

COVID-19 GUIDANCE FOR MARYLAND SCHOOLS

UPDATED JANUARY 27, 2021



Summary of Changes – Revisions made January 27, 2021

- Updated guidance on school reopening

The following guidance is provided to assist schools to respond to the COVID-19 pandemic. The COVID-19 emergency is rapidly evolving. It is important to check the links in this document and on the Resources pages frequently for updated information as well as updates to this document.

1. 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 specific “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 disease that can occur *before* a person knows they are sick or if they are infected with 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 Centers for Disease Control and Prevention \(CDC\)](#) 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.

COVID-19-like illness is when a person has **Any 1** of the following: cough, shortness of breath, difficulty breathing, new loss of taste or smell; **OR At least 2 of the following:** fever of 100.4° or higher (measured or subjective), chills or shaking chills, muscle aches, sore throat, headache, nausea or vomiting, diarrhea, fatigue, and congestion or runny nose. Identification of persons with COVID-19-like illness is used to exclude persons from school, to identify who should be tested for COVID-19, and to identify persons who may need close contacts quarantined.

A **probable case** of COVID-19 is a person with COVID-19-like illness who has had close contact with a person with COVID-19 in the past 14 days per [CDC guidance](#).

2. Who must follow this guidance and under what authority?

All Maryland public and nonpublic schools must follow the guidance contained in this document regarding COVID-19 mitigation actions.

Additionally, the Secretary of Health and local health officers are responsible for taking steps to prevent and control the spread of infectious diseases like COVID-19 and may issue special instructions when necessary to do so. See [Health-General Article, sections 18-102\(b\)](#) and

[18-208\(b\)](#), and [COMAR 10.06.01.06A](#). Persons in charge of schools at the local and building level must follow the instructions from the Secretary and the health officers, [COMAR 10.06.01.06F\(2\)](#).

Schools should work with the local health department (LHD) for additional guidance regarding safe reopening.

3. *UPDATED* - May schools reopen for in-person instruction?

Yes. School systems and nonpublic schools that have not already done so should reopen for in-person learning based on the [Maryland School Reopening Guidance](#). All schools are expected to follow applicable guidelines from the Maryland Department of Health, local health department, and the CDC for safe reopening of in-person instruction.

4. Should schools and school systems develop a plan to reopen?

Yes. Each school or school system must develop a plan for reopening. The plan should address COVID-19 mitigation policy and processes. The plan should, at a minimum, address policy and procedures as recommended by the Maryland Department of Health, local health department, and the CDC. Each local school system and nonpublic school shall post their reopening plan on its website and make that information available to parents and guardians, educators, staff, the Maryland Department of Health (MDH), or local health departments upon request.

5. Do local health departments have to approve a school or school system's reopening plan?

Local health departments are not required to review or approve the reopening plans for public or nonpublic schools. However, the MDH encourages all local school systems and nonpublic schools to collaborate with the appropriate local health department to develop plans for a safe reopening and implement these guidelines. Local health departments are encouraged to establish communication points of contact and communication processes with schools and school systems to facilitate this collaboration.

6. What are some recommended strategies for improving air quality in school facilities upon reopening?

When addressing the issue of air quality within school facilities, it is important to note that air quality improvement actions should be done while also following all COVID-19 mitigation strategies in accordance with the guidance contained in this document (e.g., use of cloth face coverings, physical distancing, cleaning and disinfecting and hand hygiene).

Strategies to improve air quality in school facilities include but may not be limited to:

- Minimizing time in enclosed spaces, and maximizing time outdoors as much as possible (when appropriate)
- 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
- Disabling demand-controlled ventilation systems
- Maximizing outside air by using the highest outside air setting possible for the equipment
- Opening windows and doors as much as safely possible
 - A couple of inches can significantly increase the number of air changes in the room
- Using CO2 levels as a good proxy of ventilation. In occupied areas, the IAC [Educational Sufficiency Standards](#) set the CO2 maximum for occupied spaces at 1,200 PPM, although levels should mostly be below 1,000 PPM, and levels in the 600-800 PPM range are preferred indicating very good ventilation.

