YMCA OF THE TRIANGLE
COVID-19 DAILY SCREENING CHECKLIST

In order to ensure the health and safety of all, the YMCA of the Triangle will follow the below listed daily screening process. This screening will be used for any staff, participants, volunteers or others who will be involved in YMCA programming.

ALL individuals (employees, members, program participants, volunteers and vendors) entering the building must be asked the following questions:

1. **Has the individual entering the program or facility had close contact (within 6 feet for at least 15 minutes) in the last 14 days with someone diagnosed with COVID-19, or has any health department or health care provider been in contact with them and advised them to quarantine?**
   - ☐ YES
     - ➢ The individual should not be at the child care facility. The individual can return 14 days after the last time he or she had close contact with someone with COVID-19, or as listed below.
   - ☐ NO
     - ➢ The individual can be at the facility if he or she is not experiencing symptoms.

2. **Does the individual entering the program or facility have any of these symptoms?**
   - ☐ Fever
   - ☐ Chills
   - ☐ Shortness of breath or difficulty breathing
   - ☐ New cough
   - ☐ New loss of taste or smell

   If an individual has any of these symptoms, they should go home, stay away from other people, and the family member should call the child's health care provider.

3. **Since the individual was last at the program or facility, have they been diagnosed with COVID-19?**
   - ☐ YES
     - ➢ The screening will end and the staff/participant will be asked not to enter the facility/serve the program.
   - ☐ NO
     - ➢ Proceed to the next question

4. **Check temperature: is fever present? – STAFF & YOUTH PARTICIPANTS ONLY.**
   Fever is defined as 100.4°F. If touchless thermometer is not available, use a tympanic (ear) or temporal (forehead) thermometer. Do not take temperatures orally.
   - ☐ YES
     - ➢ The screening will end and the staff/participant will be asked not to enter the facility/serve the program.
   - ☐ NO
     - ➢ Allow entry into the program or facility

   *Please remind the individual to wash their hands or use alcohol based hand rub upon entering.