



THE CHILDREN IN THE SHOE

COVID 19 FAMILY HANDBOOK



“Children remind us to treasure the smallest of gifts, even in the most difficult of times.”

Allen Klein

Stay Safe
and
Healthy



Dear Shoe Families,

Welcome to your COVID 19 Family Handbook. This handbook outlines the practices, and procedures we have put in place to maintain a safe environment for your children and our staff. I have also included information about roles and responsibilities from our Staff Handbook to help give a complete picture of what is happening in our centers. The practices and procedures described in this handbook will be in place for the duration of this crisis. These practices have kept us safe even through the worst moments of this pandemic. We require our staff to be fully vaccinated and as of Sept 7th 2021, we are 100% fully vaccinated.. We know that there are still many unvaccinated people and that there are still variants out there that are highly contagious. We plan to keep these protocols in place until we feel confident that it is safe to make changes. This is the new normal.

Many things about our centers are the same as they were before this crisis. There is still laughter and learning. There is still creativity, curiosity, and inspiration! However, some things are different. To keep the children and our staff safe, we have implemented some new practices and procedures as mandated by the Maryland Department of Education and in keeping with guidance from the Centers for Disease Control and Prevention. We continue to monitor all of the federal, state, and local guidance, and make all necessary changes to our practices to ensure everyone's safety.

Implementing health screenings, enhanced hygiene and disinfecting, physical distancing whenever possible, and wearing masks is how we are maintaining a safer environment. Safety practices like ours have been successful at keeping teachers and children safe in childcare facilities in Maryland and around the country that have remained open the entire time, during this crisis.

The intent here is to provide as much detail as possible about our enhanced safety protocols and also to give you some tools, such as the Daily Connect *Parent Survey* and Touchless Sign In /Out (*Appendix A pgs 19 - 20*) and our [Pick Up Form](#) (*Appendix A pg 21*) , to help things run as smoothly as possible. It is essential that we are as communicative and transparent as possible through these challenging times. Should you have any questions or concerns, please do not hesitate to reach out to me directly through our [Communications Form](#).

We look forward to seeing you,

Jon Heintz
President
The Children in the Shoe



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PRACTICES & PROCEDURES

EXCLUDABLE SYMPTOMS

MASKS

DROP OFF

PICK UP

CENTERWIDE

CLASSROOM

PLAYGROUND

TRAVEL



EXCLUDABLE SYMPTOMS



Excludable Symptoms are:

- New or worsening cough
- Shortness of breath or difficulty breathing
- Fever (Temperature at or above 100.4 Degrees)
- Sore throat
- Nausea, vomiting or diarrhea
- Headaches, body aches or muscle pain
- Chills, shivering
- Loss of sense of taste or smell
- Runny nose

COVID-19-like illnesses is defined as: New onset cough or shortness of breath OR one (1) of the following: fever of 100.4 or higher, chills, shivering, muscle pain, sore throat, headache, loss of sense of taste or smell, and gastrointestinal symptoms (nausea, vomiting or diarrhea).

We monitor all children and staff for *Excludable Symptoms* throughout the day.

- Any child or staff member who arrives at our centers reporting or exhibiting *Excludable Symptoms*, or has had close contact with persons with symptoms of COVID 19 will not be admitted to our centers.
- Any child or staff member who develops one (1) *Excludable Symptom* while at our center will be sent home and will not be allowed to return until they have an alternative diagnosis from a health care provider *and* have been symptom free for at least 48 hours.
- Any child or staff member who has a confirmed or probable COVID 19 diagnosis must report that information to our center *Directors*. Any report of a confirmed or probable COVID 19 diagnosis will be kept confidential. In the event that this happens The Shoe will notify the County Health Department and the MSDE Office of Child Care. The Health Department will review the situation and advise The Shoe about procedures to follow, and if necessary, the length of closure of the facility and any quarantine requirements for staff, children and families. Families will be notified of any such directives.

NOTE: Any staff or children returning to The Shoe after having a **confirmed or probable case** of COVID-19 must have a note from their health care provider documenting that they have been released from isolation and may return to work or care.

MASKS



Staff – All employees wear masks at all times, while at our centers. The Shoe will provide masks to staff if needed. Fully vaccinated staff members may choose not to wear a mask while on the playground and maintaining physical distancing.

Parents – All parents or other family members or other adults who are dropping off or picking up children at The Shoe must wear masks. Parents are encouraged to put on masks before getting out of their cars. We also ask that you encourage your child (2yrs and above) to put on a mask before entering the center.

Children – For safety reasons, children 2 years old and under do not wear masks. Children 2 years and older are strongly encouraged to wear masks if they are developmentally capable of doing so. Please provide a mask for your child if they are 2 years or older. Children do not wear masks on the playground or while napping or eating.

DROP OFF & SCREENING PROCEDURES



Everyone entering our centers must have a temperature check and complete a health survey each day before entering the building. Anyone with *Excludable Symptoms* (see *Excludable Symptoms pg. 5*) will not be allowed to enter the center.. Unfortunately, parents are **not** allowed to enter our centers while enhanced safety protocols are in place.

The Daily Connect *Parent Survey* (*Appendix A pg. 19*) is part of the touchless screening process. Families will complete the *Parent Survey* at drop off. When the Screener takes your child's temperature, they will tell you the reading so that you can enter it in the *Parent Survey*. Before completing the *Parent Survey*, please show the Screener the temperature entry so they can confirm that it is correct. Once the *Parent Survey* is complete you will be given access to a QR code on your device for the Screener to scan for touchless sign-in.

When the screening process is complete, a Runner will step forward to escort your child into the center. It is important that Runners remain distanced from children who have not yet been cleared through the screening process. The Runner will make sure that your child's hands are washed immediately upon entering the classroom.

PICK UP



Because parents are not be allowed in our centers, the pick up process needs to be carefully managed.

For regular Pickup, please fill out our [Pickup Form](#) to let us know what your estimated pickup time is and/or when you have arrived for pickup. You are welcome to call or email about special pickup times or you can use the form.

Teachers will prepare the children for pick up. *Teachers* will remain inside the center or on the playground. Children who are on the playground during pickup time will have their things with them so they are ready to leave directly from the playground.

Runners will bring your child from the classrooms or the playground to be brought to you outside. You will have a Daily Connect QR code on your device for *Runners* to scan for touchless pick up.

