

Parent Handbook  
COVID-19 Edition  
2020-2021 School Year

**God's Little Angels Academy**  
**GLA Academy School of Excellence**

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# Introduction

Dear Parents,

As we are getting ready to reopen after being closed for nearly 3 months, I want to make sure we are all on the same page. While I know this can be a fearful time since none of us have ever experienced this before, the teachers and administration at God's Little Angels Academy are committed to providing a quality program that is safe, educational, child-friendly, and fun!

While many things will seem different with new procedures in place for safety of all, this will still be an environment that fosters fun and learning. It is our goal to draw out and inspire the best in our students as we provide them with opportunities to create, explore, and learn.

This handbook will lay out the changes as we enter the next phase from this COVID-19 pandemic. This situation is unprecedented and is constantly evolving, so all changes included in this handbook will remain as the "new normal" until further notice. We will make sure that all changes are realistic and feasible for staff and children by following CDC (Center for Disease Control) guidelines as well as those put forth by MSDE/OCC. Please be sure to read through this and sign and return the last page electronically.

Please feel free to contact me if you have any questions about the policies and procedures that are outlined in this Parent Handbook. They are in place to ensure that God's Little Angels Academy is a safe and enjoyable place for your family.

Center Director

God's Little Angels Academy

## A. Enrolling Your Child

Before enrolling any child, parents or guardians must schedule an appointment with the Director(s) for a virtual tour, and the child(ren) can accompany the parents in a virtual online interview. We believe this provides both the parent and the Director the opportunity to clearly convey their expectations of God's Little Angels Academy and go through our enrollment package one-on-one. Upon the decision to enroll your child, parents or guardians will be provided with an application, tuition and financial agreement, all health and emergency forms, as well as a copy of our handbook. All forms would be filled out electronically and sent through email or mailed in.

In the event of a class being at its full capacity, we will place you on the waiting list for up to six months. We are sorry that we cannot always meet the needs of parents or guardians when requested, however you may call us and request a place on the list or submit an application to be placed on a waiting list. You will be called by the Director when an opening becomes available.

## B. Nondiscrimination Policy

Admissions to God's Little Angels Academy shall be made without regard to race, color, religious creed, ancestry, national origin, disability, age or gender.

## C. Extra Hygiene Measures and Procedures

1. Handwashing: As soon as students arrive to the classroom, they will wash their hands properly. Hands will also be washed throughout the day and more frequently with soap and water for at least 20 seconds. Hand sanitizer will be used for our older classes when soap and water is not available.
2. Sanitizing/Disinfecting: All hard surfaces will be wiped down throughout the day, before and after use as well as at the end of each day. Any toys that go into a child's mouth will be put into the disinfecting process like usual. All surfaces and toys will be sprayed prior to leaving the room throughout the day. All sensory bins, soft toys, pillows, dress-up clothes will be put away during this phase of opening.
3. Mask wearing: Each enrolled student is responsible for bringing two masks that they will use while in school. We will have supplemental mask available if the child is in need. If you or a family member needs a mask, please email the director, and one will be provided for you.
4. Social distancing: Each class is considered a "family." Each "family" will social distance from other "families" to assure safety. Children will not need to wear a mask when they are in their "home" (classroom), on the playground during their designated time, or in the bathroom. Classes will not intermix and will be with the same teachers as much as

possible. When staff and children leave the classroom, if over 2 years old, they will wear a mask to the best of their ability until they get to their destination. Once they reach their destination, masks will be removed and placed in an individual container/bag. All staff will wear masks when not in the classroom/designated area.

5. Socks-only classroom: All children will take shoes off before entering the classroom. Shoes will be placed in the hallway. Teachers will be allowed to bring in “indoor shoes” to wear in the classroom only. Since children spend time on the floor, we want it to be as clean and safe as possible.

## D. Inclusion Policy

To the greatest extent possible, children with disabilities will be included in the full range of activities and services normally provided to children at our center by making necessary modifications to meet the child's special needs.

## E. Fee and Payment Policy

God's Little Angels Academy enforces the following policies and procedures for tuition payments:

1. Part-time and Full-time tuition is due on Monday of every week, a late fee will be assessed every day in the amount of \$7.00 per day.
2. A \$25.00 per month late fee will be charged when a payment is declined.
3. There will be a \$3.00 charge per child for every five minutes elapsed after you scheduled pick-up time.
4. All tuition is due regardless of sickness, behavioral/disciplinary removal, vacations, weather-related closings or holidays (including Thanksgiving, Christmas, snow days, and Spring Break), **emergency-related closings mandated by the state/local government/DHS, like a pandemic.**
5. Free vacation week:
  - a. A vacation week will be granted after a full-time or part-time student has been enrolled in the school for a full year.
  - b. A vacation week **MUST** be taken in five consecutive days.
  - c. A vacation week will not be granted if tuition is not current and paid on time on a consistent basis.
  - d. The school director requires a 2-week written notice prior to month requested from parents who want to use their vacation week.
6. If you need to terminate your child's enrollment, a two-week notice is to be given to the school director(s); otherwise you will continue to be charged your monthly tuition. (No reimbursement of tuition will be granted).
7. If you decide to take an extended leave of absence, we can only hold your child's spot by paying a 25% per month fee. **The extended leave of absence also applies to**

***those who choose to not send their child to school after the reopening from a forced closure, like a pandemic or emergency-related forced closure.***

8. Part-time options will be available for all ages while in Phase 2 of the Pandemic (2 day, 3 day, and 5 half-day).
9. To ensure your child's enrollment, parents must re-register their child(ren) for the following year.

