



Daily Screening Protocol for the Boys & Girls Club of the Berkshires

Child's Name: _____

Complete the following for each child. If you answer yes to any of the following, please do not bring the child to the Club.

Does the staff member/child have any of the following symptoms?	YES	No
Fever (100.0° & higher), feverish, had chills		
Cough		
Sore throat		
Rapid breathing or difficulty breathing (without recent physical activity)		
Gastrointestinal symptoms (diarrhea, nausea, vomiting)		
Fatigue <i>*must be in combination with other symptoms to be cause for exclusion*</i>		
Headache <i>*must be in combination with other symptoms to be cause for exclusion*</i>		
New loss of smell/taste		
New muscle aches		
Runny nose or congestion <i>*must be in combination with other symptoms to be cause for exclusion*</i>		
Any other sign of illness <i>*must be in combination with other symptoms to be cause for exclusion*</i>		
Has the child had contact with someone in the previous 14 days with a confirmed or presumptive diagnosis of COVID-19 or someone who is ill with a respiratory illness?		
Is the staff member/child cleared to enter the facility?		

- All children and staff will be screened daily upon arrival and prior to entry into the Boys & Girls Club of the Berkshires.
- **If ALL of the below are NO, the child MAY attend programs at the Boys & Girls Club of the Berkshires.** If the child shows signs of any of the below during the day, exclusion protocols will be followed and the child's parent/guardian will be called to come pick them up.
- **If ANY of the below are YES, the child SHOULD NOT BE ALLOWED to enter the Club.** The child should return home with their parent or caregiver.
- If anyone in your immediate household has been tested your child may not return to any Boys & Girls Club program until a negative test result has been reported.
- If the child or staff member has symptoms but not otherwise exposed to an individual who is COVID-19 positive or presumed to be COVID-19 positive, they may not return to the Club until the symptoms abate.
- If an individual is identified as a close contact, quarantine is as follows:
 - 7 days if the individual gets a negative test result on or after day 5, experiences NO symptoms, and continues to monitor for symptoms through day 14.
 - 10 days if the individual experiences NO symptoms and continues to monitor for symptoms through day 14.
 - 14 days if the individual experiences ANY symptoms during the 14 days.
 - ❖ *Final decisions regarding the end of mandatory isolation following a positive COVID-19 test or quarantine following identification as a close contact are made by the Local Board of Health presiding over the cases.*

Staff Signature: _____

Parent/Guardian Signature: _____