CENTER-WIDE PRACTICES



Staff Screening - Prior to arrival at our centers each day, all Shoe employees complete a *Daily Staff Health Survey* (Appendix A pg 22). Anyone having *Excludable Symptoms* will be asked to stay home and seek the advice of their health care provider. Upon arrival at our centers all Shoe employees have their temperature taken. Anyone with a temperature at or above 100.4 degrees will not be allowed to enter and will be asked to go home and seek the advice of their health care provider. All staff health information, including the *Daily Staff Health Survey* and Temperature readings from the screening process are confidential.

Temperature Checks - All Shoe employees have their temperature taken at least three times a day; upon arrival, mid-day and afternoon. Temperatures will also be taken at any other time that is warranted. Anyone with a temperature at or above 100.4 degrees will be asked to go home and seek the advice of their health care provider.

Monitoring for Symptoms - All Shoe employees are expected to monitor themselves and each other for symptoms. *Directors* must be notified immediately about anyone in our centers who is exhibiting *Excludable Symptoms*.

Hygiene

Hand Washing - All Shoe employees must wash hands upon entering or leaving our centers. Hand sanitizing stations are set up at center entrances. Hands are washed before entering classrooms, after using the bathroom and before and after food prep; before and after going out on the playground and before and after breaks. Hands must be washed using soap and water or hand sanitizer for no less than 20 seconds.

High Touch Areas - All high touch areas such as door handles, tablet screens, computer keyboards, kitchen and bathroom surfaces, laundry machine handles, cabinet handles, microwaves and refrigerators are cleaned regularly according to current childcare guidance.

Deep Cleaning - All centers are professionally cleaned each night and deep cleaned weekly.

Air Flow - Centers have supplemental HVAC units or fans on at all times to create airflow. All classrooms and other common areas have Medify HEPA H13 medical grade filtration units. Windows and doors are opened whenever possible. Gates have been provided to keep doorways safe. Screens have been provided where needed to prevent bugs from entering.

Physical Distancing - Proper distancing is practiced whenever possible. Cohorting is one of the layered prevention strategies that we use to limit mixing between classes. *Director* and Administrative workstations are arranged or moved to facilitate proper distancing. Whenever possible meetings will be held outside. Meetings larger than 6 people are discouraged. Staff are encouraged to plan to take their breaks outside or away from our centers.

CLASSROOM PRACTICES



Temperature Checks - Each child's temperature is taken at least three times a day: at drop off, mid-day, and afternoon. *Teachers* will also take a child's temperature at any other time if they feel it is warranted. All temperature readings are recorded in Daily Connect. All temperature readings are kept confidential. If your child has a temperature at or above 100.4 you will need you to arrange pickup as soon as possible and your child will not be allowed to return until they have been fever free for at least 48 hours and you have consulted with a health care provider..

Monitoring for Symptoms - *Teachers* will carefully monitor each child for any sign of *Excludable Symptoms*. If your child develops symptoms while at The Shoe, you will need you to arrange pickup as soon as possible and your child will not be allowed to return until they have been symptom free for at least 48 hours and you have consulted with a health care provider.

Hygiene

Hand Washing - Everyone must wash hands before entering or leaving a classroom. *Teachers* continue to follow all regular hand washing procedures according to current childcare guidance. Hands are washed using soap and water or hand sanitizer (*teachers* only) for no less than 20 seconds.

High Touch Areas - All high touch areas such as door handles, crib rails, microwaves, refrigerators are cleaned regularly according to current childcare guidance.

Toys - Children should not bring toys or other items from home unless they are absolutely necessary for the child's well-being (security blanket, stuffed animal, etc). We do not have soft toys in our centers. All sensory play items that are soft or absorbent have been removed from classrooms. Hard Toys and Manipulatives are cleaned after each use, by *Teachers* and support staff. Toys that cannot be washed are not used.

Items going back and forth between school and home should be limited as much as possible. Everything should be clearly labeled with your child's name and be in a sealed plastic bag.

Infants – An ample supply of cloth diapers/burp cloths are laundered regularly and are available for infant *Teachers* to use for holding babies.

Deep Cleaning - All classrooms are professionally cleaned nightly and deep cleaned weekly. Area Rugs are steam cleaned regularly or have been removed completely.

Air Flow - All classrooms and other common areas have Medify HEPA H13 medical grade filtration units on at all times to create clean airflow. Windows and doors will be opened whenever possible. Gates have been installed to keep doorways safe. Screens have been installed where needed to prevent bugs from entering.

Physical Distancing - Proper physical distancing is practiced whenever possible. Cots are spaced at least 3 feet apart, head to toe, for nap times. Circle times, snack, and lunch times take place outside whenever possible. Learning station activities are spaced appropriately, and children are encouraged to play in smaller groups.



Masks

All *fully vaccinated* staff members may choose not to wear a mask while on the playground while remaining physically distanced.

Hygiene

Hand Washing - All staff and children wash hands before entering the playground and again after leaving the playground.

High Touch Areas - All high touch areas such as play equipment railings, tricycles, and outdoor toys and blocks are cleaned by staff in an ongoing basis, including between uses by groups of children.

Physical Distancing - Our playgrounds have been divided so classes will have their own spaces to play. Children rotate on and off the playground by class and are given opportunities to play on all age appropriate areas of the playground. Distanced play and play in smaller groups is encouraged.


Additional Outdoor Activities - It is accepted that outdoor activities are lower risk than indoor activities. For this reason, we are using our outdoor spaces as often as we can including for physically distanced lunch times and circle times.


Air Flow - Outdoor fans will be provided to keep air flowing and children and staff cool on hot, still days.



If you are traveling out of the DMV area to another state or country, please follow the [CDC guidelines](https://www.cdc.gov/coronavirus/2019-ncov/travelers), get a PCR test and closely monitor for symptoms before returning to The Shoe.

Please review the following CDC guidance charts for Domestic and International travel:

CORONAVIRUS DISEASE 2019 (COVID-19)		
Domestic Travel RECOMMENDATIONS AND REQUIREMENTS		
	Not Vaccinated	Fully Vaccinated
Get tested 1-3 days before travel	✓	
Get tested 3-5 days after travel and self-quarantine for 7 days. Self-quarantine for 10 days if you don't get tested.	✓	
Self-monitor for symptoms	✓	✓
Wear a mask and take other precautions during travel	✓	✓
 cdc.gov/coronavirus <small>CS223115-A-04/02/2021</small>		

CORONAVIRUS DISEASE 2019 (COVID-19)		
International Travel RECOMMENDATIONS AND REQUIREMENTS		
	Not Vaccinated	Fully Vaccinated
Get tested 1-3 days before traveling out of the US	✓	
Mandatory test required before flying to US	✓	✓
Get tested 3-5 days after travel	✓	✓
Self-quarantine after travel for 7 days with a negative test or 10 days without test	✓	
Self-monitor for symptoms	✓	✓
Wear a mask and take other precautions during travel	✓	✓
 cdc.gov/coronavirus <small>CS223115-A-04/02/2021</small>		



ROLES & RESPONSIBILITIES

SAFETY CAPTAINS

SCREENERS

OPENERS

PICKUP MANAGERS

RUNNERS





SAFETY CAPTAINS - Make sure all hygiene, distancing, and screening practices are being well managed inside of our centers and on our playgrounds.

