

COVID-19 GUIDANCE FOR MARYLAND SCHOOLS

UPDATED MAY 2021



Summary of Changes – Revisions made May 17, 2021

- Updated definitions, replacing COVID-19-like illness with COVID-19 symptoms
- Updated guidance for temperature and symptom screening
- Clarified guidance on shortened quarantine and physical distancing
- Updated guidance on face coverings

The following guidance is provided by the Maryland Department of Health (MDH) and Maryland State Department of Education (MSDE) 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. *UPDATED* - 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.

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

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.

Individuals are fully vaccinated 2 weeks after receiving either 1) both doses of a 2-dose vaccine series or 2) a single dose vaccine.

Cohorting (or podding) is one of many mitigation strategies that schools can use to limit mixing between students and staff and to limit the spread of COVID-19. A cohort or pod is a **distinct group that stays together throughout the entire school day** during in-person learning, or over the course of any pre-determined period of time, so that there is minimal or no interaction between groups.

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. 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. All schools are expected to follow applicable guidelines from MDH, MDSE, local health departments, and the CDC for safe reopening of in-person instruction.

4. Do teachers, other school staff, and students need to be vaccinated against COVID-19 to engage in in-person instruction?

[Evidence to date](#) suggests that when schools effectively implement recommended prevention strategies, especially the consistent and correct use of face coverings and physical distancing, transmission within schools can be limited. This evidence was gathered prior to the widespread vaccination of teachers and other school staff; COVID-19 vaccinations are not yet approved for use in children under 12 years of age. Decisions about in-person learning should not be based on the level of vaccination of teachers, other staff, or students.

5. 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.

6. 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.

7. 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 and in [CDC guidance](#). For some students, accommodations may include a remote learning option.

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

8. Should schools conduct COVID-19 testing for students and staff?

According to [CDC guidance](#), viral testing in partnership with schools should be part of a comprehensive prevention approach. At minimum, schools should offer referrals to diagnostic testing to any student, teacher, or staff person who develops symptoms of COVID-19 at school and to any identified close contacts in the school setting. Diagnostic testing for SARS-CoV-2 is intended to identify if a person has SARS-CoV-2 infection and is performed when there is a reason to suspect that a person may be infected, such as having symptoms or suspected recent exposure. For those schools that have the appropriate staff, resources, and training, diagnostic testing may be conducted in the school setting. Schools may also refer students and staff for testing at community-based sites.

Some schools may also elect to use screening testing as a strategy to identify cases and prevent secondary transmission. Screening testing involves using SARS-CoV-2 viral tests to identify infected people without symptoms (or before development of symptoms) who may be contagious so that measures can be taken to prevent further transmission. The intent is to use the screening testing results to determine who may return to in-person school or work and the protective measures that will be taken, and to identify and isolate positive persons to prevent spread. Schools with the appropriate staff, resources, and training to conduct screening testing should refer to [CDC guidance](#) for specific testing recommendations.

9. *UPDATED* - Should schools perform temperature checks and symptoms screening of staff and students?

MDH/MSDE recommend daily temperature checks and symptom screening of all students and staff prior to the start of the school day. This may be done onsite upon arrival at school or by staff and parents at home. Schools should identify and choose the most feasible strategy to conduct these activities and refer to CDC guidance for [schools](#) and [child care](#) for additional instructions related to specific screening procedures.

Screening questions and procedures should be designed to ensure that **students, educators or other school staff do not enter a school if they have COVID-19 symptoms, have been in close contact with someone diagnosed with COVID-19 or suspected of having COVID-19, and have not completed quarantine per MDH and local guidance, if they are waiting for a COVID-19 test result, or if they have been diagnosed with COVID-19 and not completed isolation.**

It is important for schools and school systems to stress and reinforce frequently that students and staff who are sick or have any COVID-19 symptoms should not attend school or work. It is also important that schools communicate procedures for notifying the school of absences due to illness related to COVID-19 symptoms and the requirement for timely pick up of a student or staff (as applicable) who has a fever or positive symptom screening at the school.

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.

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

MDH/MSDE recommend that nonpublic schools and local schools systems follow [CDC guidance](#) for physical distancing while in the school building, on school grounds and on school buses. According to the CDC, students should be at least 3 feet apart in elementary schools. In middle schools and high schools, students should be at least 3 feet apart unless the school is in an area of high* community transmission and cohorting is not possible. In this situation, middle and high schools students should be 6 feet apart.