## F. Admission/Exclusion due to symptoms of illness

Children who are obviously ill with fever, diarrhea, vomiting, green-runny nose, puss/oozing eyes, disease or condition (i.e.- ringworm, head lice, chicken pox, measles, mumps, pink eye, fever over 100 degrees, etc.) will not be admitted to the program. It is a danger to other children and staff members at our facility. If you have any doubts about your child's health, please call us at 410-866-0018 to be sure they may attend. If your child appears to be sick or has any of the above while at school, we will notify the parent or guardian immediately, and it is necessary that the child be picked up within one hour of notification.

The child will be permitted to return when his/her temperature is normal for 48 hours without aid of fever-reducing medication. Your child must have any prescribed medication, such as antibiotics, in his/her system for at least 24 hours before returning. In the event your child is sent home with one of the above health concerns, they will not be permitted back to God's Little Angels Academy without a doctor's note. The doctor's note must be written on their letterhead and read that the child can return to school because what they have is no longer contagious.

Permission for a child to be administered medicine in the school must be approved by the Physician and parent utilizing the **MEDICATION ADMINISTRATION** form. Medications for maintenance will be administered throughout the day as required. The medication must be given to the Director/Front Desk in its original bottle, which contains the pharmacist's directions. The medication log must be signed by the parent at this time and will be kept on file. Children will be given their medication according to the prescription specifications only.

If a child is showing COVID-19 symptoms (fever, cough, shortness of breath) OR if you've been in close contact with a person or child testing positive for COVID- 19, we ask you to keep your child home. They must be isolated for a minimum of 7 days after symptom onset, and 72 hours after their fever resolves without fever-reducing medicines. (For example, if symptoms and fever resolve on day 7, the person can return on day 10.) For most, this will be 14 days after the household contact with COVID-19.

We ask that all parents and staff let us know of any potential exposure immediately. A potential exposure means being a household contact or having close contact within 6 feet of an individual with confirmed or suspected COVID- 19 for at least 10 minutes. The timeframe for having contact with an individual includes the period of 48 hours before the individual became

symptomatic. If there is a positive case of COVID-19 in a child or an adult who has been present in the childcare center, we will inform MSDE/OCC and our parents. The center will also have to close per MSDE/OCC regulations for a minimum of 14 days.

## G. Personal Belongings

While in this phase of operation, children may not bring in any personal belongings aside from what is approved. No toys or personal items from home will be permitted at this time. Bedding will be sent home on the last day of each week, and it is **mandatory** that bedding be laundered before returning the next week.

## H. Arrival and Departure Procedures

Our facility is operational from 7:00am – 6:00pm, Monday through Friday. While operating in this phase, drop-off times will be staggered. You will be given a time between 7- 10am to drop off and between 4-6 to pick up. All children must be dropped off by 10am. Please only come at your designated drop-off or pick-up time to keep everyone safe. If you see another family being checked in, please be patient during this time.

### **Drop-Off Procedures**

#### Twos and Older

Please drive to the center and pull up to the curb we will have a drop-off station set up out front. All drivers and passengers must wear a face covering during drop-off. A designated check-in staff will come directly to your car wearing proper PPE. This check-in staff will look in through your child's window for a visual assessment. The check-in staff will then ask a series of yes/no questions regarding symptoms and travel. Your twos and older child will get their temperature taken through the open window, by the check-in staff person. If it is below 100F, the runner will unbuckle and take your child to his/her classroom. Children 2 and older needs to have a mask that he/she should wear (to the best of their ability) while walking to their classroom. Once in the classroom, the mask will be placed safely in a bag specific to each child.

We ask that the designated drop-off and pick up person not be a "vulnerable" person (older person such as grandparent or person with a serious underlying medical condition).

### **Pick-Up Procedures**

Pick-up times will be staggered to allow for safe social distancing. Please abide by this pick-up time. If you see another family being helped, please be patient until it is your turn. If your child is 2 or older, he/she will be brought out to your car and buckled in. It is the driver's responsibility to assure that children are buckled in properly. Drivers and passengers should wear a face

covering/mask until child is secured in the car seat. Children 2 or older will wear face coverings (to the best of their ability) while walking up to the car.

## I. Visitors

Visitors will not be permitted at this time. This includes specials teachers until further notice. IU instructors (special needs instructors) will be permitted if they pass screening procedures and follow protocol.

## J. Field Trips/Special Events

There will be no field trips or special events/gatherings at this time.

## K. Parties and Celebrations

There will be no parties or celebrations at this time.

## L. Food

- A. Lunch: **We ask that you do not bring in lunches that need to be heated.** A packed lunch is acceptable.
- B. Snack: A morning and afternoon snack is included in your monthly tuition amount. Snack is provided at 7am-10am and 3:30pm daily.
- C. Food Allergy: **We are a peanut-free facility**, so please do not provide lunches that contain peanuts. If your child has an allergy to any foods, please be sure that it has been indicated in your child's paperwork and put in writing. This should be given to the teacher AND director. All allergies will be posted in the classroom. Depending on the allergy, some rooms may become completely "nut free."

Coverings in Adults MDH/MSDE require the following: • Child care staff must wear cloth face coverings throughout the work day while in the child care center or family child care home; • Child care staff and parents must wear cloth face coverings during drop-off and pick-up and when parents are performing, and staff are observing, temperature checks; • Parents and any other adults who must enter the child care center or family child care home related to essential operations must wear cloth face coverings while in the child care site. Most healthy adults should be able to wear cloth face coverings safely and consistently in a child care and School setting; if an adult has questions or concerns about wearing a cloth face covering, they should discuss this with their health care provider. Use of Cloth Face Coverings in Children MDH/MSDE require the following: • Children age 5 years and above who can wear a cloth face covering safely and consistently must wear a cloth face covering while in the School and child care center or and schools.