In the classrooms – Keep a walk-around schedule, monitor symptoms of *Teachers* and/or children. Confirm that regular temperature checks are being done and entered into Daily Connect. Make sure high touch areas are clean. Remind *Teachers* to keep noses in masks and hands washed. Make suggestions about distancing ideas. Confirm that cots are 6 feet apart. Check in with *Teachers* to make sure they have the correct supplies.

In the common areas – Make sure high touch areas are cleaned regularly. Remind *all* staff in the hallways or other common areas to keep noses in masks and hands washed. Make sure that all temperature checks are being done and logged. Remind staff to avoid crowding in common areas or near the front desk.

On the playground – Work with *Teachers* to clean high touch areas regularly. Help children wash hands as classes rotate on and off of the playground. Help to manage physical distancing and group separation.



SCREENERS - Screen children and staff each morning.

Screening Children – A Screener will take your child’s temperature and tell you the reading so you can enter it in the *Daily Connect Parent Survey*. Before you tap “save” to complete the *Parent Survey*, please show the temperature entry to your screener so they can confirm it is correct. Once you complete the *Parent Survey*, you will be given a QR code for the Screener to scan for touchless sign in.

A Screener will make a visual inspection of your child for signs of illness, which could include flushed cheeks, rapid breathing or difficulty breathing (without recent physical activity), fatigue, or extreme fussiness, and confirm that they are not experiencing coughing or shortness of breath.

Screening Staff – Screeners will take and record all arriving staff members’ temperatures. Confirm that all staff members have filled out the *Daily Staff Health Survey*. All staff health information, including the *Daily Staff Health Survey* and Temperature readings from the screening process are confidential.

Screeners will use non-contact thermometers.

The Children in the Shoe

Child Care Centers & Preschools
Bethesda • Olney • Rockville



OPENERS – Are the first employees to arrive at our centers in the morning. There will always be at least 2 Openers. Having already completed their own *Daily Staff Health Survey*, they will check one another's temperatures. In addition to normal center opening activities, the Openers screen in the Screeners and Runners and help get the drop off screening stations and hand sanitizing stations set up.



PICKUP MANAGERS – Monitor the pickup information from the pick up form and communicate with *Teachers, Runners* and families to ensure that the pickup process goes smoothly and efficiently.



RUNNERS – Escort children in and out of the center, to and from classrooms and the playground (see *Drop off and Pickup Practices*).



Thank you!

We have implemented the practices and procedures in this handbook to keep everyone in our centers safe. We must also remain flexible and patient while remembering to have fun! Social-Emotional Development and learning through play have always been at the heart of our program at The Shoe. We take these health practices seriously, but apply them through playful interactions with the children! This is our strength and our gift to the children... and their gift to us.

Above all, we know that it is our vigilance that keeps us safe. Please be patient with our Directors and Teachers who are working hard to implement and improve best practices. We must keep sick people out of our centers. If your child is showing any signs of illness, please keep them home. Please understand that if our staff feel your child is showing signs of illness, we must insist that you pick up your child as soon as possible. We continue to be committed to maintaining a safe and caring environment where your child will thrive.

Sincerely,

Jon Heintz
President
The Children in the Shoe



APPENDIX A

INSTRUCTIONS

DAILY CONNECT PARENT
SURVEY

TOUCHLESS
SIGN IN/OUT

PICKUP FORM

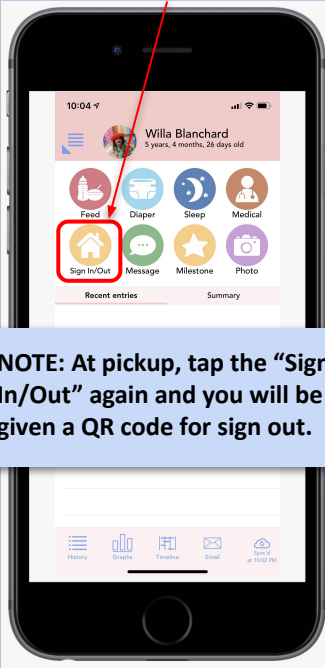
DAILY STAFF HEALTH
SURVEY



Each day, upon arrival, you will be required to complete a short *Parent Survey* in Daily Connect so we can admit your child to our center. Once the *Parent Survey* is complete, you will be given a QR code on your device for a *Screener* to scan for touchless sign in. A paper *Parent Survey* will also be available if needed.

1

Tap “Sign In/Out” in Daily Connect.



NOTE: At pickup, tap the “Sign In/Out” again and you will be given a QR code for sign out.

3

Enter the temperature reading taken by a *Screener* upon arrival at our center.

Please allow the *Screener* to confirm that the temperature reading is entered correctly before tapping save.

Please fill this survey to sign-in

Test Child

* Since last here, has your child had a cough or shortness of breath?

Yes

No

* Since last here, has your child had a fever of 100.4 or higher, chills, shivering, muscle pain, sore throat, headache, loss of sense of taste or smell, nausea, vomiting, or diarrhea

Yes

No

* Since last here, is your child waiting for a COVID-19 test result, been diagnosed with COVID-19, or been instructed by any health care provider or the health department to isolate or quarantine?

Yes

No

* In the last 14 days, has your child had close contact (within 6 feet for at least 15 minutes) with anyone diagnosed with COVID-19 or suspected of having COVID-19 (i.e., tested due to symptoms)?

Yes

No

* What is your child's recorded temperature taken on site?

