

BEL AIR UNITED METHODIST CHURCH

USE OF CHURCH FACILITIES

Name of Person in Charge _____ Date of Event: _____

Name of Group _____

Cell Phone _____ E-Mail _____

Hours of Event: From _____ to _____ Date Pattern: _____

LOCATION

AVAILABLE ROOMS DURING PHASE 3 – COVID

1. Fellowship Room 202 (Max Capacity – 55) ()
2. Community Room 101 (Max Capacity – 67) ()
3. Assembly Room 103 (Max Capacity – 60) ()

RULES & POLICIES

1. **All small group meetings are subject to change and cancellation depending on the case occurrence of COVID-19 in Harford County**
2. All group leaders and attendees will adhere to the following requirements while using the indoor space of Bel Air UMC
3. Attendees will need to wear face masks at all times when indoors, except when taking a drink
4. Physical distancing requirements of at least 6 feet must be maintained between family units
5. All small group leaders are responsible for distributing the following self-check questions to each regular member BEFORE gathering in person for use EACH TIME THEY GATHER:

1. **Have you been within 6 feet of a person with a lab-confirmed case of COVID-19 for at least 5 minutes, or had direct contact with their mucus or saliva, in the past 14 days?**
2. **In the last 48 hours, have you had any of the following symptoms:**
 - a. Cough
 - b. Trouble breathing, wheezing, or shortness of breath
 - c. Fever >100F
 - d. Chills or shaking chills
 - e. Muscle aches
 - f. Sore throat
 - g. Loss of smell, taste, or a change of taste
 - h. Nausea, vomiting, or diarrhea
 - i. Headache
3. **Has a public health official advised you to get tested for COVID-19 within the last 14 days?**
4. **Have you had a positive COVID-19 test within the last 14 days?**

6. BEFORE allowing them to enter the room. If an attendee answers YES to any of the above questions, the group leader should immediately separate them from any other people and arrange for their safe transport home or to an appropriate medical facility
7. Food is discouraged
8. The group should only use the bathrooms closest to the meeting space
9. The group leader is responsible for ensuring that chairs are wiped down and restacked in their original positions if used
10. The group leader is responsible for ensuring that tabletops are wiped down and in their original positions if used
11. The small group leader will provide a signature indicating that the small group will satisfy all of the requirements set forth by the BAUMC and turn the signed copy in to the church office.
12. The small group leader will be responsible for taking attendance at each meeting and providing this list to the church office if needed for contact tracing
13. Bel Air United Methodist Church assumes no liability for vehicles on its premises.
14. Notify Lisa Wolf at wolf@baumc.com about any cancellations.

Signature/Title/Date

All small group leaders are responsible for distributing the following self-check questions to each regular member BEFORE gathering in person for use EACH TIME THEY GATHER:

- 1. Have you been within 6 feet of a person with a lab-confirmed case of COVID-19 for at least 5 minutes, or had direct contact with their mucus or saliva, in the past 14 days?**
- 2. In the last 48 hours, have you had any of the following symptoms:**
 - a. Cough**
 - b. Trouble breathing, wheezing, or shortness of breath**
 - c. Fever >100F**
 - d. Chills or shaking chills**
 - e. Muscle aches**
 - f. Sore throat**
 - g. Loss of smell, taste, or a change of taste**
 - h. Nausea, vomiting, or diarrhea**
 - i. Headache**
- 3. Has a public health official advised you to get tested for COVID-19 within the last 14 days?**
- 4. Have you had a positive COVID-19 test within the last 14 days?**

All small group leaders are responsible for distributing the following self-check questions to each regular member BEFORE gathering in person for use EACH TIME THEY GATHER:

- 1. Have you been within 6 feet of a person with a lab-confirmed case of COVID-19 for at least 5 minutes, or had direct contact with their mucus or saliva, in the past 14 days?**
- 2. In the last 48 hours, have you had any of the following symptoms:**
 - a. Cough**
 - b. Trouble breathing, wheezing, or shortness of breath**
 - c. Fever >100F**
 - d. Chills or shaking chills**
 - e. Muscle aches**
 - f. Sore throat**
 - g. Loss of smell, taste, or a change of taste**
 - h. Nausea, vomiting, or diarrhea**
 - i. Headache**
- 3. Has a public health official advised you to get tested for COVID-19 within the last 14 days?**
- 4. Have you had a positive COVID-19 test within the last 14 days?**