

COVID-19 Protocols

Effective August 23, 2021

Georgetown Hill Early School

This COVID-19 Protocol was made with reference to the [MSDE P-12 School and Child Care COVID-19 Guidance](#) (updated 8/13/2021) document and is subject to change at any time.

The First Line of Defense

At Georgetown Hill Early School, we are dedicated to implementing the most up-to-date health and hygiene practices to ensure a safe and thriving school environment. We work directly with the local health department, Centers for Disease Control and Prevention (CDC), and Maryland State Department of Education (MSDE) to ensure that we are practicing the most current safety measures related to COVID-19.

The first line of defense starts at home with the support of GHES families and staff. Together, along with our layered COVID-19 prevention strategies outlined below, we can ensure a healthy and safe 2021-22 school year for everyone!

Health screening

All individuals will be required to complete a daily health screening before they are permitted to enter any Georgetown Hill facility.

Health screenings for children and families:

- ProCare Engage app – All families are required to complete a daily Health Screening in Procare Engage upon arrival to help prevent any symptomatic or COVID-positive individuals from entering the building. Individuals answering the questions to each Health Screening are expected to answer truthfully.
- Upon completion of check in, children will be escorted to their classrooms by known teachers. Handwashing is required upon entrance to the building.

Health screenings for employees:

- Currently, employees complete a paper health screening upon arrival to work.
- Georgetown Hill is working on implementing a digital health screening through each employee's Paylocity app, to be completed when clocking in at work.

All children and permitted individuals will still be required to undergo a temperature check at the door before entering a Georgetown Hill facility, as part of the daily health screen process.

In compliance with recommended layered prevention strategies, family members and nonessential visitors will not be permitted to enter Georgetown Hill buildings at this time.

Should an individual begin to exhibit symptoms while they are at school, they must notify the campus leadership team immediately. Families will be notified immediately should their child(ren) begin to exhibit symptoms while at school. Individuals may not remain at school if they, at any time, cannot pass the Health Screening.

Masks

All individuals ages two and up are required to wear a face mask at all times while inside Georgetown Hill buildings, regardless of vaccination status. Exceptions may be made in the event that an individual is drinking or eating, or when a child is napping.

Specific guidance for employees:

- In the event an employee is removing their mask to eat or drink, the employee should maintain social distancing while the eating or drinking occurs.
- Vaccinated employees with proof of vaccination on file will be permitted to be mask-free outside and not in direct contact with other individuals. Should a vaccinated employee engage with another individual while outside (talking closely, playing, etc.), a mask must be worn.
- Unvaccinated employees and employees who do not submit proof of vaccination will be required to wear a mask while outside at all times.

Vaccination

All employees are strongly encouraged to receive the COVID-19 / Coronavirus vaccination and agree to provide proof of vaccination via scanned copy of their vaccination card.

Employees that are not vaccinated or do not wish to submit proof of vaccination will be required to submit to weekly PCR testing in accordance with the COVID-19 testing policy (see testing section).

Georgetown Hill will continue to reassess its vaccination policy on a regular basis. Vaccination may be required at a later date - by organizational policy, state/licensing requirement, etc.

Testing

Georgetown Hill, at any time, may require an individual to be tested for COVID-19, or may require a doctor's note to return to the campus.

When testing is required, individuals must receive a PCR test. The results of a rapid or antigen COVID test will not be accepted.

Testing after exposure, symptoms, or travel

All individuals will be required to test for COVID-19 under the following circumstances:

- a) The individual is experiencing symptoms of COVID-19;
- b) The individual has been exposed to a person with a positive COVID-19 case;
- c) The individual has been exposed to a person with a suspected COVID-19 case;
- d) The individual has been instructed by a doctor, employer, or other authority to receive a COVID-19 test;
- e) The individual or a household member has traveled to a state with a high transmission rate (see travel section) since the individual was last present; or
- f) The individual is for any other reason required to test or has reason to believe they should be tested.

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Individuals should not wait until they have to complete a health screening at Georgetown Hill to receive testing.

Routine testing

All Georgetown Hill employees who work fully or partially in person at a campus location will be required to submit to routine COVID-19 testing at the following frequency:

- Georgetown Hill employees that are not vaccinated or do not wish to submit proof of vaccination will be required to submit to weekly testing.
- Georgetown Hill employees that are vaccinated and provide proof of vaccination will be required to submit to bi-weekly testing.

All Georgetown Hill employees who exhibit COVID-19 symptoms, have been exposed to COVID-19, or is otherwise advised to be tested under health & safety protocols must submit to testing as soon as required.

Travel and visitors

Georgetown Hill regularly monitors the transmission rates in other states and countries and will adjust its travel and visitor policies accordingly as new information or guidance is received.

All individuals will be screened for travel and visitors as part of the daily health screening. **Georgetown Hill discourages all individuals from traveling outside of the DMV region for the foreseeable future.** Georgetown Hill discourages all individuals from hosting visitors from outside of the DMV for the foreseeable future.