Save

2

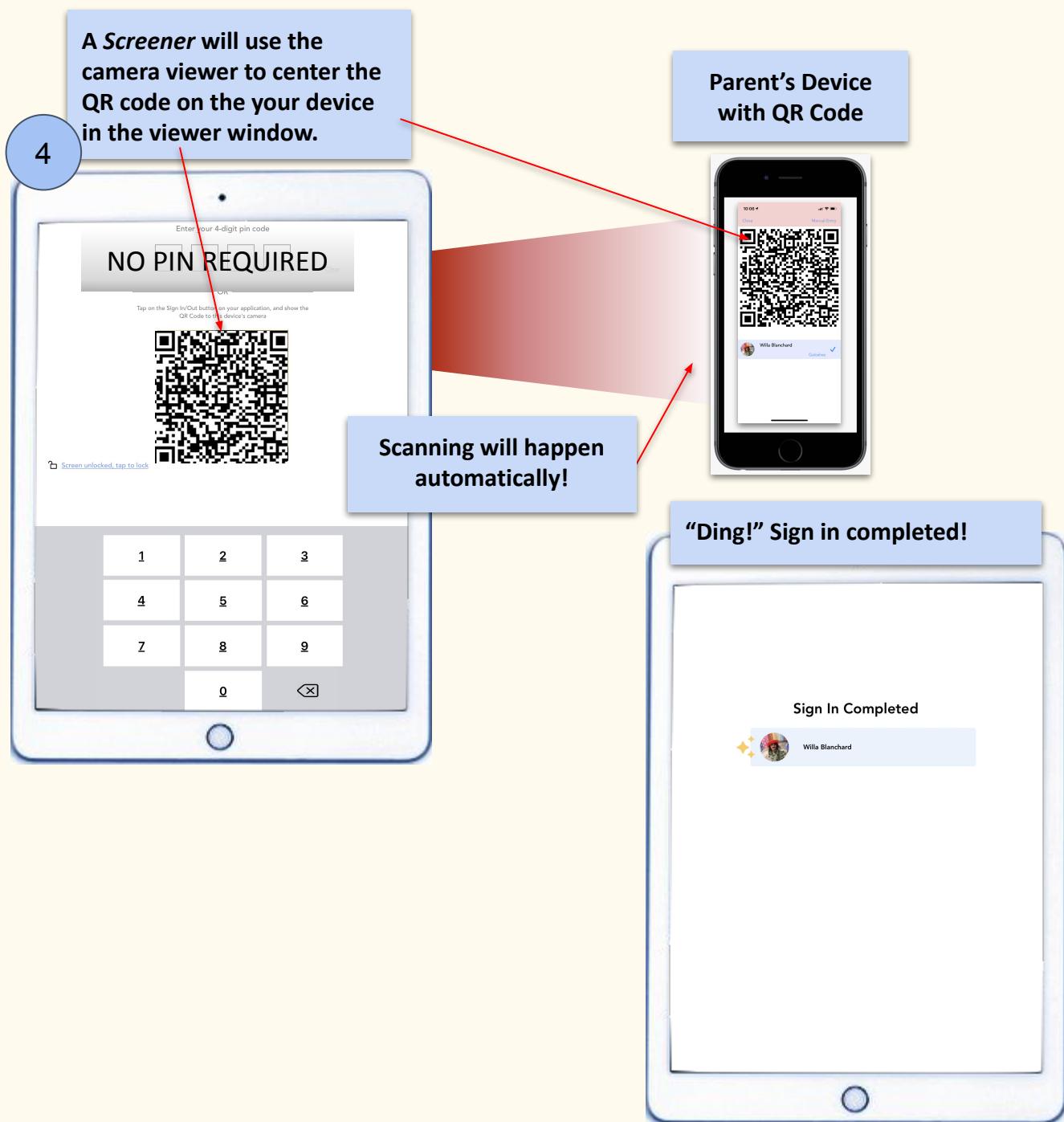
Complete the survey. Any child with a temperature at or above 100.4 or any answers of “yes” will not be admitted.




4

Survey complete! A QR code will appear on your device for a *Screener* to scan for touchless sign in.

SCANNING YOUR DAILY CONNECT QR CODE - Once you have been given a QR code on your device, a *Screener* will scan it for touchless sign in / out.



In order to insure that our pickup process works smoothly it is important we have well organized communications about when pickups are planned and when families have arrived for pickup. We ask that all families use the [Pickup Form](#) so that all of our pickup information will be organized in one place. We also recommend that you download the Smartsheet app on your mobile device for easy use. Of course, you can always call with special pickup information.



The Children in the Shoe Pickup Form

Please complete this form to let us know your planned pickup time and/ or to let us know that you have arrived for pickup.

Childs Name *
First and Last (more than one name is fine)

Jack Heintz

Center *

☐ BCC
 ☒ EAST WEST
 ☐ OLNEY
 ☐ ROCKVILLE

Classroom *
Please choose from the drop down menu. If you have more than one child, choose all that apply.

Turitedoves x

Who is picking up? *
First and last name please.

Jon Heintz

Cell Phone # *

555 365 5540

Are you at the center now? *

☒ Yes
 ☐ No

Comments

Are you at the center now? *

☐ Yes
 ☒ No

What time are you planning to pick up? *

Select

4:00 PM
 4:15 PM
 4:30 PM
 4:45 PM
 5:00 PM
 5:15 PM
 5:30 PM
 5:45 PM
 6:00 PM
 6:15 PM
 I will be picking up at a different time.

Submit

When you select your center a drop down menu will appear to select your classroom.

When you arrive for pickup, please use this form to let us know by selecting "Yes" here.

Are you at the center now? *

- ☐ Yes
☒ No

If you select "No", you will be able to select a pickup time.

What time are you planning to pick up? *

Select

4:00 PM
 4:15 PM
 4:30 PM
 4:45 PM
 5:00 PM
 5:15 PM
 5:30 PM
 5:45 PM
 6:00 PM
 6:15 PM
 I will be picking up at a different time.

If you select "I will be picking up at a different time.", you will be able to enter a custom pickup time.

Prior to arrival at our centers all Shoe employees will complete a *Daily Staff Health Survey*. The survey is required by the Maryland State Dept. of Education in accordance with CDC guidance. Anyone who is having *Excludable Symptoms* will be asked to stay home and seek the advice of their health care provider.

Excludable Symptoms are fever, sore throat, new or worsening cough, shortness of breath, headaches, body aches, nausea, vomiting, diarrhea, new loss of taste or smell.

The *Daily Staff Health Survey* will include a temperature reading, taken at home. Another temperature reading will be taken before entry. Employees with temperatures at or above 100.4 will be sent home and required to see a health care provider.

