



SEVERNA PARK UMC
NURSERY SCHOOL

SPUMCNS PARENT HANDBOOK 2021-2022

SPUMC Nursery School

731 Benfield Rd., Severna Park, MD 21146

410-987-8339

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Website: www.severnaparkumc.org/nursery-school

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Treasurer/Registrar: Robin Decker rdecker@spumcns.org

Chair, SPUMCNS Advisory Council – Teresa Tudor Thtudor@comcast.net

Chair, Parent Group – Megan Sundberg parents@spumcns.org

1) SPUMCNS Philosophy

SPUMCNS offers an enriching, experiential preschool experience in a nurturing Christian environment. Our students learn through first-hand experiences. Our state-approved curriculum offers wide and varied experiences in art, music, literature, the natural and physical sciences, the Christian faith, and community life. It opens the door to new interests and enriches already existing ones. It provides children with opportunities to work, learn, and play as they develop and grow.

Within this framework, and under the teacher's and assistant's thoughtful and empathetic guidance, each child develops trusting relationships with adults outside the family, learns to exercise self-control, increases independence, develops creativity, explores and discovers, and develops critical thinking skills. In short, SPUMC Nursery School helps each child develop, regardless of his or her unique differences, a love of learning and the interpersonal, academic, social, and spiritual tools needed for success.

Our school offers these experiences through half-day and extended-day sessions. Each classroom of no more than 14 students is taught by a qualified teacher and a teaching assistant.

2) AUTHORITY TO OPERATE AND STAFF QUALIFICATIONS

Our school operates under Certificate of Approval # 3710, issued by the Maryland State Department of Education.

SPUMCNS has an Advisory Council, comprised of members of the church, Nursery School staff and parents, and key church staff members.

All our teachers have, at a minimum, a bachelor's degree, as do some of our teaching

assistants. All staff members meet or exceed the Maryland State qualification requirements for Early Childhood Educators. Everyone undergoes a background check and is selected based on ability, interests, and experience with young children. Our classes have a maximum student/teacher ratio of 7:1.

3) POSITIVE BEHAVIORAL PRACTICES

To help our students develop self-control and to reinforce behavior that is kind, respectful, and positive, we employ “conscious discipline,” techniques. Conscious Discipline is a comprehensive classroom management and social-emotional approach that creates a learning environment where children feel safe and loved.

From this foundation of safety and caring, children begin learning how to manage their emotions and interact appropriately with their peers. As Becky Bailey, Ph.D., who developed Conscious Discipline as a classroom management approach, explains: “Self-regulation is the key to school readiness and is more powerful than IQ as a predictor of academic achievement.”

4) INCLUSION

We welcome all children, regardless of race, color, religion, ethnic origin, developmental abilities or educational needs. We follow the MSDE-endorsed Frog Street™ curriculum which includes specific guidelines to help our educators in working with children with special needs. If your child is receiving community-based services, such as speech or occupational therapy, please obtain a release form at the office to sign so we can work with the other professionals providing support to your child, exchange information and participate in IEP meetings.

5) COMMUNICATION

During school hours, always monitor your phone. If we need to reach you because your child is sick, we will call the phone number you have indicated on your emergency form. A monthly activity calendar and the monthly snack schedule will be posted on the bulletin board in the school entryway. Always check the walls outside your child’s classroom for notices and sign-up-sheets and watch for important notes pinned on your child’s bag. In addition to using Bloomz, your child’s room parent may set up a notification network or system for your classroom. Daily interaction with the teaching staff occurs at drop-off and dismissal; however, more lengthy conversations are best arranged via appointment with the teacher. Phone calls/emails to teachers will be returned prior to the next school day. The school uses a variety of methods to communicate reminders and important information, so make sure to notify us if your phone number, address, or email address changes.

- **BLOOMZ** – The school uses Bloomz, an easy-to-use, secure app, to communicate between parents and guardians, staff, and the parent group. Be sure to sign up for both the school and the classroom groups on Bloomz so you receive all messages, announcements, calendar updates, and alerts.

