



**DEPARTMENT OF HEALTH**

*Robert R. Neall, Secretary*

**STATE DEPARTMENT OF EDUCATION**

*Dr. Karen Salmon, State Superintendent of Schools*

## **Interim Guidance for Temperature and Symptom Screening at Child Care Programs Serving Children of Essential Personnel – Updated 5/11/20**

In cooperation with the Maryland Department of Health and the Maryland State Department of Education, the following interim guidance has been developed to assist child care facilities in daily temperature and symptom screening without the need for Personal Protective Equipment (PPE), as recommended by the Centers for Disease Control and Prevention (CDC). This guidance may change as PPE becomes more widely available.

Temperature and symptom screening should be conducted daily on each child upon arrival to the child care facility using the process below. See the attached resources that are recommended for use by child care programs when conducting temperature and symptom screening on children and child care program staff.

- The individual child's parent/guardian who is dropping off the child should take the child's temperature upon arrival while being directly observed by child care program staff
- Temperature checks should be conducted while maintaining social distancing to the greatest extent possible; in addition, the child's parent/guardian and any child care program staff involved in temperature checks should wear cloth face coverings [as recommended by CDC](#)
- The child's parent/guardian should use a personal thermometer brought from home; this thermometer should only be used for that child/family and should not be handled by the child care program staff
- After taking the temperature, the child's parent/guardian should show the temperature result to the child care program staff for recording
- In the event that a family does not have access to a personal thermometer for their child, the parent/guardian should use a thermometer provided by the child care program; non-contact thermometers are preferred but temporal or tympanic (ear) thermometers are also acceptable
- The parent/guardian should perform hand hygiene and don single use gloves prior to taking the child's temperature with a thermometer provided by the child care program
- Temporal and tympanic thermometers should be cleaned and disinfected after each use and non-contact thermometers should be cleaned routinely [as recommended by CDC for infection control](#)
- The child's parent/guardian should be asked if the child has any symptoms of COVID-19 and if there are persons in the household with symptoms of COVID-19

All child care program staff should monitor their temperature at home and report the temperature to the child care center director/administrator upon arrival to the facility. If a temperature is not reported, a temperature should be taken by another child care staff member following the procedure above.

Child care program staff should also be monitoring themselves for any symptoms of COVID-19 and should not enter the facility if they have a fever or other signs of illness or have persons in their household with symptoms of COVID-19.

**Children or staff members with a fever (100.4° or greater), other signs of illness or who have persons in the household with symptoms of COVID-19 should not be admitted into the child care facility.**

## ATTACHMENTS

### A. Health Screening Tool—Staff

1. Did you feel feverish or have a measured temperature of 100.4 or greater since you were here yesterday?
  - 1a. For a new staff member or a staff member returning from an absence (i.e., on leave or due to schedule), ask “Have you felt feverish or had a measured temperature of 100.4 or greater in the past 14 days or since last in the child care site?”
  - 1b. “What was your temperature this morning?” Record the result.
  - 1c. If staff member did not take temperature, have the staff member measure their temperature according to guidance and record.
2. Have you had any symptoms associated with COVID-19 (e.g. sore throat, nasal congestion, runny nose, new or worsening cough, shortness of breath, fatigue/malaise, headaches, body aches, nausea, vomiting, diarrhea, loss of taste or smell) since yesterday?
  - 2a. If first day at the child care site or returning from absence (i.e., on leave or due to schedule), ask “Have you had any symptoms associated with COVID-19 (e.g. sore throat, nasal congestion, runny nose, new or worsening cough, shortness of breath, headaches, body aches, nausea, vomiting, diarrhea, loss of taste or smell) in the past 14 days or since last in the child care site?”
3. Have you had close, prolonged contact (less than 6 feet for more than a few minutes) with anyone (e.g., household or any other person) known to have COVID-19 or who has symptoms of COVID-19 (e.g. sore throat, nasal congestion, runny nose, cough, headaches, body aches, nausea, vomiting, diarrhea, loss of taste or smell) since yesterday?
  - 3a. If first day at the program or returning from an absence (i.e., on leave or due to schedule), ask “Have you had close, prolonged contact (less than 6 feet for more than a few minutes) contact with anyone (e.g., household or any other person) known to have COVID-19 or who has symptoms of COVID-19 (e.g. sore throat, nasal congestion, cough, headaches, body aches, nausea, vomiting, diarrhea, loss of taste or smell) in the past 14 days or since last at the program?”

If the staff member replies “**YES**” to any of these questions, advise the staff member that they may not be permitted to work that day. The staff member should quarantine and if symptomatic contact their health care provider for further guidance.

