a specified length of time to help ensure all resident children are able to receive visitors consistent with any Court orders;
- Child care staff or designated spokesperson should thoroughly discuss the potential risks and benefits of the visitor's presence with the visitor and the resident child in advance of a scheduled visit;
- Visitors should be limited and, where multiple visitors are permitted, then such visitors should be, to the extent possible, members of the same family or household consistent with Court orders;
- Visitors must be provided a face mask if they do not arrive with one. Face coverings must be properly worn throughout the entirety of the visit;
- If a visitor is unable to wear a mask due to medical condition, staff should implement the reasonable accommodation process to determine if and how the visitor can be reasonably accommodated (see ACS' [Americans with Disabilities Act \(ADA\) Procedure](#), 2011);
- Except for those who need reasonable accommodations, visitors who refuse to wear a face mask must not be granted entry to the facility or must be asked to leave the facility if already on-site. If a visit is cancelled for non-compliance, consider offering the parent a virtual visit;
- Residential care programs should make hand sanitizer available to visitors so they may sanitize their hands upon arrival and perform regular hand hygiene practices throughout the visit;
- If a visitor is unable to meet the requirements, program leadership may waive requirements for vaccine or testing on a case-by-case basis and allow for compassionate care visits;
- Visitation is encouraged to occur outdoors if weather permits;
- Visitation inside the facility shall only occur in a designated area where disinfection, social distancing, and separation from other resident children can be safely implemented;
- Any areas of the facility utilized by the visitor(s) shall be disinfected immediately following the visit; and
- Program staff shall maintain a daily log of all visitors, which shall include names and contact information, as well as the location within the facility that visitation occurred.

## Appendix 1: Definitions

The following is a selection of terms used throughout the COVID-19 guidelines. Definitions are provided to clarify their meaning, which impact how guidelines are implemented.

**Isolation** separates sick people with a contagious disease from people who are not sick. Isolated individuals infected with COVID-19 can be symptomatic or asymptomatic.

**Quarantine** separates and restricts the movement of people who were exposed to a contagious disease to see if they become sick.

**Close Contact** is defined as someone who has been within 6 feet for at least 15 minutes over a 24-hour period of a person who has COVID-19.

A **Viral COVID-19 Test** can be either a Polymerase chain reaction (PCR) or Rapid Antigen diagnostic test (including at-home tests). Viral tests do not include antibody tests.

A person is considered to be **Fully Vaccinated** 14 days after the second dose of the Pfizer or Moderna vaccine or 14 days after a single dose of the Johnson & Johnson vaccine.

A person is considered to be **Up to Date with Vaccines** upon receiving the recommended vaccine doses for which they are eligible based on age and minimum interval since the last dose. Children 5-11 years old can be fully vaccinated and not yet eligible for a booster and be considered up to date with their vaccines. Youth 12 and older are considered up to date when fully vaccinated and boosted at least 5 months after completing their primary Pfizer or Moderna vaccine series, or 2 months after completing their primary Johnson & Johnson vaccine dose. **(Please note: Pfizer is the only COVID-19 vaccine that has emergency use authorization for children aged 5 – 16.** It has received full FDA approval for those 16 and older.)

A person is **Symptomatic** of COVID-19 upon experiencing new onset of subjective or measured fever ( $\geq 100.4$  F) OR cough OR shortness of breath OR chills OR muscle pain OR sore throat OR loss of sense of smell or taste OR congestion or runny nose OR nausea or vomiting OR diarrhea that cannot be attributed to an underlying or previously recognized condition.

## Appendix 2: Guidelines for In-Community/Off-Site Visitation

Please continue to use the [ACS Emergency Guidance for Foster Care Providers: Casework Contacts, Family Time, and Family Team Conferences \(Revised Feb. 2022\)](#) in making case by case determinations regarding whether to have virtual or in-person contacts and visits.

For situations in which it is determined that the benefits of a visit in the community exceed the risk of a possible COVID-19 exposure for resident children, congregate care facilities should strongly emphasize infection prevention strategies to mitigate the risk of infection when children or youth visit their homes. Such strategies may include:

- Strongly recommending vaccination for everyone age 5 and over. The Pfizer vaccine is currently approved for youth ages 5 and older. Moderna and Johnson & Johnson vaccines are approved for ages 18 and over. Vaccine booster shots are now authorized for everyone 12 and older who is fully vaccinated.
- Sending guidance to parents on infection control practices and home sanitation.
- As a prerequisite for home passes, requiring a signed commitment by parents to avoid travel, crowds, parties and congregations.
- Requiring periodic check-ins by phone while at home to be used as opportunities to re-emphasize infection control practices.
- Requiring attestations from parents, children and youth that they understand infection control handouts given to them.
- Recommending that in-community day visits occur outdoors if weather permits.

