



First Presbyterian Preschool

COVID-19 Policies and Procedures Addendum to Parent Handbook 2021

First Presbyterian Preschool is amending the 2021-2022 Parent Handbook (the “Handbook”) to implement the enclosed policies as we continue to navigate through the COVID-19 Health crisis. All other provisions of the Handbook shall remain in full force and effect. These addendums will override any other related information shared in our regular Parent Handbook. We understand that this is a concerning time for our community and we will be making reasonable efforts to ensure the safety of our staff, children, and families.

We will continue to monitor the situation and may add to, or modify, any policies, including these, as may be necessary and appropriate. Policies are created based on recommendations made from the Center for Disease Control, the Health Department, Maryland State Department of Education, and the Office of Child Care.

Definitions

Isolation is used to separate people infected with the virus (those who are sick with COVID-19 and those with no symptoms) from people who are not infected. People who are in isolation should stay home until it is safe for them to be around others. In the home, anyone sick or infected should separate themselves from others by staying in a separate “sick room” or area and using a separate bathroom (if available).

Quarantine is used to keep someone who might have been exposed to COVID-19 away from others. Quarantine helps prevent spread of the disease that can occur before a person knows they are sick or if they are infected by the virus without feeling symptoms. People in quarantine should stay home, separate themselves from others, monitor their health, and follow directions from their state or local health department.

Close contact relates to exposure to individuals with COVID-19 and is defined by the CDC as being within 6 feet of an infected person for a cumulative total of 15 minutes or more over a 24 hour period, regardless of whether face coverings are being worn.

For the purposes of this guidance, COVID-19 symptoms are any **ONE** of the following: (July 2021)

Fever of 100.4o 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.

A **probable case of COVID-19** is a person with COVID-19 symptoms who has had close contact with a person with COVID-19 in the past 14 days. The infectious period for COVID-19 starts 2 days before the onset of COVID-19 symptoms (or 2 days before the date of the positive COVID-19 test if asymptomatic), and typically ends 10 days after symptom onset/test date.

Cohorting (or podding) is one of many mitigation strategies that child care programs can use to limit mixing between children and staff and to limit the spread of COVID-19. A cohort or pod is a distinct group of children and staff that stays together throughout the entire day and remains the same every day, so that there is minimal or no interaction between groups. In a child care center, a cohort would typically be a classroom.

Contact tracing is a strategy for slowing the spread of disease in which public health workers communicate with people infected with the virus that causes COVID-19 to identify their contacts. They then follow up with those contacts to provide guidance on how to quarantine themselves and what to do if they develop symptoms of COVID-19. Individuals are fully vaccinated 2 weeks after receiving either 1) both doses of a 2-dose vaccine series or 2) a single dose vaccine.

Communication with Staff and Families

Child care staff and families play an important role in reducing the spread of COVID-19 within child care programs. Colleen Donahue will be responsible for responding to COVID-19 concerns. She can be reached by email or through the remind app.

colleendonahuefpps@gmail.com

It is important for staff and families to notify the director whenever the staff person, child, or a household member is sick, when they have had close contact with someone with COVID-19 in the past 14 days, if they have tested positive for COVID-19, or when they are waiting for the results of a test due to symptoms;

- We will follow instructions from the health department related to isolation and quarantine as well as cooperating with contact tracing

In addition, we will provide timely notification to staff and families:

- When someone in the child care program has confirmed COVID-19, maintaining confidentiality as required by applicable laws and regulations;
- If a staff member or child is thought to be a close contact of a person with COVID-19 in the child care program and needs to stay home (quarantine) and monitor for symptoms, once again maintaining confidentiality as required by applicable laws and regulations;
- When a classroom or child care program needs to close due to a case of COVID-19.

Hand Hygiene and Respiratory Etiquette

FPPS will

- Ensure adequate supplies (e.g., soap, paper towels, tissues) to support healthy hygiene practices.
- Teach and model good hygiene practices, including covering coughs and sneezes with an elbow or tissue and washing hands with soap and water for at least 20 seconds.
- Handwashing will take place frequently throughout the day, including:
 - At arrival to the program.
 - Before and after eating and drinking.
 - After using the bathroom or after helping a child use the bathroom.
 - After having contact with body fluids.
 - After handling waste baskets or garbage.
 - After playing on outdoor or shared equipment.