If available, inexpensive portable CO2 meters can be used to evaluate areas where there is a question of ventilation adequacy

- Utilizing portable HEPA air filtration units, which can be effective in small spaces such as offices, health suites/nursing suites, and isolation rooms (particularly if they are poorly ventilated), though they are usually not effective for larger areas.

7. How should schools prepare and plan for students and staff members who may have increased risk for severe COVID-19 illness due to age or other underlying medical conditions?

The CDC indicates that [older adults and persons of all ages with certain medical conditions](#) are at increased risk for severe illness from COVID-19 and individuals with other medical conditions **might be at increased risk** for severe illness from COVID-19.

Older adults or persons with an underlying medical condition who are employed in the school setting should seek guidance from their health care providers regarding recommendations for working during the COVID-19 pandemic. All staff should take the necessary recommended steps to protect themselves.

Schools and school systems should follow the CDC guidance to protect employees at [higher risk for severe illness](#) through [supportive policies and practices](#). Schools may offer options for staff at [increased risk for severe illness](#) that limit their risk of exposure to the SARS-CoV-2 (e.g., telework, modified job responsibilities). Schools may also offer options for students at increased risk that limit their risk of exposure to SARS-CoV-2 (e.g., virtual learning opportunities) as [recommended by the CDC](#).

It is important for schools to be aware of any students who have medical conditions that make them at risk for severe COVID-19 infection. Parents and guardians should work with their child's health care provider to determine if they are at higher risk for severe COVID-19 illness. Parents and guardians should be informed that they are expected to notify the school if their child has or develops a condition that puts them at higher risk for severe illness. The school should work with families and health care providers to develop a plan to address health concerns and determine any needed accommodations to support the student and limit their risk of exposure. Accommodations may include a remote learning option. Schools should maintain or develop processes for parents to provide this information to the school.

8. How should schools address the needs of students with disabilities or special health needs?

Local school systems, and nonpublic schools as applicable, must follow the Individuals with Disabilities Education Act, Section 504 of the Rehabilitation Act, and Title II of the Americans with Disabilities Act. Strategies for meeting the needs of students with special health care needs may be found on the [Kennedy Krieger Specialized Health Needs Interagency Collaboration](#) web site.

Additionally, the United States Department of Education has provided guidance that may be found at the link in the Resources section of this document.

9. Should schools require universal COVID-19 testing for students and staff prior to school starting?

It is important that persons with signs or symptoms of COVID-19 and asymptomatic individuals with recent known or suspected exposure to someone with COVID-19 be tested. Universal testing refers to testing all students and staff in school settings for SARS-CoV-2, regardless of whether they have symptoms or have a known exposure to someone with COVID-19.

[CDC does not recommend universal testing](#) of all students and staff as a prerequisite to school attendance. [Viral testing](#) only provides COVID-19 status for individuals at the time of testing. One-time or universal entry testing could miss COVID-19 cases in the early stages of infection, and it could miss exposures that happen after testing. A negative test at the beginning of the school year does not mean that a student or staff member will not become infected at a later time.

While universal testing at the start of the school year is not recommended, schools may consider school COVID-19 testing as part of a systematic COVID-19 response in accordance with [CDC guidance](#).

10. Should schools perform temperature checks and symptoms screening before allowing a child or staff member to enter a school building?

MDH recommends daily temperature checks and symptom screening of all students and staff prior to the start of the school day. This may be done onsite or by staff and parents at home. Schools should identify and choose the most feasible strategy to conduct these activities.

If a school or school system chooses to have parents and staff conduct daily screenings at home, schools should send frequent reminders to do so. Parents/staff should be asked to identify: 1) symptoms, and 2) close contact/potential exposure as outlined in MDH/MSDE ["Guidance for Temperature and Symptom Screening in Schools"](#). **Students, educators or other school staff should not enter a school if they have symptoms of COVID-19 (even if not tested or confirmed) or have been in contact with someone with COVID-19 or with someone suspected of having COVID-19 and have not completed quarantine per CDC and MDH guidance.**

Temperature checks and symptom screening of students and staff may also be conducted upon arrival to school by school personnel using the procedures [recommended by the CDC for child care](#). Please refer to MDH/MSDE ["Guidance for Temperature and Symptom Screening in Schools"](#) for additional recommendations and tools for conducting temperature checks and symptom screening.

