



# P-12 SCHOOL AND CHILD CARE COVID-19 GUIDANCE



JULY 22, 2022



**DEPARTMENT OF HEALTH**

*Dennis R. Schrader, Secretary*

**STATE DEPARTMENT OF EDUCATION**

*Mohammed Choudhury, Superintendent*

**Memorandum**

To: Local School Systems  
Nonpublic Schools  
Licensed Child Care Providers

From: Mohammed Choudhury, State Superintendent of Schools, MSDE  
Dennis R. Schrader, Secretary, MDH  
Jinlene Chan, MD, MPH, Deputy Secretary for Public Health Services, MDH

CC: Local Health Officers

Subject: Guidance to Support Safe In-Person Operations for PreK-12 Schools and Child Care Programs

Date: July 22, 2022

Please find attached updated guidance for school and child care programs developed by the Maryland Department of Health (MDH) and the Maryland State Department of Education (MSDE). This guidance document provides recommendations for use by local school systems, nonpublic schools, child care programs, and local health departments to assist with decision-making about prevention strategies for decreasing transmission of infectious diseases, including SARS-CoV-2, in school and child care settings. In line with [guidance from the CDC](#), schools and child care programs should put in place a core set of infectious disease prevention strategies as part of their normal operations. The addition and layering of COVID-19-specific prevention strategies should be tied to [COVID-19 Community Levels](#) and other local factors.

Please note that the attached guidance replaces all previous school and child care guidance documents issued by MDH and MSDE in response to the COVID-19 pandemic. Questions about this guidance as it pertains to schools may be directed to Rachel Nurse-Baker at [rachel.nurse-baker@maryland.gov](mailto:rachel.nurse-baker@maryland.gov). Questions about the guidance as it pertains to child care programs may be directed to Manjula Paul at [manjula.paul1@maryland.gov](mailto:manjula.paul1@maryland.gov).



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## **Guidance to Support Safe In-Person Operations for PreK-12 Schools and Child Care Programs**

July 22, 2022

### **A. Introduction**

The Maryland Department of Health (MDH) and the Maryland State Department of Education (MSDE) are committed to full-time in-person learning and quality child care for Maryland children. SARS-CoV-2, the virus that causes COVID-19, continues to evolve and there are tools available to lessen its severe effects. As such, guidance regarding prevention efforts in schools and child care programs should also evolve to reflect local conditions and degree of risk. This document provides recommendations for use by local school systems, nonpublic schools, child care programs, and local health departments to assist with decision-making about prevention strategies for decreasing transmission of infectious diseases, including SARS-CoV-2, in school and child care settings. In line with [guidance from the CDC](#), schools and child care programs should put in place a core set of infectious disease prevention strategies as part of their normal operations. The addition and layering of COVID-19-specific prevention strategies should be tied to [COVID-19 Community Levels](#) and other local factors.

### **B. Strategies for Everyday Operations**

#### **1. Staying Up to Date on Vaccinations**

Staying up to date on routine vaccinations is essential to prevent illness from many different infections. For COVID-19, vaccination is the leading public health strategy to prevent severe disease. Not only does it provide individual-level protection, but high vaccination coverage reduces the burden of COVID-19 on schools, child care programs, and communities. MDH and MSDE strongly recommend that all eligible Marylanders ages 6 months and older receive all recommended doses of the COVID-19 vaccine, including boosters. Schools and child care programs can promote vaccinations among teachers and other staff, eligible students/children, and their families; schools and child care programs interested in learning more about vaccine promotion strategies should contact their local health departments and refer to [CDC guidance](#).

It is recommended that schools and child care programs take steps to understand the level of vaccination in their staff and students/children. Existing state law and regulations already require certain vaccinations for children attending school and child care, and designated school and child care staff regularly maintain documentation of these immunization records. Schools and child care programs that plan to request voluntary submission of documentation of COVID-19 vaccination status should use the same standard protocols that are used to collect and secure other immunization or health status information about students/children. The protocol to collect, secure, use, and further disclose this information should comply with relevant statutory and regulatory requirements, including the Family Educational Rights and Privacy Act (FERPA).

Designated staff who maintain documentation of student/child and staff COVID-19 vaccination status can use this information, consistent with applicable laws and regulations, to inform infection prevention strategies.

