

Troop 116 Outside Meetings at St. John's

A. Rules & Procedures

- Meeting location is at the north end of the parking lot or at the terrace and grass area near the firepit at the top of the steps across from Scout Hut. Time 6:00 - 7:00 PM.
- Stay clear of (a) Playground behind Scout Hut, (b) parking lot area by Scout Hut & playground, which is roped off, (c) church entrance under the brick archway. These areas are off limits.
- Check in with answers to below questionnaire. To save time, you may print this document & complete at home, tear off and turn in upon arrival. It is posted on the troop website at: <https://www.troop116.org/resources/C19QuesCk.pdf>
If the answer to any question is Yes, please do not come to meeting.
- Class A uniform for all Scouts and Scouters.
- Wear face masks at all times.
- Social distancing will be enforced - stay six feet from one another.
- Time is planned for Opening Formation & Announcements, Patrol meetings, Program, Interpatrol Activity, Closing Formation & Recognitions.
- Restroom in the hallway near the outside door at the top of the steps next to the terrace is available for emergency use only, one person at a time.
- Do not use any drinking fountains at the church.
- If rain is forecast, we will contact everyone as soon as possible and revert to a Zoom meeting Monday night at 7:00 PM. See joining links at <https://www.troop116.org/members/ZoomMtgLinks.pdf>

B. Checklist of Items to Bring to Meeting

- A daypack labeled with your name.
- Rain gear (in daypack), just in case.
- Water bottle filled at home (in daypack).
- Scout Handbook (in daypack).
- Your own pen or pencil and small notebook (in daypack).
- Small camp chair - Crazy-Creek, camp stool, or similar is good. Label with your name. Do not share.

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C. Check-In Questionnaire

Troop 116, St. John's Episcopal Church Name: _____ Date: _____

1. What is your current temperature, within the last 2 hours? _____
2. In the last 14 days was your temperature at or above 100.4 degrees? Yes ___ No ___
3. In the last 14 days have you or anyone in your household had any of the following NEW symptoms? Yes ___ No ___
 - a. Chills or body aches
 - b. Unusual Headache
 - c. New congestion or runny nose
 - d. Nausea / Vomiting / Diarrhea
 - e. Loss of taste or smell
 - f. Shortness of breath
 - g. New or persistent cough
 - h. Unusual fatigue
4. In the last 14 days have you or anyone in your household: Yes ___ No ___
 - a. Tested positive for COVID-19?
 - b. Begun the process of getting tested for COVID-19 (due to exposure or symptoms) or awaiting results?
 - c. Had known exposure to someone who tested positive for COVID-19?