• It is recommended that children less than 5 years of age who can wear a cloth face covering safely and consistently also wear a cloth face covering while in the child care center or family child care home; • Cloth face coverings should not be worn by children under age 2 years and anyone who has trouble breathing or is unconscious, incapacitated, or otherwise unable to remove a face covering without assistance. The use of cloth face coverings by children in a child care setting should be guided by the following considerations which impact a child's ability to wear a cloth face covering safely and consistently: • Some children, particularly younger children, may not be developmentally capable of wearing a cloth face covering without frequent touching of the face covering or their face or attempting to take the face covering off, or may be unable to remove it safely without assistance; • Some children with developmental or behavioral conditions may have difficulty tolerating cloth face coverings; • Some children with respiratory conditions or other medical problems may have difficulty breathing or have other safety concerns when wearing a cloth face covering; and • Some children with physical limitations may not be able to remove a cloth face covering without assistance. Parents and child care staff should discuss the considerations above for an individual child, and consult with the child's health care provider if necessary (e.g., for children with certain conditions such as asthma) to determine if an individual child is able to safely and consistently wear a cloth face covering while in child care. For young children without a medical problem that makes use of a cloth face covering unsafe, parents and staff should work together to maximize the use of cloth face coverings in child care settings. Staff and families should teach and reinforce proper use and removal of cloth face coverings, including the use of behavioral strategies as necessary to assist children with becoming comfortable wearing cloth face coverings. Additional Safety Precautions Regarding the Use of Cloth Face Coverings in Child Care Programs • Cloth face coverings should NOT have any attachments (e.g., buttons, stickers, etc.) that may be a choking hazard; • Cloth face coverings should NOT be worn if they are a strangulation risk (e.g., during certain activities or for certain children); 4 • Children should NOT wear cloth face coverings while napping; • Children should NOT wear cloth face coverings while playing outside if social distancing can be maintained; • Children should NOT wear cloth face coverings during activities that may make them wet (e.g. swimming) or during high intensity activities (e.g. running) as they may cause difficulty breathing; and • Children should NOT be forced to wear a cloth face covering if they are not comfortable/able to do so safely. How Cloth Face Coverings

Should be Worn and When to Remove A cloth face covering should:

- Be worn to cover the nose and mouth;
- Never be worn around the neck or over the head;
- Never be shared with other children;
- Never be reused unless it is stored properly between uses and can be replaced safely;
- Be removed if a child is not able to maintain the face covering on their face (e.g., keeps trying to touch or remove the face covering) or wear it safely;
- Be removed by the child for meals, snacks, naptime, outdoor play (when social distancing can be maintained) or when it needs to be replaced;
- Be removed and replaced if it becomes wet or soiled; and
- Be removed (and not replaced) if the child experiences difficulty breathing.

Procedures for Use of Cloth Face Coverings

- Child care staff should teach children to avoid touching the face covering or their face while wearing a cloth face covering and to avoid removing the face covering without adult permission or share face coverings;
- Staff and children should wash their hands if they touch their face covering or their face;
- Staff and children should wash hands before and after removing a face covering and before replacing a face covering;
- Staff and children should be careful not to touch their eyes, nose, and mouth when removing their face covering;
- When removing a cloth face covering, staff and children should be sure to remove the covering touching only the straps; if a child is unable to correctly remove his/her face covering, the decision to wear a face covering for that child should be reconsidered;
- A cloth face covering should be removed for meals, snacks, naptime, or outdoor play or when it needs to be replaced; and
- 5 • Cloth face coverings should be placed in a clean paper bag (marked with the child's name and date) when removed until the face covering needs to be put on again; multiple face coverings should not be put into the same bag unless they will not be used again prior to cleaning.

Family Responsibility for Providing Cloth Face Coverings

Parents should provide cloth face coverings for their own child/children. Parents should provide a sufficient supply of clean/unused cloth face coverings for their child each day to allow replacing the covering as needed and have a plan for routine cleaning of cloth face coverings. The number of cloth face coverings needed for each child will vary by child and by day. If a child does not have an adequate supply of cloth face coverings on a particular day, the child may remain in care but the program should inform the parent that additional face coverings are needed. Parents should be sure the cloth face coverings are:

- Clearly marked with the child's name and room number/teacher's name;
- Clearly marked and/or designed to distinguish which side of the covering should be worn facing outwards so they are worn properly each day.

NOTE: If a parent supplies surgical face masks rather than cloth face coverings.

Exclusion, Quarantine, and Closure Recommendations for COVID-19 or COVID-19-like Illness in Child Care Programs Updated August 26, 2020 This guidance accompanies the "Decision Aid: Exclusion and Return for Laboratory Confirmed COVID-19 Cases and Persons with COVID-19-like Illness in School, Child Care Programs, and Youth Camps" Exclusion, quarantine and return to child care for a person with laboratory confirmed COVID-19, a person with COVID-19-like illness, and close contacts is based on CDC and Maryland Department of Health/Maryland State Department of Education guidance and is to be implemented by child care providers in consultation with the local health department and the licensing specialist. When there is a case of COVID-19 or COVID-19-like illness in a child care program, programs should follow Attachment 1, "Decision Aid: Exclusion and Return for Laboratory Confirmed COVID-19 Cases and Persons with COVID-19-like Illness in School, Child Care Programs, and

Youth Camps.” The person with COVID-19 or COVID-19-like illness should be isolated/excluded and all potentially exposed children and staff (close contacts) should quarantine. Depending on program operations and degree of cohorting, quarantine of close contacts may result in closure of a classroom or the entire program. Monitoring the School and child care program for possible COVID-19 requires close communication between child care program staff and parents. Parents should be encouraged to report illness within their household, children and themselves during drop-off symptom screening to help inform decisions related to closure. the School and Child care programs should monitor absences among children and staff according to CDC guidance. Information regarding absences due to COVID-19 symptoms will assist the School and child care programs when consulting with local health departments about closure and quarantine.

