



# **COVID-19 OPERATING GUIDELINES: Broad Branch Children's House**

**Updated July, 2020**

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## 1. OPENING PLAN

Broad Branch Children's House, using the resources of OSSE, the CDC and the DC Department of Health, has been diligently working on a plan that allows us to re-institute in-person learning. Our reopening plan has been in an extreme state of evolution as we have worked with official agencies to develop guidelines and policies that incorporate best public health practices with best educational practices. This plan is, of course, subject to change and all decisions will be made in collaboration with the appropriate health officials who can help determine levels of COVID-19 community transmission and the capacities of the local public health system and healthcare systems. However, we are confident that we currently have a solid foundation for a plan that moves us safely towards a return to normalcy.

Our plan is outlined below. A more detailed procedure is currently being prepared. The format is based on latest guidance from the CDC and mirrors the format of that guidance. It is organized in a series of four Phases to inform a gradual scale up of in-person learning. Some amount of community mitigation is necessary across the first three Phases until a vaccine or therapeutic drug becomes widely available.

### A few items we would like to call out:

1. **The school will start in June** with reduced group sizes and hours. The hours will be increased on a set schedule to be determined.
2. **Children will be placed in a cohort group.** Those groups will not mix.
3. **Children who have symptoms of Covid-19 or have been exposed to Covid-19** will be excluded from school until it is safe for them to return.
4. **If a child in a cohort group has been exposed to or has Covid-19,** the entire cohort group may be excluded from school until it is safe for them to return.
5. **Parents to take their child's temperature prior to bringing them to school** every morning. If they have a temperature of 100.4 or above, they should not be brought to school.
6. **Parents will be asked to supply a mask and/or face shield for their child, if they wish for their child to wear protective items while at school. (This is recommended for children age 3 and up.)**

### Health & Safety Protocol

During all Phases, we will establish and maintain communication with health officials to determine current mitigation levels in the larger community and update procedures to align with current best practices and public health guidance.

### The Plan Overview

#### Scaling Up In-Person Learning:

- **Phase 1:** Begin in-person learning on a limited basis.
- **Phase 2:** Expand in-person learning with enhanced social distancing measures.
- **Phase 3:** Remain open for all children with appropriate social distancing measures.
- **Phase 4:** Return to 'Normal Operations'

**PROMOTE HEALTHY PERSONAL HYGIENE PRACTICES, TRAIN STAFF AND REINFORCE – DURING PHASES 1 – 3:**

- **Hand washing**, upon entering the class; before and after touching face, eating, toileting; and throughout the day for staff and children
- **Covering coughs and sneezes**, among children and staff with elbow or tissue
- **Use of Face Shields and/or Cloth Face Coverings**
  - **STAFF:** Face coverings are most essential at times when social distancing is not possible. Staff will be instructed and reminded not to touch the face covering and to **wash their hands** frequently. Information will be provided to all staff on proper use, removal, and washing of cloth face coverings and or face shields
  - **CHILDREN:** \*PARENT SUPPLIED\* For children above the age of two. We are promoting face shields over masks because we believe they are more age appropriate. However, parents may wish to send their child in a face shield, a mask, or a mask AND a shield.
    - Here are some examples of face shields available on Amazon:  
[https://www.amazon.com/s?k=kids+face+shield&ref=nb\\_sb\\_noss\\_1](https://www.amazon.com/s?k=kids+face+shield&ref=nb_sb_noss_1)
- **Remove shoes & change into slippers upon entering classroom.**

**PROMOTE HEALTHY ENVIRONMENTAL HYGIENE, INTENSIFY CLEANING, DISINFECTION, AND VENTILATION:**

- **Post signs on how to stop the spread of COVID-19**, properly wash hands, promote everyday protective measures, and properly wear a face covering.
- **Have adequate supplies to support healthy hygiene behaviors**, including soap, hand sanitizer with at least 60 percent alcohol (for staff and older children who can safely use hand sanitizer), paper towels, and tissues.
- **Clean, sanitize, and disinfect frequently touched surfaces** multiple times per day and **shared objects between use**. Frequently touched surfaces include items like: playground equipment, door handles, sink handles, and drinking fountains.
- **Avoid items not easily cleaned**, sanitized, or disinfected; like soft or plush toys
- **Ensure safe and correct application of disinfectants.**
- **Ensure that ventilation systems** operate properly and increase turnover rate of fresh air.