It is important for schools and school systems to stress and reinforce frequently to parents and guardians **that students and staff who are sick or have any [symptoms of COVID-19](#) should not attend school or work**. Schools should make it a priority to provide parents and staff with the information necessary to make the appropriate decisions and the expected processes for communication regarding absence for illness which may be related to COVID-19 symptoms.

When implementing procedures for temperature checks and symptom screening, it is important that schools maintain confidentiality in compliance with [U.S. Department of Education guidance](#) regarding Family Educational Rights and Privacy Act (FERPA) or individual school privacy policies as applicable.

11. What physical distancing measures should schools use for students and staff?

As part of their reopening plans' COVID-19 prevention and mitigation strategies, MDH recommends all schools implement strategies to ensure that students, educators and other school staff maintain 6 feet of physical distance while in the school building, on school grounds and on school buses to the greatest extent possible. Social distancing strategies should also include education schedules that create and maintain student or student/teacher cohorts and procedures to limit mixing of students, staff, and cohorts.

The CDC recommends schools implement policies to maintain six feet (2 arm lengths) between students, staff and others who are not living in the same household. Distancing guidelines apply both indoors and outdoors. The CDC also recommends that when maintaining 6 feet of distance is not feasible, to try keeping as close to 6 feet apart as

possible, recognizing that the closer you are, the more likely it is for respiratory droplets to be passed between people. While there is some evidence that shorter distances may be adequate, **MDH requires that schools make all reasonable efforts to implement the 6-foot distancing rule to the greatest extent possible.**

In situations where maintaining physical distance is difficult, it is especially important to wear cloth face coverings. In areas where it is difficult for individuals to remain at least 6 feet apart (e.g., reception desks), schools can consider additional strategies such as installing physical barriers, such as sneeze guards and partitions. Schools can also consider using outdoor space, weather permitting, to enable social distancing. There are many strategies recommended by MDH to practice physical distancing in the school setting. These include but are not limited to:

- Stagger arrival and dismissal time for students by group;
- Develop and maintain cohorts of students by classroom throughout the day to limit mixing of groups of students;
- Cluster lockers near the classroom for each cohort to limit hallway movement of large groups of students;
- Reduce the volume of material to be carried by students to limit the need for use of lockers;
- Assign each student cohort to one designated classroom and have teachers move between classrooms;
- Avoid mixing cohorts of students at arrival and dismissal time or in shared areas which may involve using multiple entrances to the building;
- Prohibit parents/ guardians and other visitors from entering the building unless necessary;
- Have teachers structure their teaching to maintain a distance of 6 feet between children;
- Limit the use of shared space (breakrooms) for staff unless it can be cleaned and disinfected and 6 feet distance can be maintained when more than one person is using the space;
- Limit use of the cafeteria by having meals in classrooms;
- Create 6 feet distance between desks in the classroom;
- Rotate the use of shared areas (cafeterias, gymnasiums, auditoriums, breakrooms) by different individuals or cohorts; and
- Repurpose large areas in the nonpublic school (e.g., cafeteria, auditorium) to become classrooms.

NOTE: The MDH does not have specific guidance regarding class size. Each school should determine how the physical distancing requirements can be met. This may require reducing class size. Local school systems and nonpublic schools should refer to the [Governor's Roadmap to Recovery Plan](#) for requirements that may impact class size.

The links in the resources section of this document from the American Academy of Pediatrics gives additional guidance on distancing for Pre-K, elementary, secondary, special education, buses, playgrounds, and hallways. The National Association of School Nurses recommends that installation of physical barriers like partitions or sneeze guards should be considered when physical distancing is not possible.

12. May children use the playground available at the school?

Children may use playground equipment only if social distancing is maintained, and if the playground structure is able to be cleaned according to [CDC guidance](#). Other outdoor toys should be cleaned and sanitized between groups (e.g., sandbox toys, tricycles). Only one classroom of children may use the playground at a time. If the playground is used, it should be cleaned at least daily. Children should wash their hands immediately after playing on the playground. Use the cleaners typically used at your facility. Guidance is available for the selection of appropriate sanitizers or disinfectants.

