\_\_\_\_\_\_\_\_\_\_\_\_School Plan

COVID-19 Plan

2020-2021

The \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (school name) re-opening plan has been created to provide a safe and developmentally appropriate community of learning for the fall of 2020, given the ongoing concerns with COVID-19. Governor Cooper’s Strong Schools Toolkit from the NC Department of Health and Human Services, and recommendations from the Episcopal Diocese of North Carolina are the guidelines for this plan.

This plan is intended to help \_\_\_\_\_\_\_\_\_\_\_\_ minimize the risk of exposure to COVID-19 for both the staff and the children in their care. Health and safety guidance for childcare during COVID-19 is outlined in this document.

**Transmission and Symptoms of COVID-19:**

COVID-19 is mostly spread by respiratory droplets released when people talk, cough, or sneeze. It is thought that the virus may spread to hands from a contaminated surface and then to the nose or mouth, causing infection. Therefore, personal prevention practices (such as handwashing and staying home when sick) droplet protection, physical distancing, and environmental cleaning and disinfection are important principles that are covered in this document. Fortunately, there are a number of actions that child care programs can take to help lower the risk of COVID-19 exposure and spread in child care settings.

Symptoms may appear 2-14 days after exposure to the virus. People with COVID-19 have reported a wide range of specific and non-specific symptoms of COVID-19.

People with these symptoms may have COVID-19 (but this list does not include all possible symptoms):

• Fever\* or chills • New cough

• Shortness of breath or difficulty breathing • Fatigue

• Muscle or body aches • New loss of taste or smell

• Sore throat • Congestion or runny nose

• Headache • Nausea or vomiting

• Diarrhea

People with COVID-19 report a wide range of symptoms from no symptoms and mild to severe illness. Even people with no or mild symptoms can spread the virus. Children with COVID-19 may not initially present with fever and cough as often as adult patients. **Parents/caregivers will be required to be on the alert for any symptoms of COVID-19 in their family and to keep child(ren) home if showing any signs of illness.**

*\*Fever is determined by a measured temperature of 100.4 °F or greater, or feels warm to the touch, or says they have recently felt feverish.*

**Our Drop-off/Arrival Plans and Procedures:**

Signage will be posted in drop-off/arrival area to remind people to keep six feet of distance whenever feasible, to wear a mask and to wash hands or use hand sanitizer. Masks will be available for those who forget their mask.

We will conduct a daily health screening of any person entering the building. Staff will take child’s temperature (before the child enters the building) with an infrared thermometer and record the reading. The staff person greeting children will wear a cloth face covering and be a person who is not at high risk for severe illness from COVID-19. Staff should monitor and encourage social distancing at arrival and drop-off.

Insert information here specific to your facility and classes. This may include separate drop-off locations for classes, staggered entrance times, carpool directions, and other logistics. Be specific about your protocol for door openings, children that need help with car seats, and other tasks that are hands-on. We recognize that some schools may not be able to do a carpool line due to the layout of their space, making it necessary for parents/caregivers to bring the child into the building. For schools in this situation, designate a drop-in area that is separate or self-contained from the main school facility. Establish a procedure that keeps families 6 feet or more apart while waiting for check-in. Please also consider what your plan will be for safe drop-off during inclement weather.

**Preventing Spread in the Classroom**

We will set up hand hygiene stations at the entrance of the facility, and at each classroom door so that people can clean their hands before they enter, by providing hand sanitizer with at least 60 percent alcohol. Children will wash hands immediately after entering the classroom.

Cloth face coverings (CFCs) protocol:

* Teachers and staff will wear CFCs in common spaces and in their classrooms.
* Children **younger than 2 years** should not wear a CFC, per the recommendations of the CDC.
* It is strongly recommended that **children 2 years** old wear a CFC in classrooms and common spaces.
* Children **3 years old and older** will wear a CFC in classrooms and common spaces.

Only staff who are required for daily operations will be permitted inside the building with the following exceptions (these individuals can enter once screened):

* Health professionals who support children with special health care needs, early intervention

service coordinators and providers for children with Individualized Family Services Plans (IFSP), itinerant teachers and related service providers for children with Individual Education Plans (IEP) working in compliance with their agency protocols.

* Mothers who are breastfeeding to meet the nutritional needs of infants.

Teachers will be restricted to one classroom with one group of children. To reduce the number of people coming in and out of classrooms, we will limit the use of “floater” teachers in the classroom.

Each group of children will be kept in their assigned rooms throughout the day with the same teachers. Children will only leave the classroom to go outside to the playground, use the restroom, or to go home.

We will limit the mixing of children as much as possible by staggering playground times (one class at a time), and stagger times that classes are in the halls together. No field trips or in-person presentations that involve external groups or organizations, special performances, or parent/family meetings will be held at this time. (Some of these may be done virtually when possible).