**PROMOTE SOCIAL DISTANCING - SCHOOL WIDE – DURING PHASES 1 AND 2:**

**Prevent risk of transmitting COVID-19 by avoiding immediate contact** (such as shaking or holding hands, hugging, or kissing).

- **Ensure that classes include the same cohort** or group of children each day and that the same teachers remain with the same group each day. Restrict mixing between groups.
- **Stagger arrival and drop-off times** or put in place other protocols to limit direct contact with parents as much as possible.

- **Restrict nonessential visitors**, volunteers, and activities involving other groups at the same time.
- **Stagger use of communal use spaces** and disinfect in between uses.
- **Cancel all field trips**, limit gatherings, events, inter-group events, and extracurricular activities (Step 1).

#### **PROMOTE SOCIAL DISTANCING IN THE CLASSROOM – DURING PHASES 1 AND 2:**

**Keep each child’s belongings separated** and in individually labeled cubbies or containers and send them home to be cleaned as appropriate

- **Space out seating and work areas in the classroom**, assigned tables and marked spaces for rugs, using 6ft social distancing guidance.
- **Arrange Naptime bedding**, (head-to-toe positioning) six feet apart if possible
- **Serve snacks & meals in classrooms**. Have pre-packaged snack boxes or bags for each child. Avoid sharing of foods and utensils. Put each child’s meal on a disposable plate and ensure they do not share food.
- **Limit use of supplies and equipment** by one group of children at a time and clean and disinfect between use.
- **Avoid sharing** books and learning aids between children.

#### **PROMOTE SOCIAL DISTANCING – DURING PHASE 3:**

- Avoid sharing of food and utensils
- Limit immediate contact where possible (such as shaking hands, hugging, holding hands, etc.)
- Keep each child’s belongings separated and in individually labeled cubbies or containers and have them taken home and cleaned.

#### **MONITORING AND PREPARING FOR SCHOOL, CHECK FOR SIGNS AND SYMPTOMS – DURING PHASES 1 – 3:**

- **Parents - screen children at home**. If any child has a fever or shows other symptoms, they should be kept at home and the School should be notified. They will be allowed to return to school when it is safe for them to do so.
- **Staff - self-screen at home**. If any staff has a fever or shows other symptoms, they should stay home and the School should be notified. They will be allowed to return to school after they have a note from their doctor indicating it is safe for them to do so.
- **Staff and children are screened upon arrival**. Their temperature should be below 100.4 and they should be free of symptoms.
- **Staff and children will be rescreened periodically throughout the day**. If any child has a fever or shows other symptoms, they will be immediately isolated until they can leave the School grounds. They will be allowed to return to school when it is safe for them to do so.

### **PLAN FOR WHEN STAFF MEMBER CHILD OR VISITOR BECOMES SICK – DURING PHASES 1 – 3:**

- **Identify an isolation area** to separate anyone who exhibits COVID-like symptoms during hours of operation and ensure that children are not left without adult supervision.
- Establish procedures for safely transporting anyone sick to their home or to a healthcare facility, as appropriate.
- **Notify local health officials, staff, and families immediately** of any possible case of COVID-19 while maintaining confidentiality consistent with the Americans with Disabilities Act (ADA) and other applicable federal and state privacy laws.
- **Close off areas used by any sick person** and do not use them until they have been cleaned. Wait 24 hours before you clean or disinfect to reduce risk to individuals cleaning. If it is not possible to wait 24 hours, wait as long as possible.
- **Those who have had close contact to a person diagnosed with COVID-19** will stay home and self-monitor for symptoms, and to follow CDC guidance if symptoms develop. If a person does not have symptoms follow appropriate CDC guidance for home isolation.