### Returns from In-Community/Off-Site Visitation

Day visits do not require testing upon return, regardless of vaccination status.

A resident child who returns to a congregate care facility after an overnight or longer visit must either complete a 10-day quarantine or test negative with a COVID-19 viral test before joining the rest of the congregate care population, regardless of vaccination status. **If the resident child refuses to submit to COVID testing they must quarantine for 10 days and monitor for symptoms, regardless of vaccination status.**

Upon their return, the child should be screened with Questions 1, 2 and 3 of the Health Screening (see page 12).

If a youth is symptomatic or tests positive for COVID-19, regardless of vaccination status, the youth must isolate for 10 days.

If facilities are unable to strictly comply with the quarantine and testing recommendations, every effort should be made to follow precautions to avoid spread. For example, if a resident child leaves a facility

and comes back unplanned, the recommendation is to either observe a 10-day quarantine or test on arrival. A viral COVID test upon arrival will still warrant a period of quarantine while waiting for the test result. During that short time, if strict quarantine cannot be observed, the facility should do the best they can to:

- Conduct a verbal health screening with the resident child for symptoms and close contact exposure
- Separate that resident child from the rest of the congregate care population (own room, separate bathroom, meals in the room, etc.)
- Strictly implement social distancing, mask wearing and hand hygiene.



## Appendix 3: Guidelines for Isolation and Quarantine

Isolation and quarantine help protect staff, resident children and visitors by preventing exposure to people who have or may have a contagious disease.

### Isolation Guidance for Children Residing in Congregate Care Facilities

Resident children with suspected or confirmed COVID-19 **must be isolated immediately from other resident children**. If a resident child is symptomatic, nursing staff shall immediately assess and take a temperature to confirm fever.

- Symptomatic resident children must complete full 10-day isolation from when symptoms started and until they have had 24 hours free of fever without antipyretics and an overall reduction in symptoms.
- Asymptomatic resident children with a positive COVID-19 diagnostic test should stay isolated for at least 10 days from the day the positive test specimens were collected.
- Isolation guidance applies even if the resident child (symptomatic or asymptomatic) is fully vaccinated against COVID-19 and had a positive COVID-19 test result.
- As appropriate, resident children in isolation may be permitted to keep their cell phones and remote learning devices in their room to facilitate contact with family and other emotional supports and to support their education plans.
- Contact with the symptomatic or asymptomatic COVID-19 positive child will be limited to medical staff and designated facility staff caring for the child who should utilize personal protective equipment (PPE) including a KN-95 or N-95 mask, gown, face shield/goggles, and disposable gloves as appropriate. This also includes staff and subcontracted drivers who may transport resident children.
- Nursing staff shall maintain adequate stock of masks of all sizes and reinforce consistent handwashing. Medical and nursing staff shall follow routine parent/guardian notification.
- Residents with COVID-19 symptoms or confirmed COVID-19 should be isolated from each other and from those who are not ill. If there is a lack of living space, residents may be “cohorted” in groups accordingly. Two or more residents can be isolated in the same room if, and only if, laboratory tests have confirmed that they have each been diagnosed with COVID-19.

Viral COVID-19 diagnostic tests may show as positive for many weeks after infection, but people are not considered to be infectious when outside of the infectious period. Individuals do not need to continue or re-start isolation between the end of the infectious period and up to 90 days following the date of initial positive test, regardless of a subsequent positive test result during that time.

### NYC Department of Education COVID-19 Guidance

The NYC Department of Education recently released guidance that the isolation period for K-12 students with a positive COVID-19 test result has been shortened to five (5) days. **However, for children residing at a congregate care facility, they must continue to isolate for the full 10-day period and only leave to attend school on days 6-10.**

Children can return to school from isolation on Day 6 if they have no symptoms or their symptoms are improving, and they have been fever-free for 24 hours without the use of fever-reducing medication. Students returning to school from isolation on Day 6 must wear a well-fitting mask such as a KN95, KF94, or a cloth mask over a disposable surgical mask on Days 6 – 10.

Children in Pre-K and under who test positive for COVID-19 still must isolate for 10 days and remain at the congregate care facility.