Face Coverings

The teachers will be masked indoors, regardless of vaccination status, **if that is what HCPS is requiring for their staff.**

Face coverings will be optional for students. If you would like your child to wear a face covering, please send in extra face coverings as well as a brown bag to safely store the face covering during outside time and snack time.

If there is an executive order that requires face covering for our staff and students, we will need to comply with that.

Here is some information that you may find useful in deciding what is right for your family.

Currently, the CDC recommends that people wear face masks indoors in counties that either average 50 or more cases per 100,000 residents or have a test positivity rate equal or greater than 8%. You can access the statistics for Harford County by visiting <https://harfordcountyhealth.com/harford-county-covid-19-zip-code-data/>

Since young children have not had the chance to receive vaccinations and we are not requiring them to wear face coverings, we ask that you PLEASE be diligent with the health screenings and please keep children home from school when they are sick.

Physical Distancing and Cohorts

There are many strategies to practice physical distancing and reduce potential exposure to COVID-19 in child care settings. At FPPS we will do the following

- Placing children and staff in cohorts that stay together throughout the entire day and remain the same every day.
- Staggering arrival and dismissal time and location for children by cohort.
- Avoiding the mixing of cohorts of children at all times.
- Limiting visitors entering the building unless needed to perform an essential service.
- Creating distance between students at tables and other spaces occupied by children such as learning stations.
- Avoiding the mixing of cohorts of children and teachers in any communal spaces such as bathrooms, playgrounds, and multi-purpose rooms.

Playgrounds and Outdoor Play Spaces

Outdoor spaces reduce the risk of spreading COVID-19, but still require preventive strategies including cohorting, cleaning and disinfecting.

The following will be implemented by FPPS

- Targeted use of disinfectants on outdoor hard surfaces and objects frequently touched by multiple children and staff (for example, handrails, benches); making sure disinfectant has thoroughly dried before allowing children to play.
- Routinely clean high touch surfaces made of plastic or metal, such as grab bars and railings.
- Stagger the use of playgrounds and outdoor play spaces with only one cohort in the space at a time and sanitizing shared objects (ex. balls, tricycles) and high touch surfaces between cohorts.
- Children and staff will wash hands immediately after playing on the playground or in other outdoor spaces.
- Ensure safe and correct use and storage of cleaning and disinfection products, including storing products securely away from children.
- Use of specific products on List : Disinfectants for Coronavirus (COVID-19) and follow instructions for how long a product must be in contact with a surface to be effective.

Visitors and Field Trips

At FPPS we will-

- Limit any nonessential visitors, volunteers, and activities involving external groups or organizations.

We will continue to do our outside drop off/pick up to limit potential exposures for our students.

- Field trips will be outdoors.

Arrival

As we continue to navigate through COVID-19, we will only be allowing children and staff into the building.

Classes will have designated arrival locations and times.

MWF-

3-year-old students will enter the door closest to Legacy Hall (the gym) at 9:00.

4-year-old students will enter the door closest to the playground at 9:00.

Kindergarten Readiness will enter the door closest to the playground at 9:30.

The afternoon 4-year-old class will enter the door closest to Legacy Hall at 12:00.

T/TH

Prep students will enter the door closest to Legacy Hall (the gym) at 9:00.

3- year-old students will enter the door closest to the playground at 9:00.

Kindergarten Readiness will enter the door closest to the playground at 9:30.

Please allow space for individual families.

A teacher will meet you at the front door daily.

Health screenings must be completed at home and sent in each morning before class.

The health screening can be found under “files” in the remind app. It will also be emailed to families before the start of school.

Health and Illness Policy
Revised for Covid-19 CDC Guidance

Please remember that keeping sick kids home from school is the most important part of keeping our school open and running. At this time, our students are unable to get vaccinated and so we must remain vigilant in our health policies.

Screenings may be done at home and submitted the morning that the child will attend school.

Symptom Screening for Child Care

All child care programs will perform daily symptom and temperature screening for children, staff, and essential visitors upon arrival to the child care site.