The CDC also recommends that 6 feet of distancing should be maintained in the following settings:

- Between adults (teachers and staff), and between adults and students;
- When masks cannot be worn, such as when eating;
- During activities when increased exhalation occurs, such as singing, shouting, band, or sports and exercise;
- In common areas, such as school lobbies and auditoriums;
- Between cohorts where possible.

There are a variety of structural interventions that schools and school systems can use to promote physical distancing. These include but are not limited to:

- Develop and maintain cohorts of students that remain together throughout the day to limit mixing of groups of students;
- Remove nonessential furniture and make other changes to classroom layouts to maximize distance between students;
- Face desks in the same direction where possible;
- Close communal use of shared spaces, such as cafeterias, if possible; otherwise, stagger use (and clean between use);
- Consider use of larger spaces such as cafeterias, libraries, gyms for academic instruction or move classes outdoors, when possible;
- Eliminate or decrease nonessential in-person interactions among teachers and staff during meetings, lunches, and other situations that could lead to adult-to-adult transmission;
- Limit any nonessential visitors, volunteers, and activities involving external groups or organizations as much as possible;
- Stagger school arrival and drop-off times or locations by cohort, or put in place other protocols to limit contact between cohorts, as well as direct contact with parents;
- Alternate schedules with fixed cohorts of students and staff to decrease class size and promote physical distancing.

*The CDC defines high community transmission as ≥ 100 total new cases per 100,000 in the past 7 days. This translates approximately to a 7 day average case rate per 100,000 of ≥ 14.3 as defined by MDH.

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

Children may use playground equipment if physical 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.

12. *UPDATED - If a student, educator, or other school staff member has confirmed COVID-19 or has COVID-19 symptoms, what should the school do?*

The school should follow the MDH/MSDE guidance entitled "[Response to Confirmed Case of COVID-19 and Persons with COVID-19 Symptoms 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 a school staff member develops symptoms of COVID-19 during the school day, the person must vacate the premises as soon as possible.

It is recommended that 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.

13. *UPDATED* - If a student, educator, or other school staff member has confirmed COVID-19, how long should they be excluded from work or school?

The person with confirmed COVID-19 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.

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

14. *UPDATED* – How long does a student, educator or other staff person who has been identified as a close contact of a person with confirmed or probable COVID-19 need to be excluded from school?

Close contacts of a person with confirmed 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.

[Fully vaccinated](#) students, teachers, or other staff who have no COVID-19 symptoms do not need to quarantine following exposure to a person with confirmed or probable COVID-19. These persons can continue to attend school or work in a school. 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 not attend school, work in or visit a school building until completing quarantine. A quarantine period of 14 days remains the safest option for close contacts of persons with confirmed or probable COVID-19 who are not fully vaccinated. Based on [guidance](#) from the CDC, the following options to shorten quarantine may be an acceptable alternative in the school setting depending upon local circumstances and resources:

- Quarantine can end after Day 10 if NO symptoms have been reported during daily monitoring; OR
- Quarantine can end after Day 7 if a diagnostic specimen (collected on Day 5 or later) tests negative and if NO symptoms have been reported during daily monitoring. The specimen may be collected and tested within 48 hours before the time of planned quarantine discontinuation, but quarantine cannot be discontinued earlier than after Day 7.

When a person meets these criteria and quarantine is ended early, all of the following must be implemented:

- 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 face covering 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 face covering use including children under 5 years of age and persons with a disability or medical condition that makes wearing a face covering unsafe, a shorter quarantine option may NOT be used and these persons must quarantine for a full 14 days.

For schools that are implementing at least 3 feet physical distancing between students in accordance with CDC guidance, shortened quarantine options may still be used (i.e., students who return from quarantine after 7 or 10 days may continue to distance at least 3 feet in the school through Day 14 and after).

Schools and local school systems should determine the best quarantine option for their population of students, educators, and other staff who are not fully vaccinated in consultation with the local health department.

15. When can a student or staff person who is quarantined at home due to being a close contact of a household member with 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 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 #14. 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.

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

School personnel should refer to the most recent [Executive Order](#) issued by the Governor or [Secretary's Order](#) issued by the Maryland Department 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 when this is recommended.

Schools can also refer to CDC guidance for [domestic](#) and [international](#) travel during the COVID-19 pandemic.