6) CURRICULUM

The Frog Street™ curriculum is a comprehensive, research-based program that integrates instruction across developmental domains and early learning disciplines. The program is engaging for children and encourages daily routines, intentional instruction, thematic activities and balances teacher-directed with child-directed play. The curriculum embraces the joy of learning each day and is endorsed by Maryland State Department of Education. We also incorporate Biblical devotions and Christian music in our daily schedule, and the children say a blessing together before eating.

7) CHILD ASSESSMENT

We use ongoing assessment to identify a child's current abilities to plan individualized activities; note developmental progress, concerns or delays; and guide instruction. Developmental screening is used to identify children with potential learning differences so strategies for appropriate intervention can then be implemented. Progress reports will be sent home in January and May. Parent-Teacher Conferences are held in January for all students by appointment, and can be scheduled upon request during the school year

8) TUITION AND ENROLLMENT

To enroll, your child must be three or four by September 1. Once at full capacity, new enrollments are accepted throughout the year as openings arise. Children on the "wait list" are offered available spots in the order of the date they were added to the list.

When you enroll your child, we reserve a place for him/her in a class for the entire school year. The tuition, therefore, is a yearly obligation which we collect in nine equal payments. Eight of the tuition payments will be collected through Tuition Express on the first business day of the month, from September through April. A failed payment will result in a \$25.00 late fee, so it's important that you notify the school whenever your payment source changes (new debit card, etc.). The tuition deposit you make at registration is held in escrow and applied in May. Parents of enrolled students can go to www.myprocare.com to view account statements, make early payments and print tax documentation.

9) NUTRITION

SPUMCNS is a **NUT-FREE AND PEANUT-FREE** school. We serve a nutritious, simple, and easy-to-serve snack during each school session, and we post a monthly snack calendar on the bulletin board in the foyer. Please advise us of **any** food allergies your child may have. Parents of children with dietary restrictions must provide their child's snack. Please provide a shoebox-sized plastic bin, labeled with your child's name, filled with a selection of appropriate snacks individually packaged with your child's name written on every item. We will choose which snack best matches the school's snack for the day. Remember to replenish the snack box regularly through the year.

10) ARRIVAL AND DISMISSAL

During each session drop off period, the doors to the school are briefly unlocked. For safety and security, the doors to the school are locked and alarmed during the remaining school hours.

At dismissal, you may pick up your child at the playground or wait for him/her in the car line. In either case, please hold up or hang the card tag with your child's name on it. Once we begin the car line, we won't dismiss any students on foot until the car line is completed.

In the car line, orange traffic cones will mark where the first four cars should wait. If waiting more than 2 minutes or so, please turn off your car until we start dismissing children. Be sure to put your car in "park" while a staff member delivers your child to the back seat of your car and closes the door. Drive forward, park your car and buckle your child into his/her car seat.

No child will be released to someone other than a parent/guardian without written authorization signed by the parent/guardian. In addition, proper identification will be required for all individuals other than a parent or registered caregiver picking up a child.

PLEASE BE ON TIME for arrival and dismissal. If an emergency arises that will cause you to arrive late, you must call our office and let us know. Beginning on September 20th, late arrivals for pick-up will be charged a \$15.00 fee for every five minutes or increment thereof after dismissal.

11) HEALTH AND SAFETY

Required medical forms: Must be completed and turned in prior to the first day of school

- Emergency Forms
- Health Inventory
- Medication Administration Authorization Form (if applicable)
- Immunization Certificate
- Asthma Action Plan (for children with diagnosed asthma)
- Allergy Action Plan (for children with documented allergies)

All medical forms are available on the school website. **Please provide the school with updated information any time your address, phone number, billing information, or emergency information changes.**

The Medication Administration Form is required if ANY medications (including Epi-pens) are to be kept at the school or administered during the school day. Medications will be administered by staff members who have completed Medication Administration Training.