1. First Name *

Jon

2. Last Name *

Heintz

3. Center *

☒ BCC ☐ EAST WEST ☐ OLNEY ☐ ROCKVILLE

4. Choose the sentence that best describes you. *

☒ I have been at The Shoe recently.

☐ I am new to The Shoe.

☐ I have been away from The Shoe for 14 days or more.

5. TRAVEL *

Have you traveled outside of the US in the last 14 Days?

☐ YES ☒ NO

6. FEVER? *

Do you feel feverish or have a measured temperature greater than 100.4 since you were last at The Shoe?

☐ YES ☒ NO

7. SYMPTOMS? *

Since you were last at The Shoe, have you had any of the following symptoms: sore throat, new or worsening cough, shortness of breath, headaches, body aches, nausea, vomiting, diarrhea, loss of taste or smell?

☐ YES ☒ NO

8. CONTACT? *

Since you were last at The Shoe, have you had close, prolonged contact with anyone known to have COVID 19 or who has any of the following symptoms: sore throat, new or worsening cough, shortness of breath, headaches, body aches, nausea, vomiting, diarrhea, loss of taste or smell?

☐ YES ☒ NO

9. What is your current temperature? *

Please enter only the number (in fahrenheit), example: 98.7

98.6

Certification *

I certify that the information provided on the Daily Staff Health Survey is accurate and complete to the best of my knowledge and belief, and that I understand that knowingly providing false information on the Daily Staff Health Survey, or attempting to hide or falsify information, may subject me to disciplinary action, up to, and including, termination.

Please check the box to indicate that you certify the truth of this statement:

☒

Comments

Is there anything you would like us to know about your health?

☐ Send me a copy of my responses

Submit

On regular work days you will select this option.

If it is your first day, choose this option.

Then you will be shown four "yes or no" questions.

If you have been away, choose this option.

Then you enter your temperature, certify, and click the "submit" button.

*** All staff health information, including the Daily Health Survey and Temperature reading from the screening process are confidential.**



APPENDIX B

GUIDANCE MATERIALS

MSDE COVID 19
GUIDANCE FOR CHILD
CARE FACILITIES





P-12 SCHOOL AND CHILD CARE COVID-19 GUIDANCE



AUGUST 13, 2021



DEPARTMENT OF HEALTH

Dennis R. Schrader, Secretary

STATE DEPARTMENT OF EDUCATION

Mohammed Choudhury, Superintendent

P-12 School and Child Care COVID-19 Guidance

Revised August 13, 2021

The following guidance is provided by the Maryland Department of Health (MDH) and the Maryland State Department of Education (MSDE) to assist local school systems, nonpublic schools, and child care programs to respond to the COVID-19 pandemic. The COVID-19 pandemic continues to rapidly evolve. It is important to frequently check this document and its links for updated information.

By law, each local school system, nonpublic school, and child care program may set their own policies and procedures for their schools, students/children, teachers, and staff. **However, MDH and MSDE strongly recommend that these entities work with local health departments to determine the [layered prevention strategies](#) (e.g., using multiple prevention strategies together consistently) needed to protect students/children, teachers, and staff in their setting and adopt policies consistent with the recommendations in this guidance.**

For schools, the recommendations in this document are aimed to support opening for in-person learning at full capacity, as recommended by the CDC. Schools should not limit a return to in-person learning at full capacity due to the inability to implement a certain prevention strategy, but rather focus on other layered prevention strategies that can be implemented to keep students and staff safe and ensure continuous full-time, in-person instruction.

Where applicable, and for items not discussed in this document, such as cleaning and disinfection practices, sports and other extracurricular activities, and considerations for those with special health care needs, schools and child care programs should refer to their local health departments and [CDC Guidance for COVID-19 Prevention in K-12 Schools](#) or [CDC COVID-19 Guidance for Operating Early Care and Education/Child Care](#) for further guidance.

A. Layered Prevention Strategies to Reduce Transmission of SARS-CoV-2 in Schools and Child Care Programs

Schools and child care programs have mixed populations of both vaccinated and unvaccinated people, and elementary schools and child care programs primarily serve children under age 12 years who are not yet eligible for vaccination. This makes it critical that schools and child care programs work with local health departments to determine the [layered prevention strategies](#) needed in their area to protect students/children, teachers, and staff. [As recommended by the](#)

[CDC](#), decisions about layered prevention strategies should be informed by monitoring levels of community transmission, COVID-19 vaccine coverage, use of screening testing to detect cases in K-12 schools, ages of children served, and the associated factors that may impact the risk of transmission and feasibility of different prevention strategies. There is no single strategy that, implemented alone, will create a safer school and child care environment. Instead, MDH and MSDE, in alignment with the CDC, recommend that schools and child care programs consider implementation of the following layered prevention strategies which should minimize the need to close entire school and child care buildings, further disrupt learning, and compound the adverse health and emotional stress on children:

- Promoting vaccination among teachers, staff and students
- Consistent and correct mask use
- Physical distancing
- Screening testing to promptly identify cases, clusters and outbreaks
- Ventilation
- Handwashing and respiratory etiquette
- Staying home when sick and getting tested
- Contact tracing, in combination with isolation and quarantine
- Cleaning and disinfection

When a school or child care program cannot implement a certain strategy (ex. vaccination for children under 12 years), it is even more important that other strategies such as consistent and correct mask use and physical distancing be utilized.

B. Promoting Vaccination

MDH and MSDE strongly recommend that all eligible Marylanders receive a COVID-19 vaccine.

Schools and child care programs can promote vaccinations among teachers, staff, eligible students/children, and their families; schools and child care programs interested in learning more about vaccine promotion strategies should refer to their local health departments and [CDC guidance](#). While vaccination is one of the most critical strategies to help schools resume regular operations, decisions about in-person education should not be based on the level of vaccination of teachers, staff, or eligible students/children.

Policies or practices related to requesting, providing, or receiving proof of COVID-19 vaccination should comply with all relevant laws and regulations. The protocol to collect, secure, use, and further disclose this information should comply with relevant statutory and regulatory requirements, including Family Educational Rights and Privacy Act (FERPA). Existing state law and regulations already require certain vaccinations for children attending school and child care, and designated school and child care staff regularly maintain documentation of these immunization records. Similarly, designated staff who maintain documentation of student/child

and staff COVID-19 vaccination status can use this information, consistent with applicable laws and regulations, to inform prevention strategies, school-based testing, contact tracing efforts, and quarantine and isolation practices. Schools and child care programs that plan to request voluntary submission of documentation of COVID-19 vaccination status should use the same standard protocols that are used to collect and secure other immunization or health status information about students/children.