Symptom screening will include the following questions:

1. In the past 24 hours, has the staff person, child, or essential visitor had any of the following COVID-19 symptoms?
 - Fever of 100.0o or higher (or temperature taken upon arrival is 100.0o or higher)
 - Sore throat
 - Cough
 - Difficulty breathing
 - Diarrhea or vomiting
 - New onset of severe headache (especially with fever)
 - New loss of taste or smell
 - If NO, may admit to child care as long as no obvious signs of illness on visual inspection
 - If YES*, do not admit to child care and follow Decision Aid

2. In the last 14 days, did the staff person, child, or essential visitor have close contact (within 6 feet for a total of 15 minutes or more in a 24 hour period) with anyone diagnosed with COVID19 or suspected of having COVID-19 and the staff member, child, or essential visitor did not complete quarantine?
 - If NO, admit to child care
 - If YES, do not admit to child care until quarantine completed per MDH and local guidance (see Quarantine of Close Contacts section and note that close contacts who are fully vaccinated or previously infected (within last 90 days) and asymptomatic do not need to quarantine.

3. Is the staff person, child, or essential visitor waiting for a COVID-19 test result?
 - If NO, admit to child care

- If YES, do not admit to child care and follow Decision Aid 11
- 4. Has the staff person, child, or essential visitor been diagnosed with COVID-19 and not released from isolation?
 - If NO, admit to child care
 - If YES, do not admit to child care until released from isolation

*Persons with pre-existing health conditions such as asthma that present with specific COVID-19 symptoms should not be excluded from child care if the symptoms do not represent a change from baseline. If unclear, documentation from a health care provider should be requested. NOTE: If a person has symptoms that are different from the list of COVID-19 symptoms above, child care programs should follow existing guidance from Illness and Reportable Diseases in Child Care and the Communicable Disease Summary.

Exclusion, Quarantine, and Closure Recommendations for COVID-19 or COVID-19--like Illness in Child Care Programs

Updated July 2021

When Someone is sick or has confirmed COVID-19

If a child, staff person, or essential visitor develops COVID-19 symptoms or is confirmed to have COVID-19 while at the child care program, the person will be safely isolated in an area away from others. Arrangements will be made for the person to leave the child care site as soon as possible and they should contact their health care provider for evaluation and COVID-19 testing.

Spaces used by the person will be closed off for cleaning and disinfecting.

FPPS will refer to the Decision Aid for additional guidance about when the person can return.

When a child care program is informed of a **confirmed** or **probable** case of COVID-19 in a child, staff person, or essential visitor and the person was present in the child care program during their infectious period, the program will:

- Notify the local health department and licensing specialist about the confirmed or probable case.
- Close the classroom and any other spaces that the person may have used in the past 3 days for cleaning and disinfecting.
- Dismiss the person's cohort (i.e. classroom or family child care) and/or any close contacts to quarantine while awaiting further guidance from the local health department.
- Communicate with staff and families regarding the confirmed or probable case of COVID-19 and potential exposures.

The local health department will further assist the program with identifying close contacts and provide additional guidance including duration of quarantine and whether other classrooms or parts of a program should close for cleaning/disinfecting and quarantine of close contacts.

Quarantine of close contacts and duration of closure could last for 14 days or more.

Children affected by a child care classroom or program closure due to a confirmed or probable COVID-19 case should quarantine at home and not seek child care in an alternative child care program. The development of COVID-19 symptoms in the program's children, household members, and staff should be monitored by the child care program during quarantine as this may impact when children and staff can return.

NOTE: If the person with confirmed or probable COVID-19 is a parent (or other household member) of a child in care and their only close contact with the child care program staff and/or children was with their own child, the child and other household members should quarantine. However, if the child is asymptomatic, the program should not need to close or quarantine any other persons in the child's cohort.

Isolation/Release from Isolation

A child or staff member with confirmed COVID-19 may return to the child care 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 child care program when at least 10 days have passed since the date of the person's first positive test for the COVID-19 virus.

Quarantine of Close Contacts Fully vaccinated persons who have no COVID-19 symptoms do not need to quarantine following exposure to a person with confirmed COVID-19. These persons do not need to be excluded from the child care program.