Illness - Please keep your child at home if he/she is sick. Refer to the chart below to determine whether your child should come to school. If your child appears to be sick or develops a fever at school, we will contact you immediately to come pick up your child. A child may not remain at school after showing signs of acute illness.

I NEED TO STAY HOME IF...

I HAVE A FEVER	I AM VOMITING	I HAVE DIARRHEA	I HAVE A RASH	I HAVE HEAD LICE	I HAVE AN EYE INFECTION	I HAVE BEEN IN THE HOSPITAL
						
Temperature of 100° F or higher.	Within the past 24 hours.	Within the past 24 hours.	Body rash with itching or fever.	Itchy head, active head lice.	Redness, itching, and /or pus draining from eye.	Hospital stay and/or emergency room visit.

I am ready to go back to school when I am...

Fever free without the assistance of medication for 24 hours (i.e. Tylenol, Motrin, Advil).	Free from vomiting for 24 hours.	Free from diarrhea for 24 hours.	Free from rash, itching or fever. I have been evaluated by my doctor if needed.	Treated with appropriate lice treatment at home.	Free from drainage and/or have been evaluated by my doctor if needed.	Released by my medical provider to return to school.
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If your child has strep throat or another bacterial infection, he/she should stay home until the antibiotic has been given for at least 24 hours and your health care provider has given permission for your child to return to school. We encourage you to seek medical attention when your child is sick and to follow your health care provider's recommendations about returning to school and other activities.

12) PHYSICAL ACTIVITY

The benefits of physical activity include releasing energy, developing strong bodies and muscles, and helping to improve coordination and balance. All classes will participate in recess daily, whether on our secured playground or indoors. Please dress children appropriately for outdoor play.

13) CLOTHING

Occasionally, children have accidents or soil their clothing at school. Please leave a spare

set of clothes (labeled) in a gallon zip lock bag in your child's tote bag. We have a supply of "extras," just in case. If your child comes home in an unfamiliar item of clothing, please launder it and send it back as soon as possible.

Please label all removable clothing (hats, sweaters, mittens, boots, and coats) as many children wear similar items.

We play outdoors whenever the weather permits; therefore, children should wear appropriate clothing to school. Tied or fastened shoes with a rubbery sole are safest for climbing and running. (Crocs, flip flops, and other open back shoes such as clogs are **NOT** recommended and are a safety hazard.)

14) "FIRST DAY BLUES"

Avoid making a big production out of your child going to Nursery School. Be enthusiastic, but casual. Make Nursery School sound like fun. Remind your child of all the children he/she knows, including siblings, who will also be going to school. Your positive attitude is key to your child's adjustment to preschool.

If your child seems anxious about school at first, arrive just in time for class to start and keep your farewell short. If your child cries or clings to you at drop off, remember: this is normal. It is best to bring your child to the room, tell him/her you must go but that you will be back at the end of the session, and then leave him/her in the staff's care. We'll contact you if your child becomes absolutely inconsolable, and we'll work with you through this transition. Your child's happy adjustment to preschool is importance to us. If you have any concerns about how your child is adjusting to preschool, it's best to call his/her teacher to discuss your concerns by phone, rather than in the child's presence.

15) BIRTHDAY PARTIES

Parents are welcome to provide a special birthday treat for the class. Please consult with your child's teacher if you wish to furnish a birthday treat, to see if anyone in the class has an allergy and to schedule a date with the teacher. Treats brought into the classroom **MAY NOT CONTAIN PEANUTS OR NUTS.**

16) TOTE BAG

We prefer that your child bring a "tote" style bag to school. School tote bags will be available for purchase for \$12/each. Label your child's tote clearly with his/her name and check it daily for artwork, soiled clothing, newsletters, communications and notices, order forms, and anything else he/she might bring home. **If you're returning something to the school, please hand it to the teacher/aide at drop-off instead of leaving it in your child's bag.**

17) FUNDRAISERS

The proceeds from fundraisers enable SPUMCNS to host special events and visitors. Participation in any fundraising event is voluntary.