If you have out of state visitors coming to stay at your house, Georgetown Hill may require your child to stay home while awaiting COVID-19 test results or the self-quarantine period for your visitors. Please be sure to inform your campus director of any travel or out of town visitors to your home.

Georgetown Hill reserves the right to reject leave requests from employees who are requesting time off for travel outside of Maryland.

Georgetown Hill reserves the right to require an employee or family to quarantine and/or get tested for COVID-19 prior to being permitted to return to school.

Cleaning and sanitization procedures

Georgetown Hill teachers and staff are thoroughly trained in cleaning and sanitizing procedures as well as recognizing the signs of COVID-19.

Each campus will maintain a daily focus on teaching children proper age-appropriate hygiene practices and healthy habits including the practice the 3 W's - Wear your mask; Watch your distance; Wash your hands! Social distancing will be maintained by creating small group cohorts and classroom barriers in efforts to keep classrooms intact while minimizing and isolating germ transmission as much as possible.

In addition, GHES has enhanced cleaning and sanitation procedures to include:

- Proper handwashing of children and staff upon entering the classroom, before each meal, after trips to the bathroom, before re-entering the building from outdoor play, and periodically throughout the day as needed

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- Children will have access to their own personalized supply and sensory bins, including crayons, writing materials, etc.
- Disinfection of frequently touched surfaces (including faucets, shelf tops, doorknobs, etc.)
- Disinfection of toys in between uses, removal of soft toys, sensory tables, and dress-ups
- Full room and playground equipment sanitization using the [Protexus Cordless Electrostatic Sprayer](#)
- Adequate inventory of hand sanitizer (for adult use), soap, disinfectant/sanitizer, gloves, masks, and other PPE for staff
- Professional cleaning conducted every evening

Exclusion, quarantine, and closure

In the event of a COVID exposure at any Georgetown Hill campus, Georgetown Hill will work directly with the Maryland Department of Health and MSDE to determine the best course of action for quarantining one or more individuals to prevent the spread of the virus. Whether a campus must close for any period of time is ultimately up to our governing authorities.

The protocols for exclusion, quarantine and closure are subject to the recommendation of the Health Department and may differ slightly from the plans listed below. As we have found, each situation is unique and often require unique handling to ensure the safety of our staff and families. We will ultimately follow the recommendation of the Health Department in each case.

Withdrawals and refunds

If a family would like to withdraw enrollment due to COVID-19 after the start of the 2021-2022 school year (August 30, 2021), the \$400 enrollment deposit will not be refunded. Those families enrolled as extended will forfeit their deposit if they withdraw prior to the start of the school year.

If a family would like to defer enrollment and still hold a spot for their child, please reach out to the campus leadership team for more information.

If a family is considering withdrawal or deferment, we encourage you to reach out to your campus leadership team about **FREE enrollment options in George's Nest** – our virtual preschool program – until you are ready to return to in-person learning.

Should your Georgetown Hill campus have to close due to a COVID-19 exposure or quarantine 10 days or less there will not be a credit given. However, if a closure is longer than ten days, we will issue a credit *up to* 50% of the tuition for a period after the ten days.

ADDENDUM

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

Decision Aid: Exclusion and Return for Persons with COVID-19 Symptoms and Close Contacts

Internal response to a COVID-related closure

This COVID-19 Protocol was made with reference to the [MSDE P-12 School and Child Care COVID-19 Guidance](#) (updated 8/13/2021) document and is subject to change at any time.



DEPARTMENT OF HEALTH

Dennis R. Schrader, Secretary

STATE DEPARTMENT OF EDUCATION

Mohammed Choudhury, Superintendent

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

August 13, 2021

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

Communication and Notification

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



COVID-19 PROCEDURES

Internal response to a COVID-related closure

This document to be used by campus leadership and staff in the event of a campus closure due to COVID-19 exposure or quarantine.

PROGRAM CONTINUITY

In the event that a campus is required to close, the campus will plan to immediately pivot to virtual programming, similar to the virtual programming offered Spring 2020. Each class will hold live daily zooms and communicate with parents via daily emails and weekly check-ins.

POSITIVE CASE WITHIN THE CAMPUS

If the campus leadership team is informed of a **positive case of COVID-19 within the campus community**, the following steps will be followed and documented on the campus Team.

