

YCS RETURN FROM VISIT QUESTIONNAIRE

There is no higher priority to YCS than the safety of our clients and employees. The COVID-19 pandemic has created a new environment for all of us to navigate and protect the health of our clients and employees. In light of the COVID-19 pandemic, all clients coming back to a YCS site from an offsite visit will be asked the following questions to protect our YCS community. The Program Director is responsible for obtaining this documentation.

YCS is requesting parent/guardian be vigilant in avoiding crowds, social distancing and limiting extent of outing while taking a client on a home pass. Thank you for your cooperation!

If your Youth becomes ill with a fever, cough or flu-like symptoms, YCS will need for you to call and obtain a “Free and Clear of Communicable Disease” from the Primary Care Provider or local Urgent Care before the client can return to the site.

Please complete the form and sign your name at the bottom.

1. Did the client have a temperature over 100.4° within the past 24 hours?

YES____ NO____

2. Did the client have any of the following symptoms in the past 24 hours: fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea.

YES____ NO____

3. Did the client have close contact with someone who has tested positive for COVID- 19 in the past 14 days? YES____ NO____

If yes, please explain: _____

4. Did the client come into contact with anyone who traveled internationally within the past 14 days? YES____ NO____

Temperature of Client: _____

Name of Client: _____

Name of Person returning client from off site visit: _____

Signature of person returning client from off site visit: _____

Relationship to Client: _____

Date: _____

YCS Staff: _____