18) FIELD TRIPS

Our field trips are arranged with the intent that a parent will accompany the child, meet us at the location of the field trip, and remain with the child throughout the event. The Nursery School does not transport children to special events.

19) PHOTOGRAPHS

Photographs staff members take to record classes and students participating in the myriad activities that occur throughout the school may be used internally within the school, uploaded to the Bloomz app to be shared within the school, or added to our web page and/or Facebook page. The school will never publish the names of any students whose images appear on our web page or Facebook page. Parents acknowledge practice by checking the appropriate block on the online registration form.

20) SCHOOL CLOSINGS AND DELAYS

Changes to normal school hours will be announced on Bloomz. In the event of inclement weather, please monitor radio, television, AACPS.org, for an announcement regarding the county decision on school closings or delays. Our policy is as follows:

If Public Schools open one hour late, we open one hour late.

If Public Schools open two hours late, our AM class is canceled and extended day students start two hours late..

If Public Schools are closed, we are closed.

If Public Schools close one hour early, we close 1 hour early.

If Public Schools close two hours early, our PM class is canceled, and extended day students are dismissed at 11:30 with our AM students.

21) PARENT GROUP

The Parent Group sponsors four special events for families through the course of the year. At the beginning of the year, we'll ask for volunteers to sign up as class parents, one for each class. The Parent Group chair will work with class parents to generate ideas, schedule events, and solicit volunteers and participants. These events are foundational to our school, helping to build a real

sense of community among our families, and are completely parent-supported and run.

22) DONATIONS TO THE SCHOOL

We welcome your contributions to the school. If you have an item you'd like to send in, consult your teacher first.

23) CPR/FIRST AID AND EMERGENCY PROCEDURES

CPR/First Aid

All staff members providing direct care are certified in CPR and basic first aid. In the event of an emergency, SPUMCNS will activate the 911 system and immediately notify the family or emergency contact listed on the Emergency Form.

In accordance with state guidelines, we have developed an emergency plan to ensure the safety of the students and staff.

Fire Drills

The school holds fire drills monthly. Children are taught to walk quickly and quietly to the far side of the playground, away from the building.

Tornados or sheltering in place

If we must take shelter inside the building during an emergency, the staff will take the children to the men's and ladies' restrooms in our school hallway across from the preschool office. This area has been declared as safe for sheltering since there are no windows. The staff will have walkie talkies, radios, cell phones and the weather alert radio for communication. The school holds shelter-in-place drills twice a year. If circumstances dictate, we either remain inside classrooms or leave the building. Staff will take appropriate action to protect students and contact parents promptly.

Catastrophic events and emergency evacuations

In the event of emergency or adverse conditions that require us to leave the church property, we will walk with the children to Heartlands Assisted Living, across the parking lot from the church (715 Benfield Rd., ph: 410-729-1600). Heartland has graciously given permission for the school to shelter on their sun porch. The staff will have contact numbers, cell phones, emergency food supplies, water, toys, books, etc. to occupy the children. Parents will be notified by phone or text to pick up their children there.



SEVERNA PARK UMC
NURSERY SCHOOL

SPUMCNS COVID-19 Response & Preparedness Plan

Addendum to 2021-2022 Parent Handbook

Our Commitment to Health, Safety, and Children's Learning & Development

Severna Park United Methodist Church Nursery School is committed to protecting the health of our children, families, staff, and community. The following policies were designed in response to guidance from the Maryland State Department of Education (MSDE) and Maryland Department of Health (DOH), in accordance with best practices from the Centers for Disease Control and Prevention, and with everyone's well-being in mind. To prevent the potential spread of COVID-19, we will be making some temporary changes that include robust cleaning and disinfecting procedures and minimizing opportunities for person-to-person exposure. The following plan outlines the practices and strategies we will use to protect the health of our children, staff, and families while at the same time ensuring that we are meeting the developmental and educational needs of the children enrolled in our program.