13. If a student, educator, or other school staff member is a laboratory confirmed case of COVID-19 or has COVID-19-like illness, what should the school do?

The school should follow the MDH/MSDE guidance entitled "[Response to a Laboratory Confirmed Case of COVID-19 and Persons with COVID-19-like Illness in Schools](#)" for exclusion, isolation, quarantine, communication and notification processes. Per the above guidance, each school should identify a room or other area for isolation of persons who become ill during the day that is separate and distinct from rooms that are used for other purposes. The isolation room/area must also provide the appropriate level of safety and supervision for an ill student.

If a student develops symptoms of COVID-19 during the school day, safely isolate the student. Contact the student's parent/guardian and arrange for safe transportation to a healthcare facility or home, as soon as possible. It is important that parents are informed of the policy regarding the timeframe for when to pick up an ill student.

If an educator or other nonpublic school staff member develops symptoms of COVID-19 during the school day, the person must vacate the premises, as soon as possible.

MDH recommends schools provide regular updates to students' parents and guardians on the school's COVID-19 status and inform students, parents and guardians, and staff in a timely fashion about COVID-19 cases and outbreaks in the school while following federal and state confidentiality laws.

Health General, [sections 18-102\(b\)](#) and [18-208\(b\)](#) require the Secretary of Health and county health officers to take actions to prevent the spread of contagious diseases like COVID-19. The regulations implementing these sections also authorize the Secretary and health officers to issue special instructions for control of a disease and require persons in charge of schools to comply with directives issued by the Secretary and health officers. See [COMAR 10.06.01.06A, .06F\(2\)](#). If indicated, a classroom or the entire school may need to be closed as part of the quarantine procedure instructions.

The local health department will work with a school to determine if a school must close and the length of closure according to the MDH guidance.

14. If a student, educator, or other school staff member has a laboratory confirmed case of COVID-19 or has COVID-19-like illness, how long should they be excluded from work or school?

The person with **laboratory confirmed COVID-19 or COVID-19-like illness may** return to work or school 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.

The above guidance is referred to as a symptom-based strategy for release from isolation. Testing to clear a person for return (i.e., a test-based strategy) is no longer recommended.

If the student, educator or other school staff member with laboratory confirmed COVID-19 has **never had any symptoms**, he or she may return to work or schools when at least 10 days have passed since the date of the person's first positive COVID-19 diagnostic test.

Note: If the student, educator or other school staff member with COVID-19-like illness receives a **negative RT-PCR**

test result or has a specific alternative diagnosis, they may return to work or school once they are fever-free for 24 hours without the use of fever-reducing medication, their symptoms have improved and the criteria in the [Communicable Diseases Summary](#) have been met as applicable. **If there is a suspicion or concern that the negative test is not accurate, or symptoms are not improving, the person should work with their health care provider to determine if retesting or a longer period of isolation is required.**

15. When can a student or staff person who is quarantined at home due to being a close contact of a person with laboratory confirmed or probable COVID-19 return to school?

Close contacts of a person with COVID-19 or probable COVID-19 who was in the school building should be identified by the school and the local health department for the purpose of making quarantine recommendations. These close contacts should not attend school, work in or visit a school building until completing quarantine per the following MDH guidance.

A quarantine period of 14 days remains the safest option for close contacts of persons with confirmed or probable COVID-19. Based on updated guidance from the CDC, the following option to shorten quarantine may be an acceptable alternative in the school setting depending upon local circumstances:

- Quarantine can end after Day 10 if NO symptoms have been reported during daily monitoring during the entirety of quarantine; AND
- Daily symptom monitoring continues through Day 14; AND
- Persons are counseled regarding the need to adhere strictly to all recommended mitigation strategies including correct and consistent mask use, social distancing, and self-monitoring for symptoms of COVID-19 through Day 14; AND
- Persons are advised that if any symptoms develop, they should immediately self-isolate and contact their health care provider to determine if they need to be tested and how long they should be excluded from work or school.