Please check the [NYC Department of Education website](#) for updates related to COVID testing, Isolation guidance and Quarantine guidance.

## Quarantine Guidance for Children Residing in Congregate Care Facilities

Staff should direct resident children who have been exposed to COVID-19 through close contact to follow the guidance below. Separate rooms are recommended for resident children exposed to someone with suspected or confirmed COVID-19.

When possible, quarantined residents should continue to wear face coverings or masks (except when eating, sleeping or bathing) if they need to share a room for quarantine with others, and space between individuals should be optimized to maintain at least six feet of distance.

Quarantine Guidance for Children Residing in Congregate Care Who Have Close Contact Exposure to COVID-19				
Child is (1) Asymptomatic AND (2) Up to Date with Vaccines.	Child is (1) Asymptomatic AND (2) Has Tested Positive for COVID-19 in the past 90 days.	Child is (1) Asymptomatic, AND (2) Not Up to Date with Vaccines AND (3) Has Not Tested Positive for COVID-19 in the past 90 days.	Child is (1) Symptomatic AND (2) Tests Negative for COVID-19.	Child is Symptomatic AND Tests Positive for COVID-19.
No quarantine is required but child should wear a well-fitting mask while around others and monitor for COVID-19 symptoms for <b>10 days</b> after the last date of exposure.	No quarantine is required but child should wear a well-fitting mask while around others and monitor for COVID-19 symptoms for <b>10 days</b> after the last date of exposure.	<b>The child will have to quarantine for 5 days</b> from the last close contact with the person who has COVID-19. The child must test negative for COVID-19 prior to discontinuing quarantine (on Day 3, then again on Day 5). Other infection control practices are strictly implemented up to completion of <b>10 days</b> : Strict masking both indoors and outdoors (except when eating, sleeping or bathing); Separation of sleeping quarters (because strict masking cannot be implemented while asleep).	Staff should consult the facility's medical director for guidance.	The child must isolate immediately <b>for 10 days</b> , including from those in quarantine. Nursing staff shall immediately assess, seek testing and take a temperature to confirm fever.

## Appendix 4: Guidelines for Staff COVID-19-Related Absence

A congregate care facility employee **may not** report on-site in the following six circumstances. The employee should notify their supervisor and/or human resources department immediately of their pending absence and coordinate accordingly for a return from absence.

### **1) The employee has tested positive through a COVID-19 diagnostic test.**

An employee who has tested positive through a COVID-19 diagnostic test must not report on-site, until all the following conditions are met:

- It has been at least 5 calendar days since their symptoms began (if symptomatic) or at least 5 calendar days since test specimen collection (if asymptomatic); **and**
- They are asymptomatic or symptoms are improving (fever-free for at least 24 hours without use of fever-reducing medicine and other respiratory symptoms (cough, shortness of breath) have improved.

### **2) The employee has exhibited symptoms of COVID-19 and has not tested positive through a COVID-19 diagnostic test.**

The employee must not report on-site until the following conditions are met:

- They have received a lab-confirmed negative PCR (not rapid antigen) diagnostic test; **and**
- Their symptoms are improving, (fever-free for at least 24 hours without use of fever-reducing medicine and respiratory symptoms (cough, shortness of breath) have improved; **and**
- They were not a close contact with another person who had COVID- 19.

OR

- It has been at least 5 calendar days since their symptoms began; **and**
- Their symptoms are improving (fever-free for at least 24 hours without use of fever-reducing medicine and respiratory symptoms (cough, shortness of breath) have improved.

### **3) The employee has been in close contact with another person who had COVID-19.**

The employee who, in the past 5 days, has been in close contact with someone with COVID-19 may not report on-site unless:

- The employee is up to date with their vaccines, or the employee's human resources department has confirmed, in writing, that the employee's physical presence in the workplace is critical to operations or safety of the workplace and has provided the employee with requirements for returning to work after exposure; **and**
- The employee has remained asymptomatic since the last COVID-19 exposure.

OR

- It has been at least 5 calendar days since they were in close contact with someone with COVID-19; **and**
- The employee has remained asymptomatic since the last COVID-19 exposure.

**4) The employee developed a fever after receiving a vaccination for COVID-19.**

The employee who develops a fever within three days after receiving a vaccination for COVID-19 may not report on-site unless:

- The fever lasted less than 24 hours, **and**
- The employee has been fever-free for the last 24 hours (without using fever-reducing medication), **and**
- The employee has not had any of the other COVID-19 symptoms listed above.