If the staff member replies “**NO**” to all these questions, then the individual is permitted to enter the site for work.

**NOTE:** Staff members returning to work after having a **confirmed or probable case** of COVID-19 should have a note from their health care provider documenting that they have been released from isolation and may return to work.

## **B. Health Screening Tool—Child (to be answered by the parent or adult dropping off the child)**

1. Did your child feel feverish or have a measured temperature of 100.4 or greater since leaving the child care site yesterday?

1a. For a newly enrolled child or a child returning from an absence (i.e., on leave or due to schedule), ask “Did your child feel feverish or have a measured temperature of 100.4 or greater in the past 14 days or since last in the child care site?”

1b. Parent should take their child’s temperature according to guidance. Temperature should be recorded

2. Has your child experienced any symptoms associated with COVID-19 (e.g. sore throat, nasal congestion, runny nose, new or worsening cough, shortness of breath, fatigue/malaise, headaches, body aches, nausea, vomiting, diarrhea, loss of taste or smell) since yesterday?

3. Has your child had close, prolonged contact (less than 6 feet for more than a few minutes) with anyone (e.g., household or any other person) with anyone (e.g., household or any other person) known to have COVID-19 or who has symptoms of COVID-19 (e.g. sore throat, nasal congestion, runny nose, cough, headaches, body aches, nausea, vomiting, diarrhea, loss of taste or smell) since yesterday?

3a. For a newly enrolled child or a child returning from an absence (i.e., on leave or due to schedule), ask “Has your your child had close, prolonged contact (less than 6 feet for more than a few minutes) with anyone (e.g., household or any other person) with anyone (e.g., household or any other person) known to have COVID-19 or who has symptoms of COVID-19 (e.g. sore throat, nasal congestion, fatigue/malaise, runny nose, cough, headaches, body aches, nausea, vomiting, diarrhea, loss of taste or smell) in the past 14 days or since last at the child care site?”

If the parent replies “**YES**” to any of these questions, the parent should be advised the child may not be admitted into care that day. The child should quarantine, and if symptomatic the parent should contact the child’s health care provider for further guidance.

If the parent replies “**NO**” to all these questions, the child is permitted to enter the child care site for care.

**NOTE:** Children returning to child care after having a **confirmed or probable case** of COVID-19 should have a note from their health care provider documenting that they have been released from isolation and may return to care.

### Health Screening Log—Child

Record the parent/guardian’s responses to the screening questions at drop off

Date: \_\_\_\_\_

Child’s Name	Feverish or measured temperature of 100.4 or greater since last in the child care site?  Or in past 14 days if new or returning from absence?  (Yes/No)	Symptoms (e.g., sore throat, nasal congestion, runny nose, new or worsening cough, shortness of breath, fatigue/malaise, headaches, body aches, nausea, vomiting, diarrhea, loss of taste or smell) since yesterday?  Or in past 14 days if new or returning from absence?  (Yes/No)	Close, prolonged contact with anyone known to have COVID-19 or who has symptoms of COVID-19 (e.g., fever, sore throat, nasal congestion, runny nose, cough, headaches, body aches, fatigue/malaise, nausea, vomiting, diarrhea, loss of taste or smell) since yesterday?  Or in past 14 days if new or returning from absence?  (Yes/No)	Recorded Temperature taken by parent on site	Admitted to Care?  (Yes/No)

**Health Screening Log—Staff Member**

**Record the staff member’s responses to the screening questions when reporting to work BEFORE entering the facility**

Date: \_\_\_\_\_

<b>Staff Member’s Name</b>	<b>Feverish or measured temperature of 100.4 or greater since last in the child care site?</b>  <b>Or in past 14 days if new or returning from absence?</b>  <b>(Yes/No)</b>	<b>Symptoms (e.g., sore throat, nasal congestion, runny nose, new or worsening cough, shortness of breath, fatigue/malaise, headaches, body aches, nausea, vomiting, diarrhea, loss of taste or smell) since yesterday?</b>  <b>Or in past 14 days if new or returning from absence?</b>  <b>(Yes/No)</b>	<b>Close, prolonged contact with anyone known to have COVID-19 or who has symptoms of COVID-19 (e.g., fever, sore throat, nasal congestion, runny nose, cough, headaches, body aches, fatigue/malaise, nausea, vomiting, diarrhea, loss of taste or smell) since yesterday?</b>  <b>Or in past 14 days if new or returning from absence?</b>  <b>(Yes/No)</b>	<b>Recorded Temperature taken by staff at home</b>	<b>Admitted to work?</b>  <b>(Yes/No)</b>