17. 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 also important to assess situations in which close contact occurred to determine whether additional interventions are needed to address potential contributors to spread such as inconsistent face covering use or physical distancing. Schools should 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.

18. 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 Confirmed Case of COVID-19 and Persons with COVID-19 Symptoms 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.

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

Yes. Face coverings are required in schools and on school buses for all persons age 5 years and above by [Executive Order](#) of the Governor. The [Secretary's Order](#) issued by the Maryland Department of Health strongly recommends that face coverings also be worn indoors at a school by all persons age 2 years and above who are unvaccinated. In addition, the Order strongly recommends that face coverings be worn by all persons age 2 years and above when outdoors at a school and while engaged in offsite outdoor activities when physical distancing cannot be maintained. Prekindergarten programs should refer to the orders above as well as "[COVID-19 Guidance for Child Care Facilities](#)". The CDC gives [recommendations](#) on the types of face coverings that offer the best protection as well instructions for correct use and fit. Additional recommendations for the use of face coverings in schools are as follows:

- Schools should provide information to school staff and families regarding the requirement for use of face coverings in school settings;
- Information should be provided to staff, students, and students' families regarding the school or school system's expectation of parents to provide face coverings or whether the school will provide them;
- School staff and families should teach and reinforce proper fit, use, and removal of face coverings, including the use of behavioral strategies as necessary to assist students with becoming comfortable wearing face coverings; and
- Resources should be provided to staff, students, and students' families on proper fit, use, removal, and washing of face coverings.

NOTE: 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.

Caution should be used when individuals are wearing face coverings outdoors during hot days or when individuals are engaged in vigorous activity due to the increased risk of heat-related illness. See [CDC guidance](#) for additional safety considerations related to the use of face coverings.

20. 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 frequently touched surfaces on the bus between groups when feasible.

21. 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, face coverings).
- Drivers can create distance between students 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 face coverings available to ensure all students wear 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 distanced while waiting for transportation.

22. Do students still need to have all the usual vaccinations if they are attending school virtually?

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 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.

23. Do students still need to have school hearing and vision screening?

Yes. The hearing and vision screenings mandated under Education Article §7-404 and COMAR 13A.05.05.07 should still be performed. Hearing and vision screening are essential tools for detecting children at risk for hearing and vision problems. Timely identification and management of hearing and vision problems can minimize the risk of negative academic consequences for students. Schools, school systems, and local health departments should refer to [MDH/MDSE guidance](#) for recommendations on how to conduct these screenings safely.

24. How should schools perform cleaning and disinfecting?

School cleaning and disinfecting should be done according to the [CDC guidance](#) for cleaning and disinfecting facilities. The guidance provides information on [EPA registered products](#) effective against the COVID-19 virus. Schools should develop a plan for regularly scheduled and consistent cleaning and prioritize disinfecting surfaces that ill persons have touched and those that are routinely touched or shared between students.

RESOURCES

Centers for Disease Control and Prevention

People at Increased Risk and Other People Who Need to Take Extra Precautions

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

Isolate if You are Sick

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

Use Masks to Slow the Spread of COVID-19

<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>

Interim Public Health Recommendations for Fully Vaccinated People

<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/fully-vaccinated-guidance.html>

Operating Schools During COVID-19

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

Maryland State Department of Education

Maryland's Recovery Plan for Education

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

Pupil 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

United States Department of Education

ED COVID-19 Handbook Volume 1: Strategies for Safely Reopening Elementary and Secondary Schools
<https://www2.ed.gov/documents/coronavirus/reopening.pdf>

ED COVID-19 Handbook Volume 2: Roadmap to Reopening Safely and Meeting All Students' Needs
<https://www2.ed.gov/documents/coronavirus/reopening-2.pdf>

Program Information: FAQs and Responses
<https://www.ed.gov/coronavirus/program-information#elsec>

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>

COVID-19: Resources for Reopening Healthy School Facilities
<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

- COVID-19 Guidance for Safe Schools:
<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/>
- COVID-19 Interim Guidance: Return to Sports and Physical Activity:
<https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/clinical-guidance/covid-19-interim-guidance-return-to-sports/>
- Face Masks: <https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/clinical-guidance/cloth-face-coverings>

National Association for Pupil Transportation
<https://www.napt.org/covid>

Specialized Health Needs Interagency Collaboration
https://www.kennedykrieger.org/sites/default/files/library/FINAL_02152021_SHNIC_Covid_SpecialHealthNeeds.pdf

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/