## 2. Staying Home When Sick

Schools and child care programs should stress and frequently reinforce that staff and students/children who have symptoms of an infectious illness such as COVID-19, influenza, respiratory syncytial virus (RSV), and gastrointestinal infections, should not attend or work in a school or child care program and should be tested for COVID-19 if appropriate. Staff and families should be instructed to notify the school or child care program when a staff or student/child has a reportable infectious disease, including a positive test for COVID-19. Schools and child care programs must continue to follow existing procedures for reporting certain diseases (COMAR 10.06.01) including COVID-19 to the local health department.

When a person becomes ill during the day while at school or child care, they should be moved to a room or other space that allows separation from well persons and provides the appropriate level of safety and supervision for an ill student/child. Placement of a well-fitting mask on a person with symptoms of an infectious respiratory illness should be considered. Schools and child care programs should set the expectation for timely pick up of students/children who are ill.

It is recommended that persons with symptoms of COVID-19 should be tested. If the test is negative, they may return when symptoms are improved, they have no fever for 24 hours without medication, and applicable criteria in the [Communicable Diseases Summary](#) have been met.

All persons who test positive for COVID-19 or have suspected COVID-19, regardless of vaccination status, should complete isolation as follows:

- Stay home for at least 5 full days from the date of symptom onset if symptomatic or from the date of the positive test if no symptoms.
  - Day 0 is considered the day symptoms started in symptomatic persons or the day of the positive test (based on the date of testing) if asymptomatic.

- After day 5, if the person has no symptoms or if symptoms are improved and they have had no fever for at least 24 hours without medication, they may return to school or child care if they wear a well-fitting mask\* for 5 additional days (day 6 through day 10).
  - If they are unable to wear a mask, they may return to school or child care if they have a negative test at day 5 or later; otherwise, they should remain at home for day 6 through day 10. A negative test at day 10 or after is not needed to return.

\*Masks do not need to be worn in schools or child care programs while eating, drinking, sleeping or outside.

Schools and child care programs can refer to Appendix A: *MDH/MSDE Guidance for COVID-19 Symptoms, Isolation, and Quarantine* for additional guidance.

### 3. Maximizing Ventilation

Schools and child care programs can optimize ventilation and improve indoor air quality to reduce the risk of germs and contaminants spreading through the air.

MDH and MSDE strongly recommend that school and child care facilities personnel carefully evaluate all classrooms and occupied areas for adequacy of ventilation and monitor this on an ongoing basis. Strategies to improve air quality in school and child care facilities include:

- Avoiding the use of poorly ventilated spaces as much as possible
- Cleaning and properly installing air filters so that air goes through the filters, rather than around them, with as high a MERV rated filter as can be accommodated by the HVAC system
- Implementing a strict preventive maintenance program focused on air handling units and exhaust fans to ensure they are working properly
- Maximizing outside air by using the highest outside air setting possible for the equipment
- Using measured CO2 levels as a proxy of ventilation. Levels in the 600-800 PPM range indicate very good ventilation. Portable CO2 meters can be used to evaluate areas where there is a question of ventilation adequacy.

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

### 4. Hand Hygiene and Respiratory Etiquette

Washing hands can prevent the spread of infectious diseases. Schools and child care programs should teach and reinforce proper [handwashing](#) to lower the risk of spreading viruses, including the virus that causes COVID-19. Schools and child care programs should monitor and reinforce these behaviors, especially during key times in the day (ex. before and after eating and after

recess) and should also provide adequate handwashing supplies, including soap and water. If washing hands is not possible, schools and child care programs should provide hand sanitizer containing at least 60% alcohol. Hand sanitizers should be stored up, away, and out of sight of younger children and should be used only with adult supervision for children ages 5 years and younger.

Schools and child care programs should teach and reinforce [covering coughs and sneezes](#) to help keep individuals from getting and spreading infectious diseases, including COVID-19.

#### 5. Cleaning and Disinfection

Schools and child care programs should clean high touch surfaces at least once a day to reduce the risk of germs spreading by touching surfaces. If a facility has had a sick person or someone who tested positive for COVID-19 within the last 24 hours, the space should be cleaned and disinfected. For more information, see [cleaning and disinfecting your facility](#). Additionally, child care programs should follow [recommended procedures](#) for cleaning, sanitizing, and disinfection in their setting such as after diapering, feeding, and exposure to bodily fluids.