**Closure and Quarantine Recommendations** For the purposes of this guidance, COVID-19-LIKE ILLNESS is defined as: Any one of the following: cough, shortness of breath, difficulty breathing, new loss of taste or smell OR At least 2 of the following: fever of 100.4o or higher (measured or subjective), chills or shaking chills, muscle aches, sore throat, headache, nausea or vomiting, diarrhea, fatigue, and congestion or runny nose. 7 A child care program should CLOSE and QUARANTINE close contacts if:

1. There is a person (child care staff, child, or other person) with LABORATORY CONFIRMED COVID-19 OR with COVID-19-LIKE ILLNESS who was present in the child care program building within the 2 days prior to developing COVID-19 symptoms or while symptomatic, AND had close contact as defined by the CDC, with program staff and/or children
2. There is a person (the School and child care staff, child, or other person) with LABORATORY CONFIRMED COVID-19 who is ASYMPTOMATIC, was present in the child care program building within the 2 days prior to the date that they were tested, AND had close contact as defined by the CDC, with program staff and/or children

**NOTE:** If the person with confirmed COVID-19 or COVID-19-like illness is a parent (or other household member) of a child in care and their only close contact with the the School and child care program staff and/or children was with their own child, the program may not be required to close if the affected parent’s child is asymptomatic.

**Closure and Quarantine Process** When a child care program is informed of a confirmed case of COVID-19 or identifies a person with COVID-19-like illness, the person should be safely isolated and if currently at the program, arrangements made for them to leave the child care site as soon as possible. The program should begin the process for closure to clean and disinfect and to quarantine close contacts. The School and child care program director/family child care provider should contact the local health department and notify the licensing specialist who will assist the program with identifying close contacts and additional actions to be taken. For the School and child care center, the local health department may assess whether the closure can be applied to only part of the program based on risk of exposure between classrooms (see Attachment 2). Family the School and child care homes may not close and quarantine only part of the program and should close in full to implement required quarantine recommendations. Children affected by the School and child care program closure due to a COVID-19 case or COVID-19-like illness should quarantine at home and not seek child care in an alternative child care program. The School and Child care program staff should also quarantine at home. Quarantine may last for 14 days or more. The development of COVID-19 symptoms in the program’s children, parents, and staff should be monitored by the child care program director/family child care provider during quarantine as this may impact when the program can re-open and when a child or staff member may return to the program. **NOTE:**

The length of time for closure and quarantine should be determined by the local health department in consultation with the licensing specialist. This is based on the required time for 8 close contacts to quarantine as specified in the “Decision Aid: Exclusion and Return for Laboratory Confirmed COVID-19 Cases and Persons with COVID-19-like Illness in School, Child Care Programs, and Youth Camps.” Closure and quarantine may be shortened, and the child care program may be able to reopen, if a person with COVID-19-like illness is tested for COVID-19 and results are negative or if the person is determined to have another specific diagnosis (e.g., influenza, strep throat, otitis) by their health care provider. Likewise, closure may be longer for a family the School and childcare program when the affected person is a household member of the provider who must be released from isolation before the 14-day quarantine can begin for the provider. Reopening decisions and approvals are made on a case by case basis. This guidance is not an exhaustive list of circumstances where a program may need to close and quarantine close contacts. Details of each case may result in additional circumstances where a program should close as determined by local health department assessment of level of exposure risk.

Is Your School and Child Care Center Implementing the Strongest Practices to Minimize the Risk of COVID-19 Spread Between Classrooms? Factors for consideration when a child care center has a case of COVID-19 or COVID-19-like illness

- } The person with confirmed COVID-19 or COVID-19-like illness did not have close contact with persons in the program who were outside of their classroom cohort of children and staff
- } Drop off and pick up are staggered by child/family (entering/exiting one at a time, by time slot, or within the same classroom cohort) with no close, prolonged contact between classrooms
- } Drop off and pick up procedure prohibit parents from entering the building OR allow parents to access only a limited area just inside the entrance with social distancing during temperature/symptom checks and child hand-off
- } The program maintains documentation of daily temperature and symptom checks for all staff and children
- } There is no mixing of classroom cohorts (i.e., teachers, children and floaters do not have close, prolonged contact with those from another classroom cohort) at any time throughout the day
- } No common areas are shared by staff (e.g., break room area) unless these are restricted to use by one staff person at a time and high touch surfaces are cleaned and disinfected between uses
- } The children in each classroom have a designated restroom to be used only by the children in that classroom OR if this is not possible, restrooms are used by one child or classroom at a time and high touch surfaces are cleaned and disinfected after each use

A classroom cohort is a defined group of children and staff from one classroom. Each classroom cohort must include the same group of children every day and the same the School and child care staff who remain with the same group of children every day and do not work in any other classrooms. 11

- } Child care program staff do not share a common restroom OR if a shared staff restroom must be used, the restroom is used by one person at a time and high touch surfaces are cleaned and disinfected after each use
- } There is no sharing of toys and other activity items between classrooms unless the toys are cleaned and sanitized between uses
- } If playground equipment is used, is it used by only one classroom at a time and outdoor toys are cleaned and sanitized between use by different classroom cohorts
- } The School and center is able to close

off any area(s) including the classroom used by an ill person and not use it for other children or staff until the area(s) is cleaned and disinfected according to CDC guidance.