### **MAINTAIN HEALTHY RELATIONSHIPS – DURING PHASES 1 – 3:**

- **Implement flexible sick leave policies.**
- **Monitor absenteeism** to identify any trends in employee or child absences due to illness. This might indicate spread of COVID-19 or other illness. Have a roster of trained back-up staff in order to maintain sufficient staffing levels.
- **Designate a staff person to be responsible for responding to COVID-19 concerns.** Employees should know who this person is and how to contact them.
- **Create a communication system for staff and families for self-reporting of:**
  - symptoms
  - notification of exposures
  - notification of closures.

## **2. WHAT MAY BE DIFFERENT WHEN WE ARE OPEN?**

- Ratios/staffing.
- Physical distancing.
- Vigilant hygiene.
- Personal Protective Equipment (PPE).
- Exclusion criteria.
- Daily health checks.
- Space for ill children and staff.
- Serve children individually.
- Supplies.

## WHAT PRACTICES ARE DIFFERENT NOW?

BEST PRACTICES	NEW PRACTICES
Drop off and Pick Up	Minimize contact
Communication with families	6 feet distance and socially engage
Health screening	Screen children and staff
Stable groups	Maintain separate groups
Exclusion criteria	Fever, cough, short of breath
Regular hand hygiene	Vigilant 20 seconds handwashing
Cleaning, sanitizing and disinfecting	Clean and disinfect
Food preparation and nutrition	Serve children individually
Physical activity	Outdoor time, New activities
Support ECE providers	Identify vulnerable groups, masks

### 3. DROP OFF PROTOCOL

- Stagger arrival and drop off times.
- Plan arrival and drop off outside the facility.
- Provide hand sanitizer for parents for sign-in/out.
- Limit direct contact with parents/guardians.
- Designated parent or person should not be a 'vulnerable' person.
- Refrain from hugging and shaking hands.

At drop off a child must be free from COVID-19 symptoms. Children and staff should be screened for the presence of respiratory symptoms or fever upon arrival to the facility each day using a three-step process. Our schools will require temperature checks, following all recommended guidelines:

1. The child's temperature must be taken at home and a picture of the temperature emailed to [bbch@metromontessori.com](mailto:bbch@metromontessori.com) at least 30 minutes prior to arrival. If we have not received a temperature check prior to arrival, we will take the child's temperature at BBCH.

The following interim guidance has been developed to assist preschools and child care facilities in daily temperature and symptom screening without the need for Personal Protective Equipment (PPE), as recommended by the Centers for Disease Control and Prevention (CDC). This guidance may change as PPE becomes more widely available.

1. **Temperature and symptom screening:** Done at home prior to arrival, or upon arrival if temperature has not been sent to school.
2. **ASK:** The child's parent/guardian should be asked if the child has any symptoms of COVID-19 and if there are persons in the household with symptoms of COVID-19; or if the child or any member of their household has had fever, shortness of breath, or cough.

**3. LOOK:** Child care staff should visually inspect each child and staff member for signs of illness which could include flushed cheeks, rapid breathing or difficulty breathing (without recent physical activity), fatigue or extreme fussiness and health questions when concerned.

- Ask parents and caregivers to wash their own hands and assist in washing the hands of their children before drop off, prior to coming for pick up, and when they get home.
- Ask parents and caregivers to bring their own pens when signing children in and out.
- Install hand sanitizers, out of the reach of children, near all entry doors and other high traffic areas.

All of this should be performed using social distancing, and with parents/guardians, staff and children wearing non-medical face coverings, as appropriate and feasible.

All child care program staff should monitor their temperature at home and report the temperature to the Head of School prior to arrival to the facility. If a temperature is not reported, a temperature should be taken by another staff member following the procedure above.

School staff should also be monitoring themselves for any symptoms of COVID-19 and should not enter the facility if they have a fever or other signs of illness or have persons in their household with symptoms of COVID-19.