MSDE has approved all early childhood programs to resume operating at full capacity. SPUMCNS has seats for 125 students. Child Care and Preschool facilities throughout the country and the state have demonstrated they can operate safely and consistently despite the pandemic by incorporating safe practices and procedures. Adherence to these precautions will ensure the safety and health of our staff and students. All staff have completed the mandatory Covid-19 training required by MSDE.

Note: Should the school or a classroom have to quarantine once due to Covid exposure, the full tuition rates, outlined above, will remain the same. Should a second or subsequent quarantine period be necessary, tuition will be waived for the affected group for the period of the quarantine, and the following month's bill will be reduced by the prorated amount.

Ratios & Group Sizes

Class sizes will be determined by the classroom capacity, and will not exceed 14 students per class, with one teacher and one teaching assistant. This is well within the MSDE Staff-to-child ratios of one staff member to ten children.

Face Coverings

All staff and students will remain masked at all times inside the building. During snack time and lunch time (for extended students), students will be seated with distance between them so masks can be removed, and they'll be replaced after they are finished eating. If a student refuses to wear his/her mask, he/she will be gently encouraged to put it on and if that fails, the parents will be contacted to pick up him/her early.

Parents may give written permission for their children to remove masks during time on the playground, if desired. All staff have been vaccinated and will be permitted to remove masks on the playground as long as they are six feet apart from others. When interacting closely with children or other staff members, they will be masked.

Note: Students wore masks throughout the 2020-2021 school year, consistently and without complaint.

Classroom Cohorts

To reduce opportunities for viral spread, each class will be considered its own cohort, with mixing between groups limited to the playground. To support this practice, we will:

- Greet students and parents at the door for screening, and accompany the children immediately to the classrooms.
- Sanitize surfaces in accordance with MSDE guidelines.
- Allow only one group at a time to use shared interior spaces (Fellowship Hall, Room 208) and disinfect high-touch areas between uses.
- If restrooms are shared by children from different classrooms, they will be used by children from one classroom at a time and disinfected between use by different classrooms.
- Serve water in disposable cups.

Supporting Social/Physical Distancing

We will use the following strategies to encourage physical/social distancing in our learning environments:

- Arrange furnishings to section off play spaces and allow for 6-foot separation, when possible.

- Actively monitor to limit the number of children at one time in any area of the room.
- Help children define their personal space using yarn, masking tape, mats, carpet squares, sheets of cardboard, hula hoops, etc.
- Conduct more activities in subgroups, with a subset of the class working with each staff member during the session.
- Plan activities that do not require close physical contact between individual children.
- Incorporate outside time to the maximum extent feasible.
- Encourage children to use alternate greetings or shows of affection that limit physical contact (e.g., waving, bowing, or curtsying to each other; air hugs or high fives).
- Restrict entrance into the building to only staff members and students.
- Open windows in classrooms enough to allow fresh air circulation, and close them before leaving the classroom.
- Operate air purifiers that meet CDC recommendations in each classroom.

Cleaning and Disinfecting

We will clean, sanitize, and disinfect the areas and materials used by the school in accordance with current COVID-specific recommendations and best practices, as outlined in MSDE and CDC guidelines. Specifically, we will:

- Clean toys and other materials before use by another cohort.
- Ensure children and staff wash hands frequently and thoroughly.
- Clean/disinfect **high-touch surfaces** (e.g., sinks, toilets, light switches, door knobs, counter and tabletops, chairs) in accordance with current recommendations.
- Clean **dirty surfaces** using detergent or soap and water prior to disinfection.
- Use **CDC-recommended disinfectants** such as EPA-registered household disinfectants, diluted bleach solution, and/or alcohol solutions with at least 70% alcohol
- Keep cleaning products **secure and out of reach** of children, **avoiding use near children**, and ensuring **proper ventilation** to prevent inhalation of toxic fumes.
- Basic guidelines are represented on the following chart, provided by MSDE.