Note: For persons that are unable to comply with correct and consistent mask use including children under 5 years of age and persons with a disability or medical condition that makes wearing a face mask unsafe, a shorter quarantine option may NOT be used and these persons must quarantine for a full 14 days.

Schools and local school systems should determine the best quarantine option for their population in consultation with the local health department.

16. When can a student or staff person who is quarantined at home due to being a close contact of a household member with laboratory confirmed or probable COVID-19 return to school?

When a student or staff person needs to quarantine due to being the close contact of a household member with laboratory confirmed or probable COVID-19, they should follow [CDC guidance](#) to prevent the spread of infection within the household. Persons 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 work or school once they complete quarantine according to the guidance in question #15. If the person is not able to avoid any close contact with the household member with confirmed or probable 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 the person could have been infected on the final day of the household member's isolation.

17. What policy or procedure should be used regarding staff members and families that are traveling?

Maryland guidance related to nonessential travel and COVID-19 testing and quarantine related to travel changes frequently. School personnel should refer to the most recent [Executive Order](#) issued by the Governor and [COVID-19 Advisory](#) issued by the Secretary of Health for updated recommendations and/or requirements regarding travel.

Schools and school systems should have a process for communicating to parents the expectation that they follow these recommendations and/or requirements. Schools may ask parents to inform them of travel and/or provide COVID-19 test results after travel.

18. How will contact tracing be conducted in the school if a student, educator or other school staff member tests positive for the COVID-19 virus?

While the contact tracing process identifies when a person attends or works in a school setting, families, educators or other school staff members who have tested positive should inform the school, as soon as possible to begin the contact tracing process. When a local health department is notified of a positive COVID-19 virus lab result the contact tracers will work with the local health department and the affected person to identify close contacts to be notified to quarantine. The school should work with the contact tracing staff to identify close contacts in the school setting. It is important that schools maintain confidentiality during the contact tracing process in accordance with the [U.S. Department of Education](#) guidance regarding the Family Educational Rights and Privacy Act (FERPA) or individual school privacy policies as applicable.

19. Should the school let families know if a student, educator or other school staff member tests positive for COVID-19?

The school should follow the communication and notification procedures in the guidance entitled "[Response to a Laboratory Confirmed Case of COVID-19 and Persons with COVID-19-like Illness in Schools](#)". It is important that schools maintain confidentiality during the contact tracing process in accordance with the [U.S. Department of Education](#) guidance regarding the Family Educational Rights and Privacy Act (FERPA) or individual school privacy policies as applicable.

20. Should children and adults wear cloth face coverings while in school?

Yes. Cloth face coverings are non-medical coverings that protect others if the wearer has COVID-19 and may be asymptomatic. There are many types of cloth face coverings. For school use, there is not a specific type of cloth face covering that is recommended. However, face coverings should be worn as [recommended by the CDC](#). Cloth face coverings must be worn in schools according to the [MDH/MSDE guidance](#). The specific requirements are below:

- All students age 5 years and above, school staff or other adults, and bus drivers must wear a cloth face covering while on a school bus or school-provided transport, while in the school building, and on school grounds when not contraindicated due to a medical condition, developmental immaturity, disability, or other health or safety concerns as indicated by the CDC;
- Other adults must wear cloth face coverings when they must enter the school building or school grounds when not contraindicated due to a medical condition, disability, or other health or safety concerns as indicated by the CDC; and
- The use of cloth face coverings is most important at times when physical distancing measures cannot be effectively implemented, especially when indoors.

NOTE: Cloth face coverings should not be worn by children under the age of 2 years and anyone who has trouble breathing or is unconscious, incapacitated, or otherwise unable to remove a face covering without assistance.

21. Should children in pre-kindergarten programs wear cloth face coverings?

The use of cloth face coverings is recommended for pre-kindergarten students below age 5 years on the school bus, in the school building, and on school grounds when not contraindicated due to a medical condition or developmental or safety considerations. Schools should follow the MDH/MSDE [“Guidance for Use of Cloth Face Coverings in Child Care Programs”](#) when considering the use of a cloth face covering in students below age 5 years.

