

**Vista Autism Services**  
**COVID-19 Daily Screening Assessment**

Directions: All individuals providing or receiving Vista services (staff and clients) are required to review the below screening assessment daily prior to receiving or providing Vista services.

Parents/guardians should go through the assessment with enough lead time to cancel any provided transportation should external transportation be applicable.

Staff should go through the assessment with enough lead time to meet standard sick notice to their supervisor/program as stipulated in current Personal Time Off policies.

Remember: diligence to symptoms and proactive measures will help to decrease the likelihood of virus spread in our Vista programs and service lines. A student or staff being careful and staying home is preferred over someone being symptomatic and needing to be sent home after arriving to a Vista program or service. Further, consistent adherence to screening measures will help decrease the likelihood of a Vista program or service being required to modify or close programs for mitigation efforts related to COVID-19.

Yes	No	Symptom
Yes: remain home for 10 days, provide negative COVID test, OR provide Dr note	No: continue down screening assessment	Temperature greater than 100
Yes: remain home for 10 days, provide negative COVID test, OR provide Dr note	No: continue down screening assessment	Persistent and productive cough
Yes: remain home for 10 days, provide negative COVID test, OR provide Dr note	No: continue down screening assessment	Shortness of breath
Yes: remain home for 10 days, provide negative COVID test, OR provide Dr note	No: continue down screening assessment	New loss of taste or smell
Yes: remain home if symptom is not explained through another reason	No: continue down screening assessment	Chills
Yes: remain home if symptom is not explained through another reason	No: continue down screening assessment	Fatigue
Yes: remain home if symptom is not explained through another reason	No: continue down screening assessment	Body aches
Yes: remain home if symptom is not explained through another reason	No: continue down screening assessment	Headache
Yes: remain home if symptom is not explained through another reason	No: continue down screening assessment	Sore throat
Yes: remain home if symptom is not explained through another reason	No: continue down screening assessment	Congestion or runny nose
Yes: remain home	No: continue down screening assessment	Nausea or vomiting
Yes: remain home	No: continue down screening assessment	Diarrhea
Yes: remain home remain home for 10 days, provide negative COVID test, OR provide Dr note	No: continue down screening assessment	Does the individual have two or more non red symptoms?
Yes: Vaccinated? watch for symptoms, wear a face covering, no quarantine necessary  Not vaccinated? remain home as directed by DoH	No: continue down screening assessment	Does anyone in my household have a confirmed case of COVID-19?
Yes: Vaccinated? Watch for symptoms, wear a face covering, no additional actions needed  Not Vaccinated? if you are able to appropriately distance and not have prolonged exposure (less than 15 minutes) to this household member, proceed with normal routine with high caution. If you are not able to appropriately distance, will have prolonged (15 min or more) direct contact with person, remain home for duration of household member quarantine period	No: continue down screening assessment	Has anyone in my household been in prolonged (15 min. or more) direct contact with a person with COVID-19?
Yes: monitor	No: continue down screening assessment	Has anyone in my household traveled to an area of State Dept, CDC, DoH, or PA area of travel restriction?
Yes: follow DoH travel quarantine guidelines	No: continue down screening assessment	Have I (student or staff) traveled to an area of State Dept, CDC, DoH or PA area of travel restriction?
Yes: follow DoH quarantine period or provide a negative COVID test result	No: review results of screening assessment to determine action	Have I been in an area/setting in which I was informed to seek a COVID-19 test?
Yes: please see Covid-19 Vaccination Assessment*	No: review results of screening assessment to determine action	Has the individual received a COVID-19 vaccination dose in the last 72 hours?

\*updated 8.31.21