Stationary activities (circle time, story time, desk work) should be considered high priority when designing a well-spaced classroom. Use floor markers or other indicators to show children where to sit and line-up. Space desks well apart. Allow for 42 square feet per child when determining your maximum class size.

Include relevant information about centers or other instructional setups specific to your space.

Group singing will not take place at this time.

Children will bring their own water bottle, snack, and lunch (if applicable). Water fountains will not be used. Teachers may assign each child a space for snack and lunch.

Include any and all information about how toys, manipulatives, or other materials will be removed or sanitized.

We will ensure that ventilation systems are operating properly and will increase circulation of outdoor air as much as possible by opening windows and doors, using fans, or other methods. We will not open windows and doors if they pose a safety or health risk to people using the facility.

**Cleaning and Hygiene**

Adequate supplies will be available at all times to support healthy hygiene behaviors (e.g., soap, paper towels, tissues, and hand sanitizer with at least 60 percent alcohol, disinfectant spray, masks)

We will allow time between activities for proper cleaning and disinfection of high-touch surfaces. This will include doorknobs, light switches, countertops, chairs, cubbies, playground structures, tables, and surfaces. Floors will be mopped with bleach solution twice a week.

Teachers and staff will model and reinforce hand hygiene practices: washing hands frequently with

soap and water for at least 20 seconds (about as long as it takes to sing “Happy Birthday” twice).

In addition to usual handwashing, everyone should wash hands:

o Upon arrival in classroom in the morning.

o Before and after eating meals and snacks.

o After blowing noses, coughing, or sneezing or when in contact with body fluids; or

o After toileting or changing diapers, and before going home

Frequent handwashing and sanitation breaks will be worked into classroom activity.

Teachers will encourage coughing and sneezing into the elbow or a tissue. Teachers, staff, and children will

avoid touching eyes, nose, and mouth. Used tissues should be thrown in the trash and hands washed

immediately with soap and water for at least 20 seconds.

Hand sanitizing products with 60 percent alcohol may be used in lieu of handwashing when outdoors if

hands are washed upon returning indoors. Hand sanitizer will be stored out of reach of children when

not in use. Hand sanitizer will not be used alone before diapering or eating, preparing, or serving food.

We will ensure adequate supplies for individual use, or limit use to small groups and disinfect between uses. Children’s personal items will be kept separate and in individually labeled cubbies or boxes.

**Monitoring for Symptoms**

People with COVID-19 have reported a wide range of specific and non-specific symptoms of COVID-19. Regular screening for symptoms will be done at the start of the day and throughout the day to help reduce exposure. Adults should be encouraged to self-monitor for symptoms such as fever, cough, or shortness of breath. If a staff member develops symptoms while at \_\_\_\_\_\_\_\_\_\_\_, he or she is required to notify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ immediately, isolate, and return home.

If a child develops COVID-19 symptoms during the day at\_\_\_\_\_\_\_\_\_\_\_, a parent will be contacted and expected to pick up as soon possible.

While waiting with a child who is sick and is to be picked up, a teacher will stay with the child in a place isolated from others and if possible, ventilated to outside air. The teacher should remain as far away as safely possible from the child (preferably 6 feet or more) while maintaining visual supervision. The teacher should wear a cloth face covering. If the child is over the age of 2 and can tolerate a face covering, the child should also wear a cloth face covering. Cloth face coverings should not be placed on:

• Anyone who has trouble breathing, or is unconscious, incapacitated or otherwise unable to remove the face covering without assistance; or

• Anyone who cannot tolerate a cloth face covering due to developmental, medical or behavioral health needs.

**We have been instructed to look out for the COVID-19 symptoms.  If a child has any one of them, they should remain home or be sent home.  They are then eligible to return based on the instructions listed below (10 days since the start of symptoms, and fever free for 3 days and an improvement of symptoms).  This can be a huge challenge because most of those symptoms can be caused by things other than COVID-19 such as allergies or a cold.  However, our directive is to assume they are caused by COVID and to act accordingly.**

**Symptom and Exposure Evaluation**

If a child or the teacher develops any symptoms of COVID, as outlined above AND/OR has a known COVID exposure, the child should be kept home from school. The parents will contact their healthcare provider for COVID testing. Parents will also immediately notify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of the child's condition and actions taken. Return to school will be guided by testing and final diagnosis.

