

# The Montgomery College Center for Early Education Lab School Updated COVID-19 Policies and Procedures Fall 2021

## Program Information

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Center for Early Education Lab School  
20200 Observation Drive Germantown Md 20876

If families have questions about this plan contact: [lynette.weaver@montgomerycollege.edu](mailto:lynette.weaver@montgomerycollege.edu)

## Introduction

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

Welcome families! Thank you for your interest in enrollment for Fall 2021 at the Montgomery College Center for Early Education Lab School. We are excited to reopen and committed to protecting the health of our children, families, staff, and community.

The following policies were designed in response to guidance from the Maryland State Department of Education and Maryland Department of Health, in accordance with best practices from the Centers for Disease Control and Prevention, and with everyone's well-being in mind.

To limit the potential spread of COVID-19, we will be making some temporary changes to our programming that include robust cleaning and disinfecting procedures and minimizing opportunities for person-to-person exposure. The following plan outlines the recommended practices and strategies we will use to protect the health of our children, staff, and families while at the same time ensuring that children are experiencing developmentally appropriate and responsive interactions and environments.

## Important Information for Fall 2021

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Hours of Operation **8:00 am to 5:30 pm** for ages 3 to 5 years of age

Group size will be reduced to 12 per room until further notice.

Masks will be required.

All teachers have been fully vaccinated and trained in the Maryland State Department of Education Covid-19 and Childcare required trained.

## Important Upcoming Dates

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Fall Registration starts on **July 6<sup>th</sup>**

Reopening Date is **August 16<sup>th</sup>**

August Tuition Due on **August 1<sup>st</sup>**

## Classroom Cohorts

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To reduce opportunities for viral spread, we will be implementing "classroom cohorts," where the same group of children and staff remain together every day, with as little mixing between groups as possible. To support this practice, we will make the following temporary changes:

- We will limit the mixing of groups by staggering times for outdoor play and other activities where children from multiple classrooms are typically combined.

## Supporting Social/Physical Distancing

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

- Conducting more activities in small groups (e.g., read-alouds, introducing a topic) that might usually be done in a large-group (e.g., circle time).
- Planning activities that do not require close physical contact between individual children.
- Incorporating additional outside time as much as feasible.
- Encouraging children to use alternate greetings or shows of affection that limit physical contact (e.g., waving, bowing, or curtsying to each other; air hugs or high fives).
- Staff will continue to provide hands-on support for any child with a special health care need (e.g., assisting with mobility equipment, nebulizers, communication devices, etc.)
- Limiting non-essential visitors, volunteers, and activities, including groups of children or adults.

## Food & Mealtimes

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To limit opportunities for exposure during mealtimes, our program will engage in the following recommended practices:

- Spacing children as far apart as possible (ideally 6 feet apart) by limiting the number of children sitting together and rearranging tables/seating.
- Serving meals in the classroom instead of group dining spaces.
- Serving children individually rather than family-style.
- Cooking/food activities in the classroom will be temporarily suspended.

## Nap & Rest Time

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To reduce the potential for viral spread, our program will engage in the following recommended practices:

- Storing each child's bedding in individually labeled bins, cubbies, or bags.
- Ensuring that children's naptime mats/cots/cribs are spaced out as much as possible, ideally 6 feet apart.
- During this time, we ask that families refrain from bringing items (toys and books) from home.

## Toys and Materials in the Learning Environment

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### *Availability and Use*

At this time, our program will make the following changes to the toys and materials in our learning environments:

- If sensory materials are used, each child will have their own individual materials and container.
- Temporarily removing toys and materials from the classroom which cannot be easily cleaned or sanitized between use.
- Rotating the toys that are out at any particular time so that they can be adequately cleaned and sanitized.