Guidance for Temperature and Symptom Screening in Child Care Programs Updated August 26, 2020 In cooperation with the Maryland Department of Health and the Maryland State Department of Education, the following guidance has been developed to assist child care programs in daily temperature and symptom screening without the need for Personal Protective Equipment (PPE). The School and Childcare programs may choose alternative methods of temperature and symptom screening as long as they are consistent with CDC guidance. Temperature and symptom screening should be conducted daily on each child upon arrival to the School and child care facility using the process below. The attached resources clearly outline the questions recommended for symptom screening of children and the School and child care program staff.

- The individual child's parent/guardian who is dropping off the child should take the child's temperature upon arrival while being directly observed by child care program staff
- Temperature checks should be conducted while maintaining social distancing to the greatest extent possible; in addition, the child's parent/guardian and any child care program staff involved in temperature checks should wear cloth face coverings as recommended by the CDC.
- The child's parent/guardian should use a personal thermometer brought from home; this thermometer should only be used for that child/family and should not be handled by the child care program staff
- After taking the temperature, the child's parent/guardian should show the temperature result to the child care program staff for recording
- In the event that a family does not have access to a personal thermometer for their child, the parent/guardian should use a thermometer provided by the child care program; non-contact thermometers are preferred but temporal or tympanic (ear) thermometers are also acceptable
- The parent/guardian should perform hand hygiene and don single use gloves prior to taking the child's temperature with a thermometer provided by the child care program
- All thermometers should be cleaned after each use as recommended by the CDC
- The child's parent/guardian should be asked if the child has any symptoms of COVID-19, is waiting for a COVID-19 test result, has been diagnosed with COVID-19, has been instructed to isolate or quarantine by a health care provider or the health department, and if the child has had close contact with any person with COVID-19 or person suspected of having COVID-19 in the last 14 days (see attached symptom screening resources).

13 All the School and child care program staff should monitor their temperature at home and report the temperature to the child care center director/administrator upon arrival to the facility. If a temperature is not reported, a temperature should be taken by another the School and child care staff member following the procedure above. The School and Child care program staff should also be monitoring themselves for any symptoms of COVID-19 and complete a daily symptom screening. Children or staff members with a fever (100.4o or greater) or any other symptoms of COVID19, those who are waiting for a COVID-19 test result, those who have been diagnosed with COVID-19, those who have been instructed to isolate or quarantine by a health care provider or the health department, or those who have had close contact with any person with COVID19 or person suspected of having COVID-19 in the last 14 days should be excluded from care/work. The School and Child care providers should refer to the "Decision Aid: Exclusion and Return for Laboratory Confirmed COVID-19 Cases and

Persons with COVID-19-like Illness in School, Child Care Programs, and Youth Camps” developed by MDH/MSDE for additional details.

**Symptom Screening for Child in Child Care** This symptom screening should accompany a daily temperature check. Ask the following questions to the parent prior to admitting the child into care each day. 1. Since last here, has your child has any of the following symptoms?  cough  shortness of breath  difficulty breathing  new loss of taste or smell  fever of 100.4o or higher  chills or shaking chills  muscle aches  headache  sore throat  nausea or vomiting  diarrhea  fatigue  congestion or runny nose 2. Since last here, is your child waiting for a COVID-19 test result, been diagnosed with COVID19, or been instructed by any health care provider or the health department to isolate or quarantine? 3. 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)? If the answer to ALL of the questions above is NO, the child may be admitted into care that day. If YES, the child should not be admitted into care. The child may return after they have completed quarantine for 14 days from the date of last exposure to the person with COVID-19 or suspected of having COVID-19 unless instructed by a health care provider/health department to quarantine longer. If YES, the child should not be admitted into care. The child may return with a negative test result when waiting for results or when the health care provider/health department advises release from isolation or quarantine. If YES, the child should not be admitted into care. Refer to the “Decision Aid: Exclusion and Return for Laboratory Confirmed COVID-19 Cases and Persons with COVID-19-like Illness in School, Child Care Programs, and Youth Camps” to determine when the child may return. Contact the local health department for additional guidance when the child has COVID-19-like illness.

**15 Symptom Screening for Child Care Staff** This symptom screening should accompany a daily temperature check. Ask the following questions to the staff person prior to the start of each work day. 1. Since last here, have you had any of the following symptoms?  cough  shortness of breath  difficulty breathing  new loss of taste or smell  fever of 100.4o or higher  chills or shaking chills  muscle aches  headache  sore throat  nausea or vomiting  diarrhea  fatigue  congestion or runny nose 2. Since last here, are you waiting for a COVID-19 test result, been diagnosed with COVID19, or been instructed by any health care provider or the health department to isolate or quarantine? 3. In the last 14 days, have you 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)? If the answer to ALL of the questions above is NO, the staff person may work that day.

