

Cape Elizabeth Community Services Temperature Screen Procedures & Authorization/Waiver

The following procedures have been adopted by Cape Elizabeth Community Services to ensure the safety of children participating in Cape Care during the COVID-19 pandemic. These procedures are in effect until further notice.

1. All children wishing to participate in Cape Care must undergo a daily health screening before admittance.
2. Parents/guardians must sign an authorization/waiver allowing health screenings. The authorization specifies it is good until the end of the 2020/2021 school year, however, permission is revocable by the parent/guardian at any time.
3. Parents/guardians shall provide a telephone number where the parent/guardian can be reached that day.
4. The health screening area shall be in the foyer or outside of the building or area where Cape Care will be held, such that it is separate from children who have already passed the screening.
 - a. A Community Services employee trained using the equipment will conduct the screenings.
 - b. The Tester shall be screened daily before administering any screenings of participants.
 - c. The Tester shall wash hands or use sanitizer before donning protective equipment.
 - d. The Tester shall avoid physical contact if possible.
5. Health screenings will be conducted using a no-contact infrared thermometer unit. If the infrared thermometer is not working, a forehead thermometer may be used.
 - a. The Tester shall ask the parent/guardian:
 - i. if the child has had a persistent cough, shortness of breath, or has had a fever in the past 24 hours;
 - ii. if any other person residing in the household has had a persistent cough, shortness of breath, or has had a fever in the past 24 hours;
 - iii. if the child has had any medication to reduce fever in the past six (6) hours;

- iv. if the child has been in close proximity with anyone suspected of having or confirmed as having COVID-19 in the past fourteen (14) days.
 - b. The Tester shall make a visual inspection of the child for signs of illness (flushed cheeks/rapid or difficulty breathing when the child is calm, fatigue, extreme fussiness).
 - c. Readings shall be taken on an unobstructed area of the child's forehead. The test area must be clean and dry.
 - d. The unit should be held perpendicular to the forehead. Check the unit for the required distance between the subject and the unit.
6. Readings are taken on a pass/fail basis. Temperatures will not be recorded.
 - a. A reading of 100.4°F or below is considered normal and constitutes a passing reading and the child may be admitted to Cape Care.
 - b. If a reading is above 100.4°F, the parent/guardian shall be notified of the failing reading and neither the child, parent, or any sibling may enter Cape Care that day.
 - c. If the parent/guardian indicates that the child has had a fever (a reading over 100.4°F) within the past 24-hours, neither the child, parent, or any sibling may enter Cape Care that day.
 - d. If the parent/guardian denies symptoms but the child appears ill (flushed cheeks/rapid or difficulty breathing when the child is calm, fatigue, extreme fussiness), the child may not be admitted that day but siblings that pass the health screening may be admitted.
7. If a child passes the health screening but later seems ill, the child shall be isolated from the other children and rescreened.
 - a. If the child does not pass the temperature screening, the parent/guardian shall be required to pick up the child.
 - b. If the child passes the temperature screening, whether to require the parent to pick up the child will be at the Director's discretion and the decision will be made on a case by case basis.
8. If a child does not pass a health screening because of fever, whether initial or one done later in the day in response to the child not feeling well, the child and any siblings will not be allowed to return to Cape Care until the child has been fever-free for 24-hours without the assistance of fever-reducing medications.

Cape Elizabeth Community Services Authorization/Waiver

1. I, _____ (print name of parent/guardian), the parent or legal guardian of the participating child indicated below (the "Child"), hereby grant permission to Cape Elizabeth Community Services (CECS) to perform a health screening, including taking the temperature of, the Child for the purpose of screening the Child for illness, including but not limited to COVID-19, in order to participate in CECS Programs. This permission allows screening on a daily basis and it extends to retesting the Child later in the day when I am not present in the event that Child appears ill. I understand that readings will not be recorded.

2. Participation in this activity may involve risk of injury or death. Furthermore, I understand that participating may involve contact with other participants and staff. While CECS is endeavoring to prevent accidental exposure of participants to people who are infected with COVID-19 through health screenings, I acknowledge that such screenings may not be 100% effective. I am aware of these hazards and I, for myself and my Child, voluntarily assume the risks associated with participation.

In registering for participation in CECS program(s) and in consideration for being allowed to participate, I, for myself and my Child, hereby waive and release all rights and claims against CECS, its officers, employees, agents, volunteers and supervisors from all losses, injury, illness, damages, fees and other expenses arising out of, or in connection with participation in the registered activity.

In addition, I give my consent for the Cape Elizabeth Community Services Director to act in my place in all respects should the need arise during the course of this activity or related travel. This shall include but not be limited to obtaining medical care.

3. This Authorization is valid through June 30, 2021, although Paragraph 1 may be revoked at any time. I understand that if I revoke this Authorization, the Child will no longer be able to participate in Cape Elizabeth Community Services. Paragraph 2 is irrevocable for those dates where the Child participated in CECS Program(s).

Parent/Guardian Signature

Date

Participant