OR

- The fever lasted less than 24 hours, **and**
- The employee has been fever-free for the last 24 hours (without using fever-reducing medication), **and**
- The employee has received a lab-confirmed negative PCR (not rapid antigen) diagnostic test.

OR

- It has been at least 5 calendar days since their symptoms began; **and**
- They have not had a fever for at least 24 hours without use of a fever-reducing medicine; **and**
- Any other symptoms have improved

**5) The employee developed other symptoms after receiving a vaccination that are consistent with vaccination.**

The employee who develops other symptoms that are consistent with vaccination (fatigue, a headache, chills, muscle aches, joint pain, nausea or vomiting) within three days after receiving a vaccination for COVID-19 may not report on-site until all of the conditions are met:

- Employees whose symptoms last three or fewer days may return to work when they are feeling well enough to work.

OR

- Employees whose symptoms last more than three days may return to work after testing negative for COVID-19 using a PCR test (not a rapid antigen test) with improving symptoms or it has been at least 5 calendar days since their symptoms began with improving symptoms.

**6) The employee is subject to a governmental or a healthcare provider's quarantine or isolation order, including:**

- Individuals who are required to quarantine for 10 days due to significant medical issues; **or**
- Employees who are required to quarantine for 10 days because they are unable to tolerate a face covering

## Appendix 5: COVID-19 Health Screening Assessments for Congregate Care Programs

Congregate care facility staff must conduct a COVID-19 Health Assessment when resident children and visitors arrive to the facility, respectively.

### COVID-19 Health Screening Assessment for Residents

Use this verbal screening when new residents arrive at the facility. When resident children return from an overnight visit or longer time period off-site, only ask Questions 1, 2 and 3.

If a new or returning resident is cleared to proceed, they may enter the program site and interact in shared spaces as usual. If the resident is **not cleared** to proceed, staff should follow the quarantine or isolation guidance in this document.

#### **Q1. Have you experienced any of the following symptoms of COVID-19 within the past 5 days:**

- Fever of 100.0 F or greater or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- Loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

☐ **NO.** <Go to the next question.>

☐ **YES,** and my symptoms have resolved or if still with residual symptoms, they are all improving, I have received a negative result from a COVID-19 molecular test, I have been fever-free for the last 24 hours (without using fever-reducing medications), and I was not a close contact with another person who had COVID-19. <Go to the next question.>

☐ **YES,** and my symptoms have resolved or if still with residual symptoms, they are all improving, and it's been at least 5 days since my symptoms began, and I have been fever-free for the last 24 hours (without using fever-reducing medications). <Go to the next question.>

☐ **YES,** I have had a fever, but I received a COVID-19 vaccine within 3 days prior to when my fever began, my fever lasted less than 24 hours, I have been fever-free for the last 24 hours (without using fever-reducing medications), and I have not had any of the other symptoms listed above. <Go to the next question.>

☐ **YES,** I have had a fever but I received a COVID-19 vaccine within 3 days prior to when my fever began, my fever lasted less than 24 hours, I have been fever-free for the last 24 hours (without

using fever-reducing medications), and I have received a negative result from a COVID-19 diagnostic test. <Go to the next question.>

☐ **YES**, and I am not in the categories above. <**You may require isolation. Please notify a staff member.**>

**Q2. In the past 5 days (measured from the day you were tested, not from the day when you got the test result), have you tested positive for COVID-19, either using a test that used a nose or throat swab, or tested saliva (i.e., not a blood test)?**

☐ **NO.** <Go to the next question.>

☐ **YES**, and it's been at least 5 days since my symptoms began, I've been fever-free for the last 24 hours (without using fever-reducing medications), and other symptoms are improving. <Go to the next question.>

☐ **YES**, but it has been at least 5 days since I tested positive and I am asymptomatic. <Go to the next question.>

☐ **YES**, and I am not in the above categories. <**You may require isolation. Please notify a staff member.**>

**Q3. To the best of your knowledge, in the past 5 days, have you been in close contact (within 6 feet for at least 15 minutes over a 24-hour period) with anyone while they had COVID-19?**

☐ **NO.** <You are cleared to proceed without quarantine or isolation.>

☐ **YES**, but I am up to date with my vaccines (up to date status based on age, eligibility and minimum interval since the last dose) OR I tested positive for COVID-19 in the last 90 days, AND I have remained asymptomatic since my last COVID-19 exposure. <You are cleared to proceed without quarantine but should wear a well-fitting mask while around others and monitor for COVID-19 symptoms for 10 days after the last date of exposure.>