**Policy and Procedures 5.** If a child, provider, staff member, or a household member of a family child care provider is a laboratory confirmed case of COVID-19, should the child care program close? Yes. If a child, provider, staff member, or a household member in a family child care home has a laboratory confirmed case of COVID-19, all close contacts must quarantine for 14 days. Depending on program operations and level of cohorting, the quarantine process may require the full program to close. When recommended to close, the child care program should take the following steps: (1) safely isolate the person (if they are still on site) and place a mask on them if one is available, (2) begin process of closure for 2-5 days while determining long term course which may include closure for 14 days or more; (3) contact the local health department

and licensing specialist immediately and provide information needed to determine the total duration of program closure (see questions #10 and #11); (4) communicate with staff and parents regarding the confirmed case of COVID-19 and their possible exposure, (5) clean and disinfect the child care facility as recommended by the CDC, and (6) Follow guidance from local health department regarding the duration of program closure. Note: The licensing specialist should be involved in the closure decision and process as well as the reopening process. Individuals who had close contact with the confirmed case should quarantine at home for 14 days after the last day of exposure and should monitor carefully for symptoms. See the “Exclusion, Quarantine, and Closure Recommendations for COVID-19 or COVIDlike Illness in Child Care Programs” developed by MDH/MSDE for additional details about program closure due to a confirmed case of COVID-19 or someone with COVID19-like illness.

6. UPDATED-- If a child or the School and childcare program staff member has COVID-19-like illness and was present in the childcare program within the 2 days prior to becoming symptomatic or while symptomatic, should the child care program close? Yes. For the purpose of this guidance, symptoms of COVID-19-like illness are defined as: Any 1 of the following: cough, shortness of breath, difficulty breathing, new loss of taste or smell, OR At least 2 of the following: fever of 100.4o or higher (measured or subjective), chills or shaking chills, muscle aches, sore throat, headache, nausea or vomiting, diarrhea, fatigue, and congestion or runny nose. The School and childcare site should follow the same procedures as for a laboratory confirmed case of COVID-19. If the program is a family, the School and childcare home, this guidance should also be followed for a person with COVID-19-like illness in a provider’s household member. 7. If a child or staff member is confirmed to have COVID-19 or has COVID-19-like illness, when may they return to care/work? The child or staff member with laboratory confirmed COVID-19 or COVID-19-like illness may return to the child care program when he or she has met the CDC criteria for discontinuation of home isolation: 1) At least 10 days have passed since symptom onset, and 2) At least 24 hours have passed since resolution of fever without the use of fever reducing medications, and 3) Other symptoms have improved. If the child or staff member with confirmed COVID-19 has never had any symptoms, he or she may return to the child care program when at least 10 days have passed since the date of the person’s first positive PCR test for the COVID-19 virus.. All Schools and childcare programs should require that children and staff stay home if they or anyone in the home is ill. Persons with COVID-19-like illness should work with their health care provider to determine if COVID-19 testing is indicated. If the person with symptoms has another specific diagnosis (e.g., influenza, strep throat, otitis) or a negative test result, they may return to the program when symptoms have improved and criteria in the Communicable Diseases Summary have been met as applicable. See the “Decision Aid: Exclusion and Return for Laboratory Confirmed COVID-19 Cases and Persons with COVID-19-like Illness in Schools, Child Care Programs, and Youth Camps” developed by MDH/MSDE for additional details. 22 8. If a parent who is a healthcare provider cared for a COVID-19 patient and is now symptomatic, can the child attend? No. Children should not attend c the School and child care if anyone in the household has symptoms suggestive of COVID-19, whether a health care worker or not. The child should be quarantined at

home for 14 days to observe for symptoms. Contact the local health department for guidance regarding the need to close or quarantine other persons if the parent had close, prolonged contact with other persons in the building. Program staff should minimize close contact with parents. See CDC recommendations for ways to minimize such contact.

9. When can a child who is quarantined at home due to a case of COVID-19 or COVID-19-like illness in a household member return to the School and childcare? Children who have a household contact who is a confirmed case of COVID-19 or who has COVID-19-like illness may return to child care 14 days after the household contact is released from isolation according to CDC guidance for discontinuation of isolation for persons with COVID-19 not in healthcare settings. The child must undergo this additional 14 day or more quarantine because the child could have been infected on the final day of the household member's isolation. The parent should provide evidence (e.g., a note from a health care provider) that the household contact has been released from isolation at the time the child returns to the School and childcare. The above guidance assumes that a child does not develop symptoms of COVID-19 at any time during their quarantine. If a child develops symptoms, the child may be considered to have COVID-19-like illness and the child's health care provider and the local health department should be consulted to determine if the child should be tested and how long the child needs to remain excluded from the child care program. See the "Decision Aid: Exclusion and Return for Laboratory Confirmed COVID-19 Cases and Persons with COVID-19 like Illness in Schools, Child Care Programs, and Youth Camps" developed by MDH/MSDE for additional details.

10. If the School and childcare center needs to close due to a case of COVID-19 or COVID-19-like illness in the program, when can they reopen? Initial closing is to allow time for thorough cleaning and disinfecting the entire area, contact assessment, and communication. The center closure could last for 14 days or longer depends on the circumstances.

more depending on several factors including the identity of the person with COVID-19 or COVID-19-like illness (i.e., staff, child in care, household contact), number of persons or classrooms exposed, when the person with COVID-19 or COVID-19-like illness was last at the child care center, and symptoms in other persons exposed after the start of the closure period. The local health department and licensing specialist should be consulted for guidance about reopening. When consulting with the local health department and licensing specialist about reopening, be prepared to provide detailed information about:

1. The identity of the person with COVID-19 or COVID-19-like illness (i.e., staff, child in care, household contact);
2. The date the person with COVID-19 or COVID-19-like illness was last in the building;
3. If the person received a COVID-19 test, the date and results of the test if known;
4. If symptomatic, the date the person developed symptoms;
5. What types of interactions the person may have had with other persons in the building and in what locations;
6. How long their interactions were with other persons in the building;
7. If other persons in the child care program have developed any symptoms;
- and 8. Any other information to assist with the determination of next steps.