### **C. COVID-19 Community Levels and Associated Prevention Strategies**

CDC's [COVID-19 Community Levels](#) can help guide the addition of COVID-19 prevention strategies in schools and child care programs. When the COVID-19 Community Level indicates an increase in transmission and disease burden, particularly if the level is high, schools and child care programs should consider adding layered prevention strategies, described below, to support safe, in-person learning and keep schools and child care programs open. In addition, schools and child care programs should work with their local health departments to consider other local conditions and factors when deciding to implement prevention strategies. For example, indicators such as the level of student and staff absenteeism or student and staff vaccination rates can also help with decision-making. It is important to note that schools and child care programs may choose to add layered prevention strategies at any COVID-19 Community Level, based on local or facility needs.

With decreasing or low COVID-19 Community Levels, schools and child care programs can consider removing prevention strategies one at a time, followed by close monitoring of the COVID-19 Community Level in the weeks that follow.

#### 1. Contact Tracing and Quarantine of Close Contacts

Universal contact tracing is no longer recommended in schools and child care programs. When a COVID-19 case has been identified in a staff member or a student/child at any [COVID-19 Community Level](#):



- The staff member with COVID-19 or parents of the student/child with COVID-19 should be encouraged to notify their own/their child's [close contacts](#).
- Schools and child care programs should provide notification of the COVID-19 case to the school or child care community at the cohort level (e.g. classroom, grade, sports team, bus route, etc.).
- Staff and students/children who may be close contacts, regardless of their vaccination status, can continue to attend school and child care as long as they remain asymptomatic.
  - Those who can wear a mask should do so for 10 days (day 0 is the last date of exposure).
  - A test at 3-5 days after exposure is recommended, especially for those who cannot wear a mask (ex. children under 2 years of age).

Schools and child care programs can refer to Appendix A: *MDH/MSDE Guidance for COVID-19 Symptoms, Isolation, and Quarantine* for additional guidance.

Based on local conditions, schools and child care programs may elect to perform universal or targeted contact tracing and quarantine of close contacts per [CDC quarantine guidance](#) to provide an additional layer of protection. Contact tracing and quarantine are recommended in response to an outbreak (see School and Child Care Outbreaks below).

## 2. Mask Use

Wearing a [well-fitting mask](#) consistently and correctly reduces the [risk of spreading the virus](#) that causes COVID-19. Schools and child care programs should be aware that at all [COVID-19 Community Levels](#), people can choose to wear a mask based on personal preference or informed by personal level of risk to themselves or their household or social contacts. Schools and child care programs should have policies in place to support voluntary masking for any reason and to deter bullying.

For community settings including school and child care programs, the CDC recommends universal indoor mask wearing only at the high COVID-19 Community Level. Persons who are immunocompromised or otherwise at [high risk](#) for severe COVID-19 should discuss with their health care provider when to wear a mask. To protect themselves and others from COVID-19, [CDC recommends](#) that people wear the most protective mask they can that fits well and that they will wear consistently.

Schools with students at risk for getting very sick with COVID-19 must make reasonable modifications when necessary to ensure that all students, including those with disabilities, are able to access in-person learning. Schools might need to require masking, based on federal, state, or local laws and policies, to ensure that students with conditions that increase their risk

for getting very sick with COVID-19 can access in-person learning. For more information, visit the [U.S. Dept. of Education Disability Rights](#) webpage.

Because mask use is not recommended for those younger than 2 years old and may be difficult for very young children or for some children with disabilities who cannot safely wear a mask, child care programs and schools may need to consider other prevention strategies such as cohorting and avoiding crowding when the COVID-19 Community Level is high. A critical prevention strategy is promoting vaccination among those who are eligible (ex. care providers) because the risk for people who have not been vaccinated is lower when the people around them have been vaccinated. Child care programs may choose to implement universal indoor mask use to meet the needs of the families they serve, which could include people at risk for getting very sick with COVID-19.

In addition, at times of an outbreak or increased transmission within a school or child care program, the use of masks may be recommended by local health departments regardless of COVID-19 Community Level.