Cleaning & Disinfecting Different Surfaces

<p>High-touch surfaces</p>  <p>e.g., sinks, toilets, light switches, door knobs, counter/tabletops, chairs</p>	<p>Clean with soap and water if dirty and sanitize with recommended disinfectants multiple times per day depending on use.</p>
<p>Soft surfaces</p>  <p>e.g., carpeted floors, rugs, upholstered furniture</p>	<p>Soap and water, laundry, or disinfectant as appropriate; vacuum as usual.</p>
<p>Electronics</p>  <p>e.g., tablets, touch screens, keyboards</p>	<p>Use of a wipeable cover and/or cleaning between uses with alcohol-based wipes or spray according to manufacturer's instruction.</p>
<p>Laundry</p> 	<p>Use of warmest possible appropriate setting, dry completely; use of gloves followed by hand washing when handling dirty laundry.</p>
<p>Playground equipment</p> 	<p>Do not spray disinfectant on outdoor playgrounds as it is not an efficient use of supplies and has not been proven to reduce COVID-risk; normal routine cleaning is sufficient.</p>
<p>Outdoor wooden surfaces & groundcovers</p>  <p>e.g., benches, tables, mulch, sand</p>	<p>Cleaning and disinfection is not recommended.</p>

Cleaning and Disinfecting the Facility if Someone is Sick

If someone has been in the building who has a confirmed or probable case of COVID-19 (see Quarantine and Temporary Classroom/Program Closures section), we will notify the facilities manager and follow current [CDC guidance](#) for cleaning and disinfecting the area. This may include:

- Close off areas used by person who is sick.
- Wait 24 hours (or as close to 24 hours as possible) to clean or disinfect
- Open outside doors and windows to increase air circulation in the area
- Temporarily turn off room fans and/or in-room, window-mounted, or on-wall recirculation HVAC (we will NOT deactivate central HVAC systems or air purifiers).
- Clean and disinfect all areas used by the person who is sick (e.g., classrooms, bathrooms, offices).
- Vacuum the space if needed (with a high-efficiency particulate air [HEPA] filter if possible).
- Follow guidance listed above regarding types of surfaces and disinfectants.

Healthy Hygiene Practices

We will reinforce regular health and safety practices with children and staff and continue to comply with licensing regulations and CDC hand washing guidelines as follows:

- A written hand washing procedure shall be posted at each sink used for washing hands.
- Wash hands frequently (and help/support children to do the same), especially after toileting, participating in an outdoor activity, or blowing one's nose (or helping children do any of these actions).
- Staff and children will wash hands with soap and water for at least 20 seconds.
- Soap and water are the best option, especially if hands are visibly dirty. If hands are not visibly dirty, staff may use alcohol-based hand sanitizers with at least 60% alcohol if soap and water are not readily available. Staff should cover all surfaces of their hands with hand sanitizer, rubbing them together until they feel dry.
- We will not use alcohol-free wipes on children's hands as this is not recommended.
- Staff will assist children as necessary with hand washing and use of hand sanitizer to ensure proper use and prevent ingestion.

Drop-Off and Pick-Up Procedures

We will use the following recommended practices during drop-off and pick-up times to protect the health of children, families, and staff.

- We will conduct check-in/out procedures (including screening and temperature checks) outside.
- Parents/ guardians will not enter the building but will meet the staff member conducting check-in procedures at the designated location/entrance and answer screening questions before child hand-off.
- A staff member will escort arriving students to their class, and students will wash hands immediately upon arrival.
- Pick-up will be conducted either by car line or in person, and car line tags must be displayed or held up by hand to facilitate an orderly dismissal.
- Staff and Student check-in screening sheets will be maintained with the rest of the school's records.

Screening Families & Staff for COVID-19 Symptoms and Exposure

Upon arrival to the program, we ask staff and families to report if staff/children have:

- had any symptoms of COVID-19 (cough, shortness of breath, difficulty breathing, new loss of taste or smell, fever of 100.4 degrees or higher, chills or shaking, muscle aches, sore throat, headache, nausea or vomiting, diarrhea, fatigue, congestion, or runny nose).
- been diagnosed with COVID-19, tested for COVID-19 due to symptoms and are awaiting a result, or have been instructed to isolate or quarantine by a health care provider or health department
- had close contact (been within 6 feet for more than 15 minutes total in a 24-hour period) with anyone with a confirmed or probable case of COVID-19 within the last 14 days.