NOTE: Program closure may be shorter than 14 days, and the program may be able to reopen, if a person with symptoms of COVID-19 is tested for COVID-19 and results are negative

or if the person is determined to have another specific diagnosis (e.g., influenza, strep throat, otitis) by their health care provider. Reopening decisions and approvals are made on a case by case basis. See the “Exclusion, Quarantine, and Closure Recommendations for COVID-19 or COVID like Illness in Child Care Programs” developed by MDH/MSDE for additional details about program closure due to a confirmed case of COVID-19 or someone with COVID19-like illness. 11. If my family the School and childcare program needs to close due to a case of COVID-19 or COVID-19-like illness, when can I reopen? Initial closing is to allow time for thorough cleaning and sanitizing the entire area, contact assessment and communication. The program closure could last for 14 days or more depending on several factors including the identity of the person with COVID-19 or COVID-19-like illness (i.e. family child care provider or the provider’s household member, child in care, child’s household contact), the number of persons exposed, when the person with COVID-19 or COVID-19-like illness was last at the child care program, and symptoms in other persons exposed. The local health department and licensing specialist should be consulted for guidance about reopening.

When consulting with the local health department and licensing specialist about reopening, be prepared to provide detailed information about: 1. The identity of the person with COVID-19 or COVID-19-like illness (i.e. family child care provider or the provider’s household member, child in care, child’s household contact); 2. The date the person with COVID-19 or COVID-19-like illness was last in the family child care home; 3. If the person received a COVID-19 test, the date and results of the test if known; 4. If symptomatic, the date the person developed symptoms; 5. What types of interactions the person may have had with other persons in the family child program g and in what locations; 6. How long their interactions were with other persons in the family child care program; 7. If other persons in the family child care program have developed any symptoms; and 8. Any other information to assist with the determination of next steps. Extended closures beyond 14 days should be expected when the person with COVID-19 or COVID-19-like illness is a household member of the family childcare provider. In this case, the provider should remain quarantined for 14 days AFTER the household member with COVID-19 or COVID-19-like illness is released from isolation according to CDC guidance for discontinuation of isolation for persons with COVID-19 not in healthcare settings. The provider must undergo this additional 14 day quarantine because the provider could have been infected on the final day of the household member’s isolation. The family the School and childcare program should remain closed during this time. The local health department and licensing specialist should be notified if the provider develops symptoms during quarantine as this may also potentially extend the closure period. NOTE: Program closure may be shorter than 14 days, and the program may be able to reopen, if a person with symptoms of COVID-19 is tested for COVID-19 and results are negative or if the person is determined to have another specific diagnosis (e.g., influenza, strep throat, otitis) by their health care provider. Reopening decisions and approvals are made on a case by case basis. See the “Exclusion, Quarantine, and Closure Recommendations for COVID-19 or COVID like Illness in Child Care Programs” developed by MDH/MSDE for additional details about

program closure due to a confirmed case of COVID-19 or someone with COVID19-like illness.

12. If the parent is a health care professional and cared for a COVID-19 patient, can the child attend? Yes, if the parent or child has not tested positive for the COVID-19 virus or developed symptoms suggestive of COVID-19. 13. If a person is in quarantine due to possible exposure to a person that tested positive for COVID-19 and was in the School and childcare facility prior to the start of quarantine, what should the facility do? If the person was without symptoms, there would likely be little known risk to the occupants of the building, but recommendations may depend on the level and duration of contact with others. Please consult with the local health department and licensing specialist for guidance. 14. Should the School and childcare center send home information to parents about the COVID-19 virus in addition to what is available by the CDC to inform them of the precautions the center is taking regarding cleaning and handwashing? Please use the CDC and MDH/MSDE guidance for dissemination of information to parents. You can always communicate what you believe is important that families know about your program specifically. 15. What policy or procedure should be used regarding staff members and families that are traveling? MDH strongly recommends that all Marylanders refrain from nonessential travel outside of Maryland due to the recent increase in COVID-19 infections in other states. Any Marylander returning from out-of-travel should get tested for COVID-19 promptly upon arrival in Maryland. Any Marylander who travels to a state with a COVID-19 test positivity rate above 10% should get tested and self-quarantine at home until the test result is received. The District of Columbia and the Commonwealth of Virginia are exempt from this recommendation. A list of state COVID-19 test positivity rates can be found using the CDC COVID-19 Data Tracker. Essential workers are exempt from the quarantine recommendation if they are returning or traveling to Maryland to perform essential work, as well as employee commuters who leave/enter the state on a daily basis and have work-based COVID-19 screening procedures. Please refer to the MDH Travel Advisory for additional details. CDC recommends that travelers avoid all nonessential international travel because of the COVID-19 pandemic. Persons returning from international travel should follow CDC guidance regarding quarantine following travel.

