

Enclosure (1) CYP Enhanced Health Screening Questionnaire

Instructions: All individuals entering any CYP facility or Child Development Home are required to use this questionnaire to self-screen or screen their children prior to entering the facility. If you are denied entry based on your answers below or a temperature screening (if applicable), you are not authorized access to the facility and child(ren) are not authorized to be accepted for care today. You are not required to maintain documentation of your self-screening or provide documentation of your screening to the CYP.

1. Are you currently experiencing any symptoms of COVID-19 such as a fever (100.4 degrees or higher), cough, shortness of breath or difficulty breathing, fatigue, chills, sore throat, muscle and body aches, headache, new loss of taste or smell, congestion or runny nose, nausea or vomiting, or diarrhea?

If YES, <u>entry is not authorized.</u> If NO, proceed to question 2.

2. In the past 5 days, have you tested positive for COVID-19?

If YES, <u>entry is not authorized.</u> If NO, entry is authorized subject to a temperature screening (if applicable).