C. Consistent and Correct Mask Use

MDH and MSDE, in alignment with [CDC guidance](#), strongly recommend the following:

- Indoor masking for all individuals age 2 years and older, including students/children, teachers, staff, and visitors, regardless of vaccination status.
- Outdoor masking for people who are not fully vaccinated when they are in crowded outdoor settings or during activities that involve sustained close contact with other people.

Schools and child care programs should be aware that the [federal order](#) that face masks be worn by all people while on public transportation conveyances, including public and private school buses, is still in effect.

School and child care programs should refer to [CDC guidance](#) for important exceptions and additional safety considerations related to the use of masks.

D. Physical Distancing

Local school systems, nonpublic schools, and child care programs should follow CDC guidance for physical distancing. Schools should implement physical distancing to the extent possible, but should not exclude students from in-person learning to keep a minimum distance requirement.

For schools, [CDC guidance](#) recommends maintaining at least 3 feet of physical distance between students within classrooms, combined with indoor mask wearing to reduce transmission risk. When it is not possible to maintain a physical distance of at least 3 feet, it is especially important to layer multiple other prevention strategies, such as screening testing, cohorting, improved ventilation, handwashing and respiratory etiquette, staying home when sick, and regular cleaning to help reduce transmission risk. A distance of at least 6 feet is recommended between students and teachers/staff, and between teachers/staff who are not fully vaccinated. Mask use by all students, teachers, staff, and visitors is particularly important when physical distance cannot be maintained.

In child care programs, maintaining physical distance is often not feasible, especially during certain activities (e.g., diapering, feeding, holding/comforting, etc.) and among younger children in general. When it is not possible to maintain physical distance, it is especially important to layer multiple prevention strategies such as those noted above to help reduce transmission risk. Mask use is particularly important when physical distance cannot be maintained, especially for unvaccinated people. A distance of at least 6 feet is recommended between adults who are not fully vaccinated and between children and staff from different cohorts.

Cohorting is one of the layered prevention strategies that schools and schools and child care programs can use to limit mixing between children and staff, especially when it is challenging to maintain physical distancing. A cohort is a distinct group of children and staff that stays together throughout the entire day and remains the same every day, so that there is minimal or no interaction between groups. The use of cohorting can limit the spread of COVID-19 between cohorts but should not replace other prevention measures within each group. MDH and MSDE recommend that child care programs follow [CDC guidance](#) on specific strategies for cohorting in child care programs.

E. Screening Testing

MDH and MSDE recommend that schools consider the use of screening testing as part of a layered prevention approach, in accordance with [CDC guidance](#). Screening testing can help promptly identify and isolate cases, quarantine those who may have been exposed to COVID-19 and are not fully vaccinated and identify clusters to reduce the risk to in-person education.

Screening testing may be most valuable in areas with substantial or high community transmission levels, in areas with low vaccination coverage, and in schools where other prevention strategies are not implemented. The use of diagnostic testing in the school setting should also be considered; at minimum, schools and child care programs should offer referrals to diagnostic testing for any student/child, teacher, or staff person who develops symptoms of COVID-19 at school or child care and to any identified close contacts in the school or child care setting.

MDH and MSDE have grant support to offer screening and diagnostic testing services in K-12 schools. Schools that are interested in onsite testing operations should contact the MDH COVID-19 Testing Task Force at MDH.K12Testing@maryland.gov. Schools should refer to [CDC guidance](#) for specific testing recommendations when developing their testing plans.

F. Ventilation

Improving ventilation is an important COVID-19 prevention strategy for schools and child care programs. Along with other preventive strategies, including wearing a well-fitting, multi-layered

mask, bringing fresh outdoor air into a building helps keep virus particles from concentrating inside. This can be done by opening multiple doors and windows, using child-safe fans to increase the effectiveness of open windows, making changes to the HVAC or air filtration systems, , and selective strategic use of portable filtration. The [U.S. Department of Education](#) has specifically noted the use of American Rescue Plan education funds to improve indoor air quality for in-person instruction in schools.

MDH strongly recommends that school facilities personnel carefully evaluate all classrooms and occupied areas for adequacy of ventilation prior to or as schools reopen, and monitor ventilation adequacy on an ongoing basis.

Strategies to improve air quality in school and child care facilities include but may not be limited to:

- Avoiding the use of poorly ventilated spaces as much as possible
- Cleaning and properly installing air filters so that air goes through the filters, rather than around them, with as high a MERV rated filter as can be accommodated by the HVAC system
- Implementing a strict preventive maintenance program focused on air handling units and exhaust fans to ensure they are working properly
- Disabling demand-controlled ventilation systems
- Maximizing outside air by using the highest outside air setting possible for the equipment
- Opening windows and doors as much as safely possible
 - A couple of inches can significantly increase the number of air changes in the room
- Using measured CO₂ levels as a good proxy of ventilation. In occupied areas, the IAC [COVID-19 Risk Reduction Strategies for Reopening School Facilities](#) set the CO₂ maximum for occupied spaces at 1,200 PPM, although levels should mostly be below 1,000 PPM, and levels in the 600-800 PPM range are preferred indicating very good ventilation. If available, inexpensive portable CO₂ meters can be used to evaluate areas where there is a question of ventilation adequacy
- Utilizing portable HEPA or other high efficiency air filtration units, which can be effective in small spaces such as offices, health suites/nursing suites, and isolation rooms (particularly if they are poorly ventilated), though they are usually less effective for larger areas.
- Minimizing time in enclosed spaces, and maximizing time outdoors as much as possible (when appropriate)
- Avoiding the use of temporary barriers, particularly desk partitions, because they reduce ventilation and have not been shown to protect the users from COVID infection.

MDH and MSDE recommend that schools and child care programs refer to CDC guidance [Ventilation in Schools and Child Care Programs](#) for additional strategies to improve indoor air quality in their settings.

G. When to Stay Home and Get Tested

It is important for schools and child care programs to stress and reinforce frequently that students/children, teachers, and staff who are sick or have any COVID-19 symptoms should not attend or work in a school or child care program and should be referred to their healthcare provider for evaluation and testing.

In addition, students/children, teachers, and staff should stay at home if they:

- Have not completed quarantine after having been in close contact with someone diagnosed with COVID-19 or suspected of having COVID-19;
- Are waiting for a COVID-19 test result; or
- Have been diagnosed with COVID-19 and have not completed isolation.