III. Handwashing, Cleaning and Sanitation 19. Is it okay to use alcohol-free wipes on the children's hands in their preschool? Is this approved? Using alcohol free hand wipes is not recommended. The staff should guide children to wash hands with soap and water and follow hand washing requirements as per OCC regulation and as recommended by the CDC. Refer to resource document on handwashing. 20. The CDC recommends a bleach solution of 1/3 cup bleach for 1 gallon of water. Is the Office of Child Care updating its guidelines for disinfecting in childcare settings due to COVID-19? Yes. Please refer to the CDC guidelines for the proper bleach/ water ratio for disinfecting surfaces. Also, please see the list of EPA registered products. IV. Helpful Resources: Centers for Disease Control and Prevention (CDC) Guidance for Persons with Certain Medical Conditions <https://www.cdc.gov/coronavirus/2019-ncov/need-extra->

precautions/people-with-medicalconditions.html Guidance for Child Care Programs that Remain Open: <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-childcare.html> 28 Child Care, Schools, and Youth Programs: <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/index.html> Symptoms of Coronavirus: <https://www.cdc.gov/coronavirus/2019-ncov/symptomstesting/symptoms.html> Clinical Presentation in Children: <https://www.cdc.gov/coronavirus/2019-ncov/symptomstesting/symptoms.html> People Who Are at Higher Risk for Severe Illness: <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-at-higher-risk.html> Public Health Guidance for Community Related Exposure: <https://www.cdc.gov/coronavirus/2019-ncov/php/public-health-recommendations.html> Interim Guidance for Businesses and Employers Responding to Coronavirus 2019: <https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html> Discontinuation of Isolation for Persons with COVID-19 Not in Healthcare Settings: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html> COVID-19 Data Tracker: <https://www.cdc.gov/covid-data-tracker/index.html#testing> Travel Guidance: <https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html> Maryland State Department of Education, Division of Early Childhood, Office of Child Care Guidelines that Child Care Programs Follow: [https://earlychildhood.marylandpublicschools.org/system/files/filedepot/3/resources\\_that\\_chi\\_ld\\_care\\_programs\\_follow\\_revised\\_v3.pdf](https://earlychildhood.marylandpublicschools.org/system/files/filedepot/3/resources_that_chi_ld_care_programs_follow_revised_v3.pdf) Early Childhood Grants, Programming and Initiatives in Maryland During COVID-19 State of Emergency: <https://earlychildhood.marylandpublicschools.org/early-childhood-grantsprogramming-and-initiatives-maryland-during-covid-19-state-emergency> Hand Washing Procedure: How to Wash Your Hands: <https://earlychildhood.marylandpublicschools.org/system/files/filedepot/3/handwashingprocedures.pdf> Maryland Department of Health Coronavirus Disease 2019 (COVID-19) Outbreak: <https://coronavirus.maryland.gov/> Maryland State Local Health Department COVID-19 Contacts for Child Care: [https://earlychildhood.marylandpublicschools.org/system/files/filedepot/3/lhd\\_covid19\\_contacts\\_msde\\_occ\\_5-13-2020\\_1.pdf](https://earlychildhood.marylandpublicschools.org/system/files/filedepot/3/lhd_covid19_contacts_msde_occ_5-13-2020_1.pdf)

Frequently Asked Questions: Coronavirus Disease 2019 (COVID-19) and Older Adults: [https://phpa.health.maryland.gov/Documents/FAQ\\_covid19\\_older\\_adults.pdf](https://phpa.health.maryland.gov/Documents/FAQ_covid19_older_adults.pdf) Communicable Diseases Summary: [https://mmcp.health.maryland.gov/epsdt/healthykids/Documents/Communicable\\_Diseases\\_Fact\\_Sheet.pdf](https://mmcp.health.maryland.gov/epsdt/healthykids/Documents/Communicable_Diseases_Fact_Sheet.pdf) Notice – Out of State Travel and Public Travel Advisory: <https://phpa.health.maryland.gov/Documents/07.29.2020%20-%20MDH%20Notice%20-%20Out%20of%20State%20Travel%20Advisory.pdf> Environmental Protection Agency Disinfectants for Use Against SARS-CoV-2 (COVID-19): <https://www.epa.gov/pesticideregistration/list-n-disinfectants-use-against-sars-cov-2-covid-19>

# God's Little Angels Academy

## Parent or Guardian COVID-19 Handbook Receipt Form

Parents or Guardians,

Please thoroughly review the Parent Handbook "COVID-19" edition for the 2019- 2020 school year, which contains the policies and procedures for while in the process of reopening. After reading the handbook, please complete this form and return it to the school via email as soon as possible. This form will be kept in your child's file for the duration of the school year.

Thank you in advance for your cooperation.

Sincerely,

Center Director  
God's Little Angels Academy

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I, \_\_\_\_\_ (print your name), the parent/guardian of \_\_\_\_\_ (print child's name), hereby acknowledge receipt of God's Little Angels Academy Parent Handbook COVID-19 edition. I have read and agree to adhere to all the policies and regulations set forth in this handbook.

Parent/Guardian Signature: \_\_\_\_\_

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

Guidance for Use of Cloth Face Coverings in Child Care Programs Updated August 26, 2020 This guidance has been developed by the Maryland Department of Health (MDH) and Maryland State Department of Education (MSDE) to assist child care programs to develop and implement policy regarding the use of cloth face coverings in the child care setting. The use of cloth face coverings is not a substitute for other infection control measures including physical distancing, frequent hand washing, and cleaning of frequently touched surfaces within the child care & School setting. Cloth face coverings protect others if the wearer is infected with SARS CoV-2, the virus that causes COVID-19, and is not aware. Cloth face coverings may offer some level of protection for the wearer. Evidence continues to mount on the importance of universal face coverings in

interrupting the spread of SARS-CoV-2. To prevent the spread of SARS CoV-2, the CDC recommends the use of cloth face coverings in school when feasible. Use of Cloth Face