☐ **YES**, and I am not in the category above. <**You may require quarantine. Please notify a staff member.**>

**Q4. (For Medical staff ONLY to ask new residents): Have you received the COVID-19 Vaccine or Booster?**

☐ **YES.**

<Medical staff should request supporting documentation for vaccination, such as a vaccination card, and record dates of doses. If vaccination documentation is not produced by the resident child initially, medical staff shall collaborate with the Case Management team to retrieve documentation from the parent / legal guardian. Medical staff shall also review the Citywide Immunization Registry (CIR) or the New York Statewide Immunization Information System (NYSIIS) as appropriate to retrieve vaccine documentation.>

☐ **NO.**

### COVID-19 Health Screening Assessment for Visitors

Use this screening when visitors arrive at the facility. This screening is to be used in conjunction with temperature checks by facility staff. Depending on the current threshold of epidemiological metrics, proof of vaccination or negative COVID test result may also be required for facility entry.

ACS recommends printing the questions in large print and posting in the area where visitor screening is conducted. Security staff should be prepared to administer the screening verbally upon request.

If a visitor is not cleared to proceed, the case planner should explain that the visitor may not enter the facility but is encouraged to participate in a virtual visit instead.

When feasible, the case planner should send these questions in advance of the visit to encourage advance screening before arrival on-site. If the visitor is not cleared to enter the facility and needs assistance accessing medical care or information, the case planner should attempt to assist.

#### **Q1. Have you experienced any of the following symptoms of COVID-19 within the past 5 days:**

- Fever of 100.0 F or greater or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- Loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

☐ **NO.** <Go to the next question.>

☐ **YES**, and my symptoms have resolved or if still with residual symptoms, they are all improving, I have received a negative result from a COVID-19 molecular test, I have been fever-free for the last 24 hours (without using fever-reducing medications), and I was not a close contact with another person who had COVID-19. <Go to the next question.>

☐ **YES**, and my symptoms have resolved or if still with residual symptoms, they are all improving, and it's been at least 5 days since my symptoms began, and I have been fever-free for the last 24 hours (without using fever-reducing medications). <Go to the next question.>

☐ **YES**, I have had a fever, but I received a COVID-19 vaccine within 3 days prior to when my fever began, my fever lasted less than 24 hours, I have been fever-free for the last 24 hours (without using fever-reducing medications), and I have not had any of the other symptoms listed above. <Go to the next question.>



☐ **YES**, I have had a fever but I received a COVID-19 vaccine within 3 days prior to when my fever began, my fever lasted less than 24 hours, I have been fever-free for the last 24 hours (without using fever-reducing medications), and I have received a negative result from a COVID-19 diagnostic test. <Go to the next question.>

☐ **YES**, and I am not in the categories above. <You **are not** cleared to enter the facility. Please notify a staff member for next steps.>

**Q2. In the past 5 days (measured from the day you were tested, not from the day when you got the test result), have you tested positive for COVID-19, either using a test that used a nose or throat swab, or tested saliva (i.e., not a blood test)?**

☐ **NO**. <Go to the next question.>

☐ **YES**, and it's been at least 5 days since my symptoms began, I've been fever-free for the last 24 hours (without using fever-reducing medications), and other symptoms are improving. <Go to the next question.>

☐ **YES**, but it has been at least 5 days since I tested positive and I am asymptomatic. <Go to the next question.>

☐ **YES**, and I am not in the above categories. <You **are not** cleared to enter the facility. Please notify a staff member for next steps.>

**Q3. To the best of your knowledge, in the past 5 days, have you been in close contact (within 6 feet for at least 15 minutes over a 24-hour period) with anyone while they had COVID-19?**

☐ **NO**. <You are cleared to enter the facility.>

☐ **YES**, but I am up to date with my vaccines (I have received my booster dose, or it has been 2 months or less since I received the Johnson & Johnson vaccine or 5 months or less since I received the second dose of the Moderna or Pfizer vaccine), and I have remained asymptomatic since my last COVID-19 exposure. <You are cleared to enter the facility.>

☐ **YES**, and I am not in the category above. <You **are not** be cleared to enter the facility. Please notify a staff member for next steps.>

**Visitors: Please share only the results of your screening with facility staff or your case planner. The results are either "cleared to enter," or "not cleared to enter."**