Schools and child care programs should communicate procedures for notifying the school or child care program of absences due to illness related to COVID-19 symptoms and the requirement for timely pick up of a student/child or staff who has a fever or exhibits symptoms while at school or child care. Each school and child care program should identify a room or other space for isolation of persons who become ill during the day that is separate and distinct from spaces that are used for other purposes and provides the appropriate level of safety and supervision for an ill student/child.

Schools and child care programs should follow the MDH/MSDE guidance entitled "*Response to Confirmed Case of COVID-19 and Persons with COVID-19 Symptoms in Schools and Childcare*" (attached to this document) for exclusion, isolation, and quarantine recommendations as well as communication and notification processes.

H. Contact Tracing in Combination with Isolation and Quarantine

Local school systems, nonpublic schools, and child care programs should continue to collaborate with state and local health departments to report and provide information about COVID-19 cases and people exposed to COVID-19 within these settings in accordance with applicable laws and regulations. This allows contact tracing to identify which students/children, teachers, and staff with positive COVID-19 test results should isolate, and which close contacts should quarantine.

Isolation

Persons with COVID-19 should **isolate** and may return to school or child care when they have completed isolation in accordance with [CDC guidance](#). This applies regardless of presence of symptoms or vaccination status.

Quarantine

[Close contacts](#) of a person with COVID-19 who was in the school or child care building should be identified for the purpose of making [quarantine](#) recommendations.

Close contacts who are not [fully vaccinated](#) should not attend, work in or visit a school or child care program until completing quarantine. A quarantine period of 14 days remains the safest option for close contacts of persons with COVID-19 who are not fully vaccinated. Based on [guidance](#) from the CDC, the following options to shorten quarantine may be an acceptable alternative depending upon local circumstances and resources:

- Quarantine can end after Day 10 if NO symptoms have been reported during daily monitoring; OR
- Quarantine can end after Day 7 if a diagnostic specimen (collected on Day 5 or later) tests negative and if NO symptoms have been reported during daily monitoring. The specimen may be collected and tested within 48 hours before the time of planned quarantine discontinuation, but quarantine cannot be discontinued earlier than after Day 7.

When a person meets these criteria and quarantine is ended early, all of the following must be implemented:

- Daily symptom monitoring continues through Day 14; AND
- Persons are counseled regarding the need to adhere strictly to all recommended mitigation strategies including correct and consistent face mask use, physical distancing, and self-monitoring for symptoms of COVID- 19 through Day 14; AND
- Persons are advised that if any symptoms develop, they should immediately self-isolate and contact their health care provider to determine if they need to be tested and how long they should be excluded from work or school/child care.

Note: For persons that are unable to comply with correct and consistent face mask use such as young children and persons with a disability or medical condition that makes wearing a mask unsafe, a shorter quarantine option may NOT be used and these persons must quarantine for a full 14 days.

[Fully vaccinated](#) persons who have come into close contact with someone with COVID-19 should be tested 3-5 days following the date of their last exposure and wear a mask in public indoor settings for 14 days or until they receive a negative test result. If they remain asymptomatic and can correctly and consistently wear a mask, they do not need to be excluded from school or child care unless they test positive.

Schools should note the important [exception](#) to the CDC's close contact definition specifically for K-12 schools, which states that students who were within 3 to 6 feet of an infected student (if both the infected student and the exposed student correctly and consistently wore well-fitting masks the entire time) do not have to quarantine. MDH and MSDE recommend that schools consider application of this exception in the school setting as it can decrease student and staff absences due to the need to quarantine after an exposure in school.

Local school systems, nonpublic schools, and child care programs should refer to [CDC guidance](#) for additional recommendations regarding quarantine of close contacts and work with their local health departments to determine the appropriate quarantine options for their population of students/children, teachers, and staff.



DEPARTMENT OF HEALTH

Dennis R. Schrader, Secretary

STATE DEPARTMENT OF EDUCATION

Mohammed Choudhury, Superintendent

Response to a Confirmed Case of COVID-19 and Persons with COVID-19 Symptoms in Schools and Child Care

August 13, 2021

This guidance applies to persons with confirmed COVID-19, regardless of whether they have symptoms, and persons with symptoms of COVID-19 (including probable cases who have symptoms and exposure) and is to be implemented by schools and child care programs in collaboration with the local health department (LHD). This guidance is meant to supplement, where necessary, current communicable disease and outbreak investigation processes, current child care and school health services illness management processes, and current LHD COVID-19 response processes. Schools and local health departments should also refer to the CDC guidance, [Considerations for Case Investigation and Contact Tracing in K-12 Schools and Institutions of Higher Education](#).

Communication and Notification

- Schools and child care programs should develop processes to inform staff and parents that they are expected to notify the school or child care program as soon possible about absences due to illness, when a staff person or student/child has tested positive for COVID-19, and when a staff person or student/child has had close contact with a person with confirmed or probable COVID-19;
- Schools and child care programs should communicate to parents the expectation that students/children who become ill at school or child care MUST be picked up within a specified period of time;
- Schools and child care programs must follow existing procedures for reporting communicable diseases (COMAR 10.06.01) and notify the LHD when a student/child or staff member has tested positive for COVID-19. Child care programs should also notify their licensing specialist;
- While the LHD should lead the processes of case investigation and contact tracing, schools and child care programs play a key role in obtaining and communicating critical information and should have a plan to collaborate and coordinate with the LHD for case investigation and contact tracing procedures including determining the role of the school or child care administrator, school nurse, and the LHD;
- Schools and child care programs should provide written notification to all identified close contacts. The notification should make it clear that the contact should expect a call from health department contact tracers. The notification may also include the following information:

- When to seek medical care
- How to monitor for symptoms
- Who to contact and how to contact them if they develop symptoms of COVID-19 while under quarantine
- The projected length of quarantine if they remain asymptomatic based on MDH and local quarantine guidance
- Information about local COVID-19 testing sites.