Fully vaccinated people who do not quarantine should still monitor for symptoms of COVID-19 for 14 days following an exposure. If they experience symptoms, they should isolate themselves from others, be clinically evaluated for COVID-19, including SARS-CoV-2 testing, if indicated. These same recommendations apply for asymptomatic people who have tested positive in the past 3 months and recovered.

Close contacts who are NOT fully vaccinated should be excluded from the child care program until completing quarantine.

A quarantine period of 14 days remains the safest option for close contacts of persons with confirmed or probable COVID-19. For all children under 5 years of age, and children and staff in a cohort (i.e. classroom, family child care home) when the children are both below and above 5 years of age, MDH continues to recommend that a full quarantine period of 14 days be implemented prior to return to the child care program.

While we certainly hope that it will not be the case, there may be future instances when it will be necessary for the school to close as the result of a public health emergency.

Please be advised that, if FPPS must close for any period of time due to a public health emergency OR for temporary shutdowns due to COVID-19 no refunds will be issued for periods **less than 2 weeks**.

If multiple closures take place or closures last longer than 2 weeks, the board will meet to discuss tuition credits and reimbursements. This will be looked at on a case-by-case basis and financial decisions will be made by the board.

Considerations for Quarantine of Household Contacts

When a child or child care staff person needs to quarantine because they are the close contact of a household member with confirmed COVID-19, CDC guidance should be followed to prevent the spread of infection within the household.

Persons who are able to have no further close contact with their household member with confirmed COVID-19 may return to the child care program once they complete recommended quarantine.

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

Minimizing the Risk of Covid

Daily health screenings and temperature checks will be conducted.

Absences will be monitored.

Drop-off and pick-up locations will be staggered and assigned.

Only students and staff will be permitted in the building.

Limited volunteering opportunities will be available within your child's class and as safely as possible.

Classes will not mix within the school.

Hands will be frequently washed following CDC guidelines.

Any toys that go into a child's mouth will be taken and placed in a separate container to be cleaned immediately.

All toys and furniture will be cleaned at the end of the day.

There will be no sharing of toys/items between classrooms unless the toys are cleaned and sanitized between use.

Individual supplies will be used.

All bathrooms will be assigned by class and cleaned after use.

Playgrounds will be used by 1 class at a time and cleaned after use.

A designated area will be used to isolate children who become ill while they wait for their family.

Items from Home

We are asking that your child not bring in any stuffed animals or other items from home into the building.

Dismissal

Children will be taken to the door where they entered. Children will be dismissed individually.

Handbook Amendment Acknowledgment and COVID-19 Release and Waiver of Liability

We acknowledge that we received a copy of the Amendments to the 2020-2021 Parent Handbook and that we understand and agree to abide by these policies. **Please initial that you have read each section of the Handbook Amendment**

- Definitions _____
- Communication _____
- Hand Hygiene/Respiratory Etiquette _____
- Face Coverings _____
- Physical Distancing _____
- Playgrounds/Outdoor Spaces _____
- Visitors _____
- Arrival Procedures _____
- Symptom Screening _____
- Health and Illness Policies _____
- Exclusion, closure and quarantine recommendations _____
- Minimizing the risks _____
- Items from home _____
- Dismissal _____

In consideration for our family's continued enrollment in FPPS programs and receipt of services from FPPS we further agree as follows:

We acknowledge that, if we choose to have our child enter FPPS property and/or participate in FPPS programs, we do so voluntarily and at our own risk and that we hereby release, waive, discharge and covenant not to sue FPPS, its officers, agents or employees ("Releasees") from and for any and all liability claims, demands, actions and causes of action of any kind or nature.

X _____

We acknowledge that this release and waiver of liability will be binding on our family members, spouse, heirs, assigns, personal representatives and anyone else entitled to act on our, or our child's, behalf to the extent and that my signature below shall be deemed as a release, waiver, discharge and covenant not to sue the Releasees to the extent set forth above.

- By signing below we acknowledge that we have read and fully understand the release and waiver of liability as set forth above and have signed voluntarily and under our own free will.

_____ Signatures: Parent / Guardian #1

_____ Parent / Guardian #2