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

### 3. COVID-19 Testing

MDH and MSDE strongly recommend that schools and child care programs promote and offer (as appropriate) COVID-19 diagnostic testing as part of a layered prevention approach. Diagnostic testing, which involves testing of persons with symptoms and those who come into close contact with someone with COVID-19, is a critical strategy for identifying and isolating COVID-19 cases in staff and students/children. As feasible and as resources allow, diagnostic testing can be performed using point of care rapid antigen tests, RT-PCR tests sent to a laboratory, and/or through use of at-home rapid antigen tests. At minimum, schools and child care programs should provide referrals to community sites that offer testing. Diagnostic testing is recommended at all [COVID-19 Community Levels](#).

In addition, schools and child care programs can consider the use of screening testing at certain times. Screening testing involves testing asymptomatic persons in order to identify infected people who may be contagious, so that measures can be taken to prevent further transmission. The CDC recommends that screening testing be considered when COVID-19 Community Levels are moderate or high. Screening testing can also be considered for high-risk activities such as indoor sports and some extracurricular activities, returning from scheduled breaks, prior to large gatherings/events, and for staff serving students/children who are at [high risk](#) for getting very sick with COVID-19. As feasible and as resources allow, screening testing can be performed using point of care rapid antigen tests, RT-PCR tests sent to a laboratory, and/or through the use of at-home rapid antigen tests.



Schools and child care programs must have a CLIA certificate of waiver in order for staff to perform rapid antigen testing on site. A school or child care program without a CLIA certificate of waiver may provide at-home rapid antigen test kits to individuals, parents, or guardians if the testing is performed and interpreted by the individual, parent, or guardian. These tests can be performed at home, or at the school or child care.

Schools and child care programs that choose to rely on at-home rapid antigen test kits should ensure equal access and availability of the tests, establish accessible systems that are in place for ensuring timely reporting of results to the school or child care program, and communicate with staff and families the importance of staying at home if they receive a positive test. Staff and families should be encouraged to report positive at-home rapid antigen tests results through the [Maryland COVID Positive At-Home Test Report Portal](#).

At this time, the US Food and Drug Administration (FDA) has not approved or authorized any at-home rapid antigen test for use in children under 2 years of age. However, at-home rapid antigen tests may be used off-label in children under 2 years of age for purposes of post-exposure, isolation, and symptomatic testing. Schools and child care programs should refer to [CDC guidance](#) for recommendations about interpreting COVID-19 rapid antigen test results.

MDH and MSDE are able to support testing in schools through the provision of point of care and at-home rapid antigen test kits. Schools should contact MDH COVID-19 Recovery Operations at [MDH.K12Testing@maryland.gov](mailto:MDH.K12Testing@maryland.gov) for more information. Schools and child care programs are able to access PCR testing through the U.S. Department of Health and Human Services [Operation Expanded Testing](#) program. In addition, child care providers can access at-home rapid antigen tests through their local health department.

#### 4. Cohorting

Cohorting is the practice of keeping people together in a small group and having each group stay together throughout the day, while minimizing contact between cohorts. In areas with high [COVID-19 Community Levels](#), this can be used to limit the number of people who come in contact with each other. It is important to ensure any use of cohorting for learning is designed to support inclusion of English language learners, students with disabilities consistent with their Individualized Education Program (IEP) or 504 plans, and other underserved students, and not result in segregation. In areas with high COVID-19 Community Levels, schools and child care programs can also discourage crowding indoors to reduce the risk of spreading COVID-19.

#### 5. Considerations for High Risk Activities

Some indoor activities with increased and forceful exhalation such as sports, band, choir and theater may place students/children and staff at increased risk for getting and spreading

COVID-19. Schools and child care programs can consider implementing screening testing for these high-risk activities or may consider temporarily stopping these activities to control a school or program associated outbreak, or during periods of high [COVID-19 Community Levels](#). Additional prevention strategies such as masking can be considered when close contact occurs, such as during feeding and diapering young children and infants in child care programs.

#### 6. Additional Ventilation Improvements

Schools and child care programs can take additional steps to increase outdoor air intake and improve air filtration when [COVID-19 Community Levels](#) are high. These include opening windows and doors as much as safely possible and using child-safe fans to increase the effectiveness of open doors and windows; minimizing time in enclosed spaces, and maximizing time outdoors as much as possible (when appropriate); and utilizing portable HEPA or other high efficiency air filtration units in small spaces such as offices, health suites, and isolation rooms, particularly if they are poorly ventilated.