All temperature checks and answers to questions are documented on the check-in screening sheet. Complete procedures are outlined in our revised Parent Handbook and our Staff Covid-19 In-Person Playground Procedures policy memo, dated September 20,2020.

Responding to COVID-19 Symptoms On-Site

Responding to COVID-19 Symptoms On-Site

If a child or staff member develops any COVID-19 symptoms (i.e., cough, shortness of breath, difficulty breathing, new loss of taste or smell, fever of 100.4 degrees or higher, chills, muscle aches, sore throat, headache, nausea or vomiting, diarrhea, fatigue, congestion, or runny nose) during care, they will be sent home immediately with the recommendation to contact their primary care physician/medical provider. If anyone shows emergency warning signs (e.g., trouble

breathing, persistent pain/pressure in the chest, new confusion, inability to wake or stay awake, or bluish lips or face), we will seek medical care immediately.

If a child develops symptoms during care hours:

- Parents/guardians will be contacted for prompt pick-up.
- The child will be isolated from other children in room 206, along with one staff member, until the parents arrive to pick up the child.

If a staff member develops symptoms during care hours:

- They will be sent home immediately.
- If the ill staff member needs to be picked up or otherwise cannot leave the facility immediately, she will wait in room 206 until transportation is arranged.

Those students and staff remaining from the class will move into another space until the room is cleaned and sanitized.

Decisions regarding isolation, quarantine, and return to school will be made in accordance with [current MSDE/MDOH guidance](#).

When Children & Staff Should Stay Home and When They Can Return

When Children and Staff Should Stay Home

A child or staff member will not be admitted to school if they:

- Have been diagnosed with COVID-19.
- Have had any of the following new symptoms: *cough, shortness of breath, difficulty breathing, new loss of taste or smell, fever of 100.4 degrees or higher, chills, muscle aches, sore throat, headache, nausea or vomiting, diarrhea, fatigue, congestion, or runny nose.*
- Were tested for COVID-19 due to symptoms and are waiting for test results.
- Have been instructed by a health care provider or the health department to isolate or quarantine.
- Have been in close contact (i.e., within 6 feet for at least 15 minutes total within a 24-hour period) with someone with a confirmed or probable case of COVID-19 during the past 14 days.

When an individual can return to the program will depend on individual circumstances (i.e., symptoms, COVID-19 test results, previous exposure, alternate diagnoses). To help inform our decision-making process, we will consult with the local health department and adhere to the most [current MSDE/MDOH guidance](#).

Supporting Families, Staff, and Children

Communicating with Staff and Families

We will communicate with staff and families to determine when they will return to work/care if they have been out, discuss concerns or questions, share new policies and expectations, and confidentially discuss any extenuating circumstances that have emerged and/or any health concerns/conditions that may elevate risk for complications if exposed to COVID-19.

Training and Supporting Staff

To support staff in effectively engaging in best practices and making personal decisions, all staff members have completed the MSDE COVID-19 training and have been informed of all new policies and procedures as outlined in this plan. As part of the education/child care community, all staff members are classified as priority 1B in Maryland's Covid-19 priority list. We are actively pursuing vaccinations for the staff as soon as appointments are available to do so.

Supporting Children's Social-Emotional and Special Health Needs

Staff and families will partner together to support the physical and emotional needs of children during this transition period. Some children will be relieved, some will have initial challenges with separation from their parent(s), some may demonstrate anger, and some may act out toward other children. Whatever the reactions, we acknowledge that staff and families may need some new tools in their toolkit to assist the child with emotional regulation, and we will work together to support all caregivers.

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 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 ² 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 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](#).

²These persons should not be reported to the local health department as contacts. The school 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, these 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 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 conditions 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 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](#).