Any child or staff member with a fever of 100.4<sup>0</sup> or greater on physical check OR with signs of illness on visual inspection OR reporting that they or any member of their household has had symptoms of COVID-91 OR fever, cough, or shortness of breath shall not be admitted. Such families or staff shall be instructed to call their health care provider to determine next steps.

In the event that a staff member needs to check a child's temperature, they must follow additional steps to do so safely, as outlined in Centers for Disease Control and Prevention, CDC's guidance. This includes the use of barrier protection/partition OR personal protective equipment (PPE).



## 4. COMMUNICATING WITH FAMILIES

- Communication will be done via email, Zoom meetings, and phone calls, until restrictions for in-person visits are lifted.
- School Operations and Staff Hours.
  - August 31: School resumes, with a half-day schedule
  - September 8: 8:00am to 3:00pm hours.
  - September 14: 8:00am to 6:00pm hours begin.
- Parent-Teacher conferences via Zoom video conference.
- Staff Meetings will continue via Zoom video conference.

## 5. SOCIAL DISTANCING

### Physical, rather than Social, Distancing

- Social engagement is a priority at BBCH.

Social and physical distancing is a practice recommended by public health officials to slow down the spread of disease. It requires the intentional creation of physical space between individuals who may spread contagious and infectious diseases. It additionally requires canceling or postponing the number of gatherings and group activities, reducing all group sizes, and maintaining six feet of distance between every individual, as much as possible.

### Teacher to Child Ratio & Group Size Guidance

We must adhere to the modified group sizes/student:teacher ratios set forth by OSSE.

Follow the group sizes as required by federal, state or local authorities. Note that the group sizes below do not include the teacher. When mixed ages are present and include an infant under 18 months, adherence to the ratio must be followed to allow for responsive caregiving. If all children being cared for are infants, adherence to the ratio must be followed within a group size.

- To the degree possible, keep the same children and teacher or staff with each group and include children from the same family in the same group, to the greatest extent possible (as opposed to rotating teachers or children).
- Maximize spacing between individuals in a classroom, including while at tables and in group and individual activities.
- No large group activities and activities requiring children to sit or stand in close proximity, e.g., circle time.
- Minimize classroom mixing on the playground, in the cafeteria, in the restroom, and other shared spaces.
- Restrict all outside volunteers or visitors, except adults approved to pick up or drop off enrolled children.
- Extend the indoor environment to outdoors, and bring the class outside, weather permitting.
- Open windows to ventilate facilities before and after children arrive.

- Arrange developmentally appropriate activities for smaller group activities and rearrange furniture and play spaces to maintain 6-foot separation, when possible.
- Find creative ways to use yarn, masking tape, or other materials for children to create their own space.

#### **Group Size: Stability and Ratios**

- Ratios.
- State Licensing.
- Exemptions during the Pandemic.
- Stability.

#### **Physical Distancing**

- Arrange furniture to give children more space.
- Open windows for fresh air.
- Place cots and cribs a good distance apart (6 feet, if possible) with children facing head to toe at naptime.

### **6. USE OF MATERIALS AND ACTIVITIES**

- Work spaces noted by a label with the child's name/picture.
- Remove large tables from the classrooms, in order to accommodate individual workspaces.
- All other smaller tables must have only one child at a time.
- Each child has their own work mat
- One child is permitted to use an activity at a time.
- Materials/Activities that have been used must be cleaned at the end of each class period.
- All classrooms are professionally cleaned and disinfected daily

### **7. DAILY HEALTH SCREENING**

- Helps provider check-in with child and parent/ guardian.
- Helps children feel comfortable.
- Fosters communication with parents.
- Slows the spread of disease by excluding children with signs of illness.
- Do not admit children with a fever (over 100.4 F), cough, trouble breathing.

If, during the day, any of the following symptoms appear the child will be separated from the rest of the people in the school. Parents will be contacted, and the child **MUST** be picked up from the facility within 30 minutes of being notified.

Symptoms include:

- Fever of 100.4 degrees Fahrenheit or higher.
- Dry cough.
- Shortness of Breath.
- Chills.