Exclusion, Isolation, Quarantine, and Return to School and Child Care

- If a student/child or staff member develops symptoms of COVID-19 while they are at school or child care, the school or child care program should:
 - Safely isolate the person in the designated isolation area with appropriate supervision;
 - If it is safe to do so, place a face covering/mask on the person if they are 2 years of age or above and not wearing one;
 - If at school, the school health services staff member should don the appropriate PPE and conduct the appropriate determination of the student's condition based on presenting symptoms;
 - Begin the process for the person to vacate the school or child care program as soon as possible;
 - Follow [CDC guidance](#) for cleaning and disinfecting the facility when someone is sick.
- The school or child care program should follow the "Decision Aid: Exclusion and Return for Persons with COVID-19 Symptoms and Close Contacts in Child Care, Schools, and Youth Camps" (attached to this document);
- The school or child care program should also follow the instructions from the LHD for all matters regarding exclusion, isolation, quarantine, and return to school or child care for persons with confirmed or probable COVID-19 and close contacts; and
- If the number of laboratory confirmed cases of COVID-19 meets the definition of an outbreak, the response decisions, including possible classroom or school/child care program closure and recommendations for COVID-19 testing of staff and students/children will be made by the LHD.

Decision Aid: Exclusion and Return for Persons with COVID-19 Symptoms and Close Contacts in Child Care, Schools, and Youth Camps

For the purposes of this decision aid, **COVID-19 symptoms** are any ONE of the following: fever of 100.4° or higher, sore throat, cough, difficulty breathing, diarrhea or vomiting, new onset of severe headache (especially with fever), or new loss of taste or smell. For persons with chronic conditions such as asthma, the symptoms should represent a change from baseline.

Exclude all persons (child, care provider, educator, other staff) with COVID-19 symptoms and recommend evaluation by a health care provider and testing for COVID-19 ¹	Recommendations for the person with symptoms who is NOT FULLY VACCINATED Individuals are fully vaccinated 2 weeks after receiving either 1) both doses of a 2-dose vaccine series or 2) a single dose vaccine.	Recommendations for close contacts of the person with symptoms
Person has symptoms and positive test for COVID-19 or clinical diagnosis of COVID-19	May return when it has been at least 10 days since symptoms first appeared AND no fever for at least 24 hours without fever-reducing medication AND improvement of other symptoms.	All close contacts should quarantine according to MDH and local guidance <i>except</i> those who are fully vaccinated ² OR have been infected with COVID-19 in the past 90 days AND are asymptomatic.
Person has symptoms and negative test for COVID-19	If no known exposure, may return when symptoms have improved, no fever for 24 hours without fever-reducing medication, AND applicable criteria in the Communicable Diseases Summary have been met. If known exposure, may return when quarantine completed according to MDH and local guidance.	Close contacts do not need to quarantine.
Person has symptoms and health care provider documents symptoms are due to a specific alternative diagnosis (ex. strep throat, otitis media, pre-existing condition such as asthma)	If no known exposure, may return when symptoms have improved, no fever for at least 24 hours without fever-reducing medication, AND applicable criteria in the Communicable Diseases Summary have been met. If known exposure, may return when quarantine completed according to MDH and local guidance.	Close contacts do not need to quarantine.
Person has symptoms with no negative test for COVID-19 AND no specific alternative diagnosis	If no known exposure, may return when it has been at least 10 days since symptoms first appeared AND no fever for at least 24 hours without fever-reducing medication AND improvement of other symptoms.	Household members ³ should not attend or work in a child care, school, or youth camp until the person with symptoms is able to return <i>except</i> those who are fully vaccinated OR have been infected with COVID-19 in the past 90 days AND are asymptomatic.
	If known exposure, may return when it has been at least 10 days since symptoms first appeared AND no fever for at least 24 hours without fever-reducing medication AND improvement of other symptoms.	All close contacts should quarantine according to MDH and local guidance <i>except</i> those who are fully vaccinated ² OR have been infected with COVID-19 in the past 90 days AND are asymptomatic.

¹For persons with symptoms who were previously infected with COVID-19 and recovered, follow [CDC guidance](#).

²Fully vaccinated persons who are exposed to someone with COVID-19 should follow [CDC guidance](#).

³These persons should not be reported to the local health department as contacts. The child care, school, or youth camp should inform the household members of these recommendations.

Decision Aid: Exclusion and Return for Persons with COVID-19 Symptoms and Close Contacts in Child Care, Schools, and Youth Camps

For the purposes of this decision aid, **COVID-19 symptoms** are any ONE of the following: fever of 100.4° or higher, sore throat, cough, difficulty breathing, diarrhea or vomiting, new onset of severe headache (especially with fever), or new loss of taste or smell. For persons with chronic conditions such as asthma, the symptoms should represent a change from baseline.

Exclude all persons (child, care provider, educator, other staff) with COVID-19 symptoms and recommend evaluation by a health care provider and testing for COVID-19 if indicated ¹	Recommendations for the person with symptoms who is FULLY VACCINATED Individuals are fully vaccinated 2 weeks after receiving either 1) both doses of a 2-dose vaccine series or 2) a single dose vaccine.	Recommendations for close contacts of the person with symptoms
Person has symptoms and positive test for COVID-19 or clinical diagnosis of COVID-19	May return when it has been at least 10 days since symptoms first appeared AND no fever for at least 24 hours without fever-reducing medication AND improvement of other symptoms.	All close contacts should quarantine according to MDH and local guidance <i>except</i> those who are fully vaccinated ² OR have been infected with COVID-19 in the past 90 days AND are asymptomatic.
Person has symptoms and negative test for COVID-19	May return when symptoms have improved, no fever for 24 hours without fever-reducing medication, AND applicable criteria in the Communicable Diseases Summary have been met.	Close contacts do not need to quarantine.
Person has symptoms and health care provider documents symptoms are due to a specific alternative diagnosis (ex. strep throat, otitis media, pre-existing condition such as asthma)	May return when symptoms have improved, no fever for at least 24 hours without fever-reducing medication, AND applicable criteria in the Communicable Diseases Summary have been met.	Close contacts do not need to quarantine.
Person has symptoms and no negative test for COVID-19 AND no specific alternative diagnosis	If no known exposure, may return when symptoms have improved, no fever for 24 hours without fever-reducing medication, AND applicable criteria in the Communicable Diseases Summary have been met. Person should have written health care provider assessment that COVID-19 testing is not indicated and risk of COVID-19 is low.	Close contacts do not need to quarantine.
	If known exposure, may return when it has been at least 10 days since symptoms first appeared AND no fever for at least 24 hours without fever-reducing medication AND improvement of other symptoms.	All close contacts should quarantine according to MDH and local guidance <i>except</i> those who are fully vaccinated ² OR have been infected with COVID-19 in the past 90 days AND are asymptomatic.

¹For persons with symptoms who were previously infected with COVID-19 and recovered, follow [CDC guidance](#).

²Fully vaccinated persons who are exposed to someone with COVID-19 should follow [CDC guidance](#).