- **Gather information** on who was diagnosed and when. Campus leadership should use the COVID-19 Case Report (located in the appendix).
- **Call the county health department.** Additionally, call AND email the campus licensing specialist. Federal centers should also inform their board.
 - Provide the health department with the preliminary information gathered in the Case Report. Document the time of communication and any initial instructions.
 - The health department will typically call back with further instructions within 2-3 hours.
- **Communicate with families and staff promptly.** Communication should be regular and should provide as many up to date details as possible.
 - We will not disclose any personal information about the individual including name, gender, age, ethnicity, etc.
 - At the onset of any classroom exposure risk, families within the same classroom should receive a phone call. The remainder of families may receive an email communication.
- **Begin contact tracing.** To better aid the health department in their contact tracing efforts, you should begin to gather the following information:
- Create a list of all people that this person was in contact with while at the campus prior to the diagnosis and/or symptom onset. **Contact is considered a cumulative 15 minutes or more at a distance of less than six feet over 24 hours within two days of symptom onset regardless if a mask regardless if a mask is worn or not.** [Source](#)
 - Document if this person would have used a shared bathroom or kitchen area.
 - Be sure your attendance sheets, cleaning checklists, and health screening documentation is in order at all times so you have these records.

- **Line List COVID-19 form.** The health department will require you to complete a Line List COVID-19 form to track symptoms. This will be emailed to you with your health department recommendations.
- Stay in touch with the individual who has COVID-19 and offer support.

For more information, reach out to your campus support leader.

POSITIVE CASE WITHIN A HOUSEHOLD

If the campus leadership team is informed of a **positive case of COVID-19 within the household of a child or staff member**, the following steps will be followed and documented on the campus Team.

- **Call the county health department.** Additionally, call AND email the campus licensing specialist. Federal centers should also inform their board. The health department will provide guidance on any exclusion or closure requirements.
 - It is possible that the affected class will be kept as isolated as possible for two weeks. Based on health department recommendations, there may be not closure required or necessary.
 - It is possible that the staff and children in the classroom will need to self-isolate for 14 days and get tested before returning.
 - It is possible that the entire school will close for 1-2 days, depending on the level of interaction that the household individual had to the child or staff member. Staff should wait 48 hours after the building/affected area has been closed to begin to deep clean.
- **Communicate with families and staff promptly.** Under these circumstances, communication is essential to ensure families and employees remain calm.
 - Stay calm and supportive. Remember that our health and safety protocols are in place to limit risk of exposure when germs are present.
 - Provide as much info as you can but **do not disclose any personal information about the individual or related child/staff member including name, gender, age, ethnicity, etc.**
 - All persons who were in contact with the child or staff member with the household case should receive a phone call (documented).
 - The staff and parent body, as a whole, should receive an e-mail providing information on the possible exposure. Contact central leadership for email templates.
- If any part of the campus remains open under these circumstances, the following will apply:
 - Extra cleaning precautions should be taken. Employees may be asked to stay late and/or come early to clean and document the cleaning conducted throughout the school. A professional deep clean of affected areas may be required.
 - Ensure all normal health and safety protocols are being followed.

NOTE: This guidance related to children who are quarantined due to a household exposure applies to SIBLINGS and STAFF CHILDREN that are enrolled at Georgetown Hill. Exceptions may be considered based on health department and doctor recommendations.

RETURNING TO CAMPUS

The child or staff member with laboratory confirmed PCR COVID-19 or COVID-19-like illness may return to the childcare program when he or she has met the CDC criteria for discontinuation of home isolation:

- At least 10 days have passed since symptom onset, and
- At least 24 hours have passed since resolution of fever without the use of fever-reducing medications, and
- 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 childcare program when at least 10 days have passed since the date of the person's first positive PCR test for the COVID-19 virus.

REFLECTION AND FOLLOW UP

After a positive case at the campus, the campus leadership team should review and reflect on the above protocol and actions taken.

- Was there anything else that we could have done to limit the exposure as much as possible?
- Are the current protocols sufficient? Are they being closely followed?
- Do we need to adjust staffing or groups to prevent infection spread? Remember that we will all learn from each other through each of these experiences.

After a positive case, the center should be on high alert. A member of the campus leadership team must be present for check-ins and health screenings for the next two weeks. Campus leadership teams should monitor classroom operations very closely to ensure that protocols are being followed and children and staff are being closely observed.

FAQs

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 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 according to MDH and local guidance 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.

[Source](#)

When can a child who is quarantined at home due to a case of confirmed or probable COVID-19 in a household member return to child care?

When a child needs to quarantine due to being the close contact of a household member with laboratory confirmed or probable COVID-19, parents should follow CDC guidance to prevent the spread of infection within the household. Children who are able to have no further close contact with their household member who is a confirmed or probable case of COVID-19 may return to child care once they complete quarantine.

If the child is not able to avoid any close contact with the household member with confirmed or probable COVID-19, the child must start their quarantine AFTER the household member is released from isolation. The child must undergo this additional time for quarantine because they could have been infected on the final day of the household member's isolation. The child's parent should provide evidence (e.g., a note from a health care provider) that their household member has been released from isolation at the time the child returns to child care.

The above guidance assumes that the child does not develop symptoms of COVID-19 at any time during their quarantine. If the child develops symptoms, the child may be considered to have probable COVID-19. 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.

This guidance also applies to child care providers and other staff members who are quarantined at home due to a case of confirmed or probable COVID-19 in a household member.

[Source](#)