- Loss of taste or smell.
- Sore Throat.
- Muscle aches.

While we understand that many of these symptoms can also be related to non-COVID-19 related issues we must proceed with an abundance of caution during this Public Health Emergency. These symptoms typically appear 2-7 days after being infected so please take them seriously. **All children will need to be symptom free without any medications for 72 hours before returning to the school.**

## 8. HYGIENE

**Practice Healthy Hygiene.** Teach, model, and reinforce healthy habits and social skills.

- Explain to children why it's not healthy to share drinks or food, particularly when sick.
- Frequent handwashing, at least every two hours, by teaching a popular child-friendly song or counting to 20 (handwashing should last 20 seconds).
- Teach children to use tissue to wipe their nose and to cough inside their elbow.
- Model and practice handwashing before and after eating, after coughing or sneezing, after playing outside, and after using the restroom.

Staff are to follow the below hygiene practices to help keep child care facilities clean and safe. Families are encouraged to follow the same practices.

All children, staff, and volunteers should engage in hand hygiene. Hand-washing should take place frequently throughout the day, including:

- At the entrance to the facility.
- Next to parent sign-in sheets, including sanitary wipes to clean pens between uses.
- Arrival to school and after breaks.
- After going to the bathroom, helping a child use the bathroom or changing a diaper.
- Before and after preparing food or drinks.
- Before and after eating or handling food, or feeding children.
- After blowing or supporting a child with blowing their nose, coughing, or sneezing.
- Before and after administering medication or medical ointment.
- Before and after diapering.
- After coming in contact with bodily fluid.
- After playing outdoors or in sand.
- After handling wastebaskets or garbage.
- After handling animals or cleaning up animal waste.

Signage should be placed in every classroom and near every sink reminding staff of hand-washing protocols.

- Wash hands with soap and water for at least 20 seconds. If hands are not visibly dirty, staff may use alcohol-based hand sanitizers with at least 60% alcohol can be used if soap and water are not readily available.
- Assist children with handwashing, including infants who cannot wash hands alone.
  - After assisting children with handwashing, staff should also wash their hands.
- Place posters describing handwashing steps near sinks. Developmentally appropriate posters in multiple languages are available from CDC.

Child care staff that work with very young children should take additional steps.

- While washing, feeding or holding infants or very young children, staff should:
  - Pull long hair off of neck, as in a pony-tail.
  - Remove and wash their clothing and/or the child's clothing if touched by any secretions.
  - Wash their hands or body if touched by secretions or after handling soiled clothes.

### **Toileting/Use of the Bathrooms:**

Use this time as an opportunity to reinforce healthy habits and monitor proper handwashing.

- Teach children to use a tissue when using the handle to flush the toilet.
- Wash hands for 20 seconds and use paper towels (or single use cloth towels) to dry hands thoroughly.
- No more than one student can be in the shared bathroom space at a time.
- Each group of children will be assigned its own bathroom stall exclusively for at all times.

### **Napping**

- Space cots 6 feet apart from each other.
- Arrange the head of each bed alternately, in opposite directions, to lessen the possible spread of illness between children from coughing or sneezing.

## **9. NON-MEDICAL (CLOTH) MASKS**

- Adults and children over 2 years should wear a cloth face covering that covers your nose and mouth when in the community. (Masks are required for all staff.)
- A cloth face covering prevents the spread of the virus from the user to another person. It also prevents the user from touching their nose and mouth.

## **10. EXCLUSION AND DISMISSAL CRITERIA**

Children and staff should **stay home, or not be admitted**, if the child, staff member, or *any* member of their household has had a temperature of 100.4 degrees or higher, cough, or shortness of breath OR if there are any signs of illness upon arrival. Parents/guardians and staff should call their health care provider for further directions.

If a child or staff member stays home due to any of the above symptoms, the child or staff member must:

- Remain home until 72 hours **after** the fever and symptoms have resolved without the use of fever-reducing medication; **AND**
- At least seven days after symptoms first appeared, **whichever is later**.