#### Considerations for Prioritizing COVID-19 Prevention Strategies

Schools and child care programs, with help from local health departments, should consider local context when selecting strategies to prioritize for implementation. The risks from COVID-19 should be balanced with educational, social, and mental health outcomes when deciding which prevention strategies to put in place. Additional factors include the age of the population served; the availability of specific resources; feasibility and acceptability of strategies to the community; risk of severe disease for students/children, staff, and families served; equity at both the individual and facility levels; and requirements under state and federal disability law to provide reasonable modifications, when necessary, to ensure equal access to in-person learning for students with disabilities. School and child care programs should refer to [CDC guidance](#) for additional recommendations.

### **D. School and Child Care Outbreaks**

Schools and child care programs must continue to follow existing procedures for reporting communicable diseases (COMAR 10.06.01) and immediately notify the local health department of a COVID-19 outbreak. The local health department will recommend control measures in response to the outbreak, including some of the prevention strategies described above. It is important for schools and child care programs to follow the recommendations of the local health department.

For example, during outbreaks, contact tracing should be performed for cases linked to the outbreak and identified close contacts should quarantine per [CDC quarantine guidance](#). In these situations, investigations should focus on persons who started having symptoms or tested

positive for COVID-19 in the last 5 days and notification of close contacts should focus on those who were exposed in the last 5 days. As an alternative to CDC quarantine during an outbreak, school and child care programs can consider the use of [Test to Stay](#) protocols.

During an outbreak, other common control measures that may be recommended on a temporary basis include:

- Masking of staff and students at the classroom, grade, or school/program level
- Testing of staff and students at the classroom, grade, or school/program level
- Increased handwashing with soap and water or alcohol-based hand sanitizer
- Rescheduling events (e.g., extracurricular activities or field trips) or pausing higher risk activities such as indoor sports, physical education or exercise, singing or playing a wind or brass instrument (or moving them outside if possible).

## **E. Suspension of In-Person Learning or Child Care Operations**

While the goal is to continue in-person learning and child care whenever possible, MDH and MSDE recognize that temporary suspension of in-person learning or child care operations may be advisable under certain limited conditions to protect the safety of students/children, staff, and their families. The following extenuating circumstances can be considered for temporary suspension of in-person learning or operations in a specific school or child care program (or classroom/cohort within a school or child care program):

- When there is evidence of substantial, uncontrolled transmission in the school or child care program
- When there are logistical or safety concerns arising from the number of cases and close contacts
- When discussed with and recommended by local public health and medical professionals.

Decisions around the suspension of in-person learning or child care due to COVID-19 as well as the duration of the suspension should be made on a case by case basis in coordination with the local health department, the local school system, and child care licensing specialists as applicable.

## Appendix A: MDH/MSDE Guidance for COVID-19 Symptoms, Isolation, and Quarantine

Staff or Student/Child with	Guidance for Management
COVID-19 symptoms	<ul style="list-style-type: none"> <li>● Staff or student/child should not attend or work in a school or child care setting</li> <li>● COVID-19 testing is recommended</li> <li>● If test is negative, may return when symptoms have improved, no fever for 24 hours without medication, and applicable criteria in the <a href="#">Communicable Diseases Summary</a> have been met</li> </ul>
Positive test for COVID-19, regardless of symptoms	<ul style="list-style-type: none"> <li>● Staff or student/child must stay home for 5 days from the start of symptoms or from the date of the positive test if no symptoms</li> <li>● After day 5, may return if symptoms have improved and no fever for at least 24 hours without medication</li> <li>● Upon return, must wear a mask for 5 additional days (except while eating, drinking, sleeping or outside)</li> <li>● If unable to wear a mask, may return if they have a negative test at day 5 or later; otherwise, they should remain at home for days 6 -10</li> </ul>
Close contact with someone with known or suspected COVID-19 but no symptoms	<ul style="list-style-type: none"> <li>● Staff or student/child can continue to work in or attend school and child care regardless of vaccination status</li> <li>● Those who can mask should do so for 10 days from the last day of exposure</li> <li>● A test at 3-5 days after exposure is recommended, especially for those who cannot mask (ex. children under 2 years of age).</li> </ul>