NOTE: Cloth face coverings should not be worn by children under the age of 2 years and anyone who has trouble breathing or is unconscious, incapacitated, or otherwise unable to remove a face covering without assistance.

22. How should school buses be cleaned and disinfected?

To clean and disinfect school buses or other transport vehicles, see guidance for [bus transit operators](#). If buses will be used to transport separate groups of students on the same day, schools should clean and disinfect the bus between groups when feasible.

23. How should physical distancing and other mitigation practices be done on the school bus?

The CDC provides guidance (below) regarding strategies to reduce the risk of [transmission on buses](#):

- Drivers should practice all safety actions and protocols as indicated for other school staff (e.g., hand hygiene, cloth face coverings).
- Drivers can create distance between children on school buses, including seating children one student per row facing forward and skipping rows between students. However, students who live in the same household may sit together if needed. Schools may consider alternative strategies to accommodate the reduced number of students on buses, such as staggered pick up and drop off times or additional bus routes.
- Schools should consider having spare, clean cloth face coverings available to ensure all students wear cloth face coverings on the school bus.
- Drivers can open bus windows to increase circulation of outdoor air but **should ensure that doing so does not pose a safety or health risk (e.g., risk of falling)**.
- During arrival and dismissal, schools may provide physical guides, such as signs and tape on the sidewalk, to ensure that students and school staff remain at least 6 feet apart while waiting for transportation.

24. Do students still need to have all the usual vaccinations if school is remote-only?

Yes. School immunization requirements remain in effect whether students are in the physical school building or are participating through virtual learning. Therefore, school officials should conduct assessments of school immunization records prior to the start of the 2020-2021 school year.

In addition, the regulations regarding temporary admission and retention remain in effect at this time. Students that do not have the required vaccinations on the first day of school (i.e. virtual and in-person school) must demonstrate proof of vaccination, positive titer results, or proof of a vaccination appointment to occur within 20 calendar days.

25. How should schools perform cleaning and disinfecting?

School cleaning should be done according to the CDC [“Reopening Guidance for Cleaning and Disinfecting Public Spaces, Workplaces, Businesses, Schools, and Homes.”](#) The guidance provides information on [EPA registered products](#) effective against the COVID-19 virus.

When using shared spaces or classrooms and rotating cohorts into and out of the space, the space should be cleaned and disinfected between cohorts of students.

HELPFUL RESOURCES

Centers for Disease Control and Prevention

People Who Need to Take Extra Precautions - People at Increased Risk for Severe Illness

<https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/index.html>

Symptoms of Coronavirus

<https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>

Clinical Presentation in Children

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/pediatric-hcp.html>

Public Health Guidance for Community Related Exposure

<https://www.cdc.gov/coronavirus/2019-ncov/php/public-health-recommendations.html>

When to Quarantine

<https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine.html>

Guidance for Businesses and Employers Responding to Coronavirus 2019

<https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html>

Discontinuation of Isolation for Persons with COVID-19 Not in Healthcare Settings

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html>

Face Coverings

<https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html>

Travel Guidance

<https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html>

Operating Schools During COVID-19

<https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/schools.html>

School Cleaning Guidance

<https://www.cdc.gov/coronavirus/2019-ncov/community/clean-disinfect/index.html>

Social Distancing

<https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/social-distancing.html>

Getting Schools Ready for In-Person Learning: How to Plan and Execute a COVID-19 Mitigation Walkthrough

<https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/321420-Walkthrough.pdf>

Back to School Planning: Checklists to Guide Parents, Guardians, and Caregivers

<https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/parent-checklist.html#planning-in-%20person-classes>

Maryland State Department of Education

Maryland Recovery Plan

<http://marylandpublicschools.org/newsroom/Documents/MSDERecoveryPlan.pdf>

Maryland School Reopening Guidance

<https://governor.maryland.gov/wp-content/uploads/2021/01/MD-School-Reopening-Guidance-1.23.21.pdf>

Guidance for Use of Cloth Face Coverings in Schools

<http://marylandpublicschools.org/newsroom/Documents/COVID/MDHSchoolFaceCoveringGuidance.pdf>