## ***Cleaning and Sanitizing***

Staff will engage in the following best practices to clean and disinfect toys:

- Toys and other materials will be washed and sanitized before being used by another classroom cohort.
- Cleaning toys frequently, especially items that have been in a child's mouth or if a child coughs or sneezes on them.
- Setting aside toys that need to be cleaned (e.g., out of children's reach in a container marked for "soiled toys" or "yucky bucket").
- Cleaning toys with soapy water, rinse them, sanitize them with a CDC-recommended disinfectant, rinse again, and air-dry.
- Cleaning toys in a dishwasher.

## **Cleaning and Disinfecting**

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Staff will engage in the following cleaning and disinfecting practices in accordance with CDC recommendations:

- Frequent cleaning/disinfecting of high-touch surfaces (e.g., sinks, toilets, diaper stations, light switches, door knobs, counter and tabletops, chairs).
- Normal routine cleaning of outdoor spaces, with special attention to high-touch plastic/metal surfaces (e.g., grab bars, railings).
- Outdoor toys (e.g., tricycles, balls) are cleaned and sanitized between use by different classroom cohorts.
- Use of a schedule for regular cleaning and disinfecting tasks.
- Ensuring staff wear disposable gloves to perform cleaning, disinfecting, laundry, and trash pick-up, followed by hand washing.
- Use of CDC-recommended disinfectants such as EPA-registered household disinfectants, diluted bleach solution, and/or alcohol solutions with at least 70% alcohol
- Keeping cleaning products secure and out of reach of children, avoiding use near children, and ensuring proper ventilation during use to prevent inhalation of toxic fumes.

## ***Cleaning and Disinfecting the Facility if Someone is Sick***

If someone has been in the building who tests positive for COVID-19 or shows COVID-19-like illness (any one of these symptoms: *cough, shortness of breath, difficulty breathing, new loss of taste or smell* OR two or more of these symptoms: *fever, chills, muscles aches, sore throat, headache, nausea, vomiting, diarrhea, fatigue, congestion, or runny nose*), we will follow [CDC guidance](#):

- Close off areas used by person who is sick.
- Wait 24 hours (or as close to 24 hours as possible) to clean or disinfect
- Open outside doors and windows to increase air circulation in the area
- Clean and disinfect all areas used by the person who is sick (e.g., classrooms, bathrooms, offices).
- Follow guidance listed above regarding types of surfaces and disinfectants

## **Healthy Hygiene Practices**

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

- A written hand washing procedure approved by the Office of Child Care shall be posted at each sink used for washing hands.
- Hand hygiene is especially important after toileting or diapering, before eating or preparing food, handling an animal, participating in an outdoor activity, or blowing one's nose (or helping children do any of these actions).
- Staff and children will wash hands often with soap and water for at least 20 seconds.
- We will not use alcohol-free wipes on children's hands as this is not recommended.
- Staff and children (with frequent reminders and support) will cover coughs and sneezes with a tissue or sleeve and wash hands immediately after.

## **Face Coverings**

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## ***Who Should Wear Face Coverings***

The following policies apply with regard to wearing face coverings at the child care program:

- Child care staff are required to wear cloth face coverings throughout the work day
- Parents (and other adults) are required to wear cloth face coverings during drop-off and pick-up, and when performing temperature checks.
- All children are required to wear face masks - if they can do so safely and consistently

## ***Use, Removal, and Storage of Face Coverings***

Our program will use the following recommended practices with regard to face coverings:

- Children's face coverings should be removed by the child for meals, snacks, naptime, high-intensity activities (e.g., running), outdoor play (if physical distancing can be maintained), or when it needs to be replaced (e.g., becomes wet or soiled).
- Staff and children should remove face coverings by touching only the straps.
- Staff and children should wash their hands if they touch their face covering or face; before and after removing a face covering; and before replacing a face covering.
- Cloth face coverings should be worn properly (i.e., cover the nose and mouth; never be worn around the neck or over the head or if they pose a strangulation risk).
- Face coverings should never be reused unless stored properly between uses and should not be shared among children and/or staff.