#### **Dismissal Criteria:**

If a child or staff member develops a fever or other signs of illness, the Head of School should follow Licensing Guidelines regarding the exclusion and dismissal of children and staff.

- For children, the Head of School should immediately isolate the child from other children, notify the child's parent/guardian of the symptoms and that the child needs to be picked up within 30 minutes, and immediately follow cleaning and disinfecting procedures for any area and toys with which the child was in contact.
- For staff, the Head of School should send the staff member home immediately and follow cleaning and disinfecting procedures for any area, toys and equipment with which the staff member was in contact.

#### **Reporting of Absences:**

Child care providers should report absences using the protocol in Section I: "Potential Exposure and COVID-19 Reporting."

- Contact your local public health department immediately if you are aware of confirmed COVID-19 cases among staff or children.
- Your local health department will provide guidance on when the infected person can return to the facility and if the facility needs to close.
- The duration of closures due to COVID-19 illness in ECE programs may be dependent on staffing levels, outbreak levels in the community and severity of illness in infected individual.

## **11. CLEANING, SANITIZING AND DISINFECTING**

Examine your Environment and implement procedures to frequently clean all touched surfaces:

- Have multiple toys and manipulatives accessible that are easy to clean
- and sanitize throughout the day.
- Limit the amount of sharing.
- Offer more opportunities for individual play and solo activities, such as fine motor activities (i.e., drawing, coloring, cutting, puzzles, and other manipulatives).
- Plan activities that do not require close physical contact between multiple children.
- Stagger indoor and outdoor play and adjust schedules to reduce the number of children in the same area.
- Designate a tub for toys that need to be cleaned and wiped after use.

All child care providers should regularly clean, disinfect and sanitize surfaces, toys and materials per licensing guidance on cleaning and disinfecting and the CDC's updated guidance for childcare providers.

- Emphasis must be placed on regular cleaning and disinfection of high-touch surfaces, including but not limited to door handles, chairs, light switches, elevator buttons, toilets, playground structures, and faucets.
- Toys, including those used indoors and outdoors, must be frequently cleaned and sanitized throughout the day.
  - Toys that have been in children’s mouths or soiled by bodily secretions must be immediately set aside. These toys must be cleaned and sanitized by a staff member wearing gloves, before being used by another child.
  - Machine washable toys should be used by only one child, and laundered in between uses.
  - Mats/cots and bedding should be individually labeled and stored.
- Mats/cots should be placed at least six feet apart while in use and cleaned and sanitized between uses.
  - Bedding should be washable and laundered at least weekly or before use by another child.
- For all cleaning, sanitizing, and disinfecting products, follow the manufacturer’s instructions for concentration, application method, contact time, and drying time prior to use by a child.
- Providers are encouraged to place signage in every classroom reminding staff of cleaning protocols.

## **12. FOOD PREPARATION AND MEALTIME**

- Staff and children wash hands before and after meal and snack times.
- All lunches will be provided by the parent in disposable containers. The school will not serve any school meals (including heating up food in the microwave).
- All snacks will be provided by the parent in disposables. The school will not serve any school snack.

## **13. PHYSICAL ACTIVITY**

- Remember to keep groups separate.
- Provide as much time outside as possible.
- Maintain distance between children at 6 feet, when possible.
- Plan activities that limit close physical contact, sharing of equipment, and waiting in line.
- The children will be scheduled for 30 minutes of playtime for every three hours that they attend school.
- There will be no more than one classroom on the playground at a time. After two consecutive classrooms, the playground will be closed for 30 minutes for cleaning before the next group will be allowed. During the school day, the playground will be cleaned regularly.
- Indoor Play Spaces: Children will be permitted to use the indoor play space for gross motor activities only. They will not have access to use any of the indoor or outdoor toys.

#### **14. Dismissal Protocol**

- Children will be escorted from the building or garden to their families. Physical distancing measures must be taken while families are waiting for their children.
- BBCH asks that all extended day families let us know, to their best knowledge, their daily pick-up time, so that we may dismiss children in a safe and efficient way.