COVID-19 Guidance for Child Care Facilities

https://earlychildhood.marylandpublicschools.org/system/files/filedepot/3/covid_guidance_full_080420.pdf

Response to a Laboratory Confirmed Case of COVID-19 and Persons with COVID-19-like illness in Schools, Child Care Programs, and Youth Camps

<https://phpa.health.maryland.gov/Documents/COVID%20response%20for%20schools%20with%20decision%20aid%20Update%203%20FINAL%201.7.21.pdf>

Student Transportation

<http://www.marylandpublicschools.org/about/Pages/DBS/Pupil-Transportation/index.aspx>

Maryland Public Secondary School Athletic Association Guidance

<https://www.mpssaa.org/membership-services/roadmap-for-return-of-interscholastic-athletics-covid-19-updates/>

Maryland Department of Health

Coronavirus Disease 2019 (COVID-19) Outbreak

<https://coronavirus.maryland.gov/>

School COVID-19 Resources and Outbreak Data

<https://coronavirus.maryland.gov/pages/school-resources>

Maryland State Local Health Department COVID-19 Contacts

https://earlychildhood.marylandpublicschools.org/system/files/filedepot/3/lhd_covid-19_contacts_msde_occ_5-13-2020_1.pdf

Environmental Protection Agency

Disinfectants for Use Against SARS-CoV-2 (COVID-19)

<https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2-covid-19>

United States Department of Education

Questions and Answers on Providing Services to Children with Disabilities during the Coronavirus Disease 2019 Outbreak (March 2020)

<https://sites.ed.gov/idea/idea-files/q-and-a-providing-services-to-children-with-disabilities-during-the-coronavirus-disease-2019-outbreak/>

Supplemental Fact Sheet Addressing the Risk of COVID-19 in Preschool, Elementary and Secondary Schools While Serving Children with Disabilities

<https://sites.ed.gov/idea/idea-files/supplemental-fact-sheet-addressing-risk-covid-19-preschool-elementary-secondary-schools-serving-children-disabilities-march-21-2020/>

FERPA and the Coronavirus Disease 2019 (COVID-19)

<https://studentprivacy.ed.gov/resources/ferpa-and-coronavirus-disease-2019-covid-19>

Other

National Association of School Nurses <https://www.nasn.org/nasn/nasn-resources/practice-topics/covid19>

YouTube Quick Videos on social distancing (15-30 seconds)

http://coronavirus.adcouncilkit.org/all-assets?crb_message-category=75

COVID-19: Resources for Reopening Healthy Schools

<https://citiesandschools.berkeley.edu/index.php/covid-school-facilities>

ASHRAE Reopening Guide for Schools and Universities

<https://www.ashrae.org/technical-resources/reopening-of-schools-and-universities>

American Academy of Pediatrics

- Guidance for School Re-Entry: <https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/clinical-guidance/covid-19-planning-considerations-return-to-in-person-education-in-schools/>
- Interim Guidance for Return to Sports: <https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/clinical-guidance/covid-19-interim-guidance-return-to-sports/>
- Cloth Face Coverings: <https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/clinical-guidance/cloth-face-coverings>

National Association for Pupil Transportation

- COVID-19: <https://www.napt.org/covid>
- STARTS Task Force <https://www.napt.org/starts>

Specialized Health Needs Interagency Collaboration

https://www.kennedykrieger.org/sites/default/files/library/documents/community/specialized-health-needs-interagency-collaboration-shnic/Edits_08152020_SHNIC_Covid_SpecialHealthNeeds.pdf

Association of State and Territorial Health Officials

https://www.astho.org/COVID-19/School-Reopening-Planning/?utm_campaign=phpartners&utm_medium=email&utm_source=govdelivery

Music Classes:

<https://www.nfhs.org/articles/unprecedented-international-coalition-led-by-performing-arts-organizations-to-commission-covid-19-study/>

Johns Hopkins Consortium for School-Based eSolutions. COVID-19 School Re-Opening Learning Modules:

https://schoolhealth.jhu.edu/covid19_resources/modules/