## ***Family Responsibilities for Face Coverings***

We ask that families follow these policies regarding the provision and washing of children's face coverings:

- Parents should provide cloth face coverings (or surgical face masks) for their own child/children.
- Face coverings should be free of choking hazards (e.g., stickers, buttons) and be clearly marked with the child's name and which side of the covering should be worn facing outwards.
- Parents should provide a sufficient supply of clean/unused face coverings for their child each day to allow replacing the covering as needed.
- Parents should take home their child(ren)'s face coverings to launder them.

## **Drop-Off and Pick-Up Procedures**

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

- At this time, families will not be allowed in the building, and check-in/out procedures (including screening and temperature checks) will happen outside.
- Only one adult per family should be present at drop-off/pick-up. Ideally, this would be the same parent or designated person every day, though we recognize this is not always possible.
- Staff will greet children and families outside the building and walk children in and out of the building.

## Daily Temperature Checks

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### *Temperature Checks*

As fever is a key indicator of COVID-19 in children, staff will check each child's temperature upon daily arrival to the program. Staff will also take their own temperatures and record them upon arriving to work. Staff will re-check children's temperatures throughout the day if they appear ill or "not themselves" (e.g., flushed cheeks, rapid or difficulty breathing without recent physical activity, fatigue, or extreme fussiness).

**When children arrive to the program, temperature checks will occur before children enter the building.**

**Each child's temperature will be taken by:**

**program staff using a face covering and disposable gloves while taking children's temperatures.**

**Program staff will:**

- maintain physical distancing from parents/guardians during temperature checks.
- wear a cloth face covering while taking the child's temperature.
- wear disposable gloves, which will be changed before the next check if physical contact with the child occurred.
- wash their hands (using soap and water for 20 seconds or using a hand sanitizer with at least 60% alcohol) between checks.
- disinfect non-disposable thermometers after each use as recommended by the CDC (e.g., cleaned with an alcohol wipe or isopropyl alcohol on a cotton swab).

## Responding to COVID-19 Symptoms On-Site

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### *Responding to COVID-19 Symptoms On-Site*

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

**If a child develops symptoms during care hours:**

- Parents will be contacted for prompt pick-up.

**If a staff member develops symptoms during care hours:**

- They will be asked to go home immediately.

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

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### *When Children and Staff Should Stay Home*

**A child or staff member will not be allowed in the child care program if they:**

- Have been diagnosed with COVID-19.
- Have had any of the following new symptoms: *cough, shortness of breath, difficulty breathing, new loss of taste or smell, fever of 100.4 degrees or higher, chills, muscle aches, sore throat, headache, nausea or vomiting, diarrhea, fatigue, congestion, or runny nose.*
- Were tested for COVID-19 due to symptoms and are waiting for test results.
- Have been instructed by a health care provider or the health department to isolate or quarantine.
- Have been in close contact (i.e., within 6 feet for at least 15 minutes total within a 24-hour period) with someone with a confirmed or probable case of COVID-19 during the past 14 days and have not completed quarantine.

### ***When Children and Staff May Return to the Program***

When an individual can return to the program will depend on individual circumstances (i.e., symptoms, COVID-19 test results, previous exposure, alternate diagnoses). To help inform our decision-making process, our program will use the following resources:

- MDH Decision Aid Flow Chart: [Decision aid flow diagram 1.7.21](#)
- Consultation with health care providers and health department

## **Quarantine and Temporary Classroom/Program Closures**

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### ***Reporting Exposure***

Monitoring a child care program for possible COVID-19 requires close communication between child care program staff and parents. Parents are encouraged to keep their children home when they are ill and to report illness within their household, children and themselves to help inform decisions related to quarantine and closure. If a child, staff member, family member, or visitor to our program shows symptoms of a COVID-19-like illness or tests positive for the virus, we will contact our local health department and licensing consultant. Based on the guidance of the local health department, we will determine the extent and duration of the closure and other next steps. When communicating with families and staff about any COVID-19 cases, we will respect the privacy of individuals and not share health information of a specific person.

Our program will determine when to contact our health department/licensing specialist:

- By consulting the Child Care Closure Guidance document: <https://bit.ly/CenterClosureGuidance>