**Returning to Preschool**

**Return to Classroom Guidance per** [**https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/end-home-isolation.html**](https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/end-home-isolation.html)**.**

1. **Positive COVID Test with Symptoms:** Child may return no sooner than 14 days after symptoms first appeared AND at least **72 hours** with no fever without fever-reducing medication AND symptoms have improved. ***All three criteria must be met in order to return.***
2. **Positive COVID Test without Symptoms:** If a child does not develop symptoms, the child may return once 14 days have passed since the diagnostic test. If symptoms develop, the child will remain at home per guidance above for symptomatic COVID. ***All three criteria must be met in order to return.***
3. **Parent or family member test positive:** If a parent or member of a child’s household tests positive for COVID, the child should remain quarantined for 14 days.  *Schools should specify the re-entry requirements for the child  (for example: are you going to require a negative COVID test at the end of the 14 days or a note from a medical professional confirming the child may return to school?)*
4. **COVID-like Illness with Negative COVID Test:** If a child is suspected to have COVID despite a negative COVID test, they will follow return-to-school protocol. (see 1.)
5. **Non-COVID Illness explained by an alternate diagnosis:** If illness is explained by an alternate diagnosis (strep, confirmed influenza, etc), the child may return according to treating healthcare provider recommendations and/or when:

Fever free and feeling well x **24 hr** without fever reducing medication

No active diarrhea/vomiting

Energy level has returned to sufficiently engage in classroom activity

1. **Non-COVID Illness NOT explained by an alternate diagnosis:** If illness is not explained by an alternate diagnosis (strep, confirmed influenza, etc), the child may return according to treating healthcare provider recommendations and/or when:

Fever free and feeling well x **72 hr** without fever reducing medication

No active diarrhea/vomiting

Energy level has returned to sufficiently engage in classroom activity

**Exposure:** ***An exposure is defined as close contact - within 6ft for at least 15minutes - of an infected individual.*** A child with a known [COVID exposure](about:blank) should stay home for 14 days after exposure and monitor for symptoms. CDC Family Guidance: <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/end-home-isolation.html>

**Group Closure**

If a student or the teacher tests positive for COVID, all classroom participants are considered close contacts. The class will temporarily close and families will consult with their healthcare provider for COVID testing. The decision to re-open will be based on test results and facility status in consultation with local health department.

*If a family member of a student or teacher is exposed to COVID* the classroom can remain open. The related student or teacher should remain home pending results from the exposed family member

**Threshold at which we will close the program:**

* Over a 7-day period, if the test positivity rate rises above a 7.5% average in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_and there is an increase in community spread, we will consult the Diocese and the local health department guidance on closure.
* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_will close its facilities for 14 days if more than two positive Covid-19 cases occur at \_\_\_\_\_\_\_\_\_\_\_\_\_\_ within a 10-day period.

In the event \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ needs to close a classroom and/or the entire school… SPECIFY WHAT YOUR POLICY WILL BE.

HEALTH AND WELLNESS PLEDGE

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is committed to promoting the health and safety of all students, staff, and teachers. Our ability to successfully provide a meaningful child development experience depends upon each member of our community adhering to policies adopted for our collective health and safety. Each person has a responsibility to know and act in accordance with these policies.

I/we pledge to do my/our part in minimizing the spread of COVID-19 in our school environment. Specifically, I/we commit and pledge to:

* stay at home and keep my/our children at home if they are experiencing symptoms of COVID-19 as spelled out by the North Carolina Department of Health and Human Services.

These include:

- fever at or above 100.4 degrees

- shortness of breath, difficulty breathing, or new cough

- new loss of taste or smell

- nausea, vomiting, or diarrhea

- fatigue, body aches, headaches, sore throat

* stay home and/or keep our children home if I/we/they are generally feeling unwell
* immediately notify \_\_\_\_\_\_\_\_\_\_\_\_\_\_ of any positive COVID-19 test or

exposure to persons known to have COVID-19 by a student or a member of household

* abide by face coverings requirements
* sanitize hands every day prior to entering the building
* maintain six (6) feet of distance from other persons, to the extent feasible
* have student(s) and family members vaccinated for influenza when vaccines become available in late 2020 (unless medically exempted)

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Parent 1 or Staff Member Parent 2

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

ACKNOWLEGEMENT

I have read the Covid-19 plan for re-opening policies and procedures for\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.  I understand that while my child is in the facility each day, he/she will be in contact with children, families, and teachers who are also at risk of community exposure.  I understand that no list of restrictions, guidelines or practices will remove 100% of the risk of my child’s exposure to COVID-19 as the virus can be transmitted by persons who are asymptomatic and before showing signs of infection.  I understand that I play a crucial role in keeping everyone in the facility safe and reducing the risk of exposure by following the practices outlined in the aforementioned re-opening policies and procedures.

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Child’s Name                                                        Child’s Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_            \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Name                                                               Parent Signature

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Date

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Staff Name                                                               Staff Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date