

**Recommendations from the Task Force on Family Ministry, Children’s Ministry, and Schools on the reopening of K-12 schools and early childhood programs affiliated with parishes in the Episcopal Diocese of NC. (Update 4/20/21)**

**WHAT’S NEW IN THIS DOCUMENT (4/20/21):**

- A change in the square footage requirement (from 42-54) **to 36-42** square feet of space for each child or adult in a classroom ([per the update from the CDC on distancing](#)) to maintain healthy distancing and space. *PLEASE NOTE THIS IS ONLY FOR SCHOOLS AND DOES NOT APPLY TO CHURCH PROGRAMMING FOR CHILDREN AND/OR YOUTH.*

**WHAT’S NEW IN THIS DOCUMENT (12/15/20):**

- Schools are no longer required to submit reopening plans to the Diocese for approval, however, schools are *strongly encouraged* to submit their plans to the Task Force for guidance and to keep on file.
- The section on K-12 schools is no longer relevant and has been removed. For guidance on K-12 schools, please contact the Task Force and refer to page 7 of this [updated report](#) from The Children’s Hospital of Philadelphia (CHOP).
- The winter holidays will likely increase community spread of COVID-19. Schools are *strongly encouraged* to wait until the second or third week of January to reopen. This allows adequate time for post-holiday quarantine of students and staff and enables schools to determine how holiday gatherings have affected the trajectory of COVID-19 positive tests in their area.
- Consider distributing a “Community Health Commitment Form” to families and staff before the holiday break or before opening for the first time. (See template at end of this document.)
- Experience in our Diocesan preschools has demonstrated that adequate protective measures provide a safe and nurturing environment for our children. If you are opening in January for this first time since last spring, consider the time and effort it takes to establish new routines when determining when and how to reopen facilities.

**Recommendations and Guidelines**

**AFTER SCHOOL PROGRAMS (for K-12 children)**

- After school programs for this age group should consider opening prior to “Stage 2” only if they provide an essential service. These programs should follow the directives in the Diocesan Guidelines for [Best Practices for Direct Services](#).
- Essential service programs are defined as programs that meet one of the following criteria:
  - Serve a population with special needs (i.e. English as a second language education, disabilities focused programs, low-income meal programs)
- Programs **MUST** also be able to meet the *Diocese of NC Safety Guidelines*, given below. **If these safeguards cannot be met, the facility may not open.**

## SAFE SITES FOR ONLINE LEARNING (for K-12 children)

- Refer to [Best Practices for Buildings and Grounds](#) and [Best Practices for Direct Services](#). Churches should work with their local public school system to determine if providing a Safe Site is feasible and safe.

## PART-TIME/HALF-DAYEARLY CHILDHOOD PROGRAMS SERVING CHILDREN 0-5 YEARS/PRE-K

- The Bishops and task force recognize that multiple circumstances particular to each school's context should factor into these programs' reopening plans. The trajectory of the positive COVID-19 test rate percentage in the school's community should be a major consideration. See the **Facilities and Personnel** section below for greater detail on positive test rate considerations. Schools should also be attentive to the needs and concerns of its staff, parents, Vestry, and rector, including all those stakeholders in the decision-making process to some degree. A template reopening plan has been provided to school directors.

## ESSENTIAL SERVICE PROGRAMS SERVING CHILDREN 0-5 YEARS/PRE-K

- Essential service programs may open prior to "Stage 2". Essential service programs for this age group are defined as programs that meet one of the following criteria:
  - Are a full-time care program and therefore essential to the children's guardians it serves for the purposes of maintaining full-time employment.
  - Serve a population with special needs (i.e. English as a second language education, disabilities focused programs, low-income meal programs)
- Programs MUST also be able to meet the **Diocese of NC Safety Guidelines**, given below. **If these safeguards cannot be met, the facility may not open.**

## STATE REGULATED CHILD-CARE CENTERS

- State regulated child-care centers operate under the direction of the state's governing board and are exempt from any conflicting recommendations or procedures of the Diocese of NC.

## Diocese of NC Safety Guidelines for Schools and Programs Serving Children 0-12th grade

### Facilities and Personnel:

- Allow 36-42 square feet of space for each child or adult in a classroom ([per the update from the CDC on distancing](#)) to maintain healthy distancing and space.
- Teachers should stay with their assigned class to avoid possible exposure between classroom groups. There should be as little introduction of additional adults as possible. Limit people in the facility to staff/teachers necessary to keep ratios, especially during the instructional day.
- Children must stay in their classrooms except to go to the playground-no changing classrooms.

As of 3/19/21The Centers for Disease Control and Prevention (CDC) is updating K–12 school guidance to reflect the latest science on physical distance between students in classrooms. CDC now recommends that, with universal masking, students should maintain a distance of at least 3 feet in classroom settings. CDC has updated its operational strategy to say:

- In elementary schools, CDC recommends all students remain at least 3 feet apart in classrooms where mask use is universal — regardless of whether community transmission is low, moderate, substantial, or high.

- In middle and high schools, CDC also recommends students should be at least 3 feet apart in classrooms where mask use is universal and in communities where transmission is low, moderate, or substantial.
- Middle school students and high school students should be at least 6 feet apart in communities where transmission is high, if cohorting is not possible. [Cohorting](#) is when groups of students are kept together with the same peers and staff throughout the school day to reduce the risk for spread throughout the school. This recommendation is because COVID-19 transmission dynamics are different in older students – that is, they are more likely to be exposed to SARS-CoV-2 and spread it than younger children.

In accordance with an [updated report](#) (November 5, 2020) from The Children’s Hospital of Philadelphia (CHOP), one of the foremost children’s hospital in the country, we suggest the following guidelines:

- Teachers, staff and caregivers are most at risk from the consequences of outbreaks that originate from school buildings. Almost 30% of teachers nationally are aged 50 and over, elevating their risk for complications from SARS-CoV-2. They are also more likely, once infected, to transmit the virus across school settings to students or to other teachers and staff during the school day. Flexible attendance policies supported by paid sick leave for teachers is critical to reducing transmission. School safety plans should focus on the distancing and masking of staff during the school day, and pay particular attention to breakrooms where teachers may congregate, and where we already see evidence of COVID-19 transmission.
- Taking care of staff is essential. Staff should be encouraged to continue safety measures outside of school, including the use of masks, distancing, and hand washing. Where testing is readily available, staff members should be encouraged to get a COVID test following holiday breaks or travel. We encourage flexible attendance policies and paid sick leave for staff to reduce the possible transmission of COVID-19 within a facility. These policies allow staff the financial flexibility of not coming to work when they are or might be sick. In accordance with the Families First Coronavirus Response Act, preschools and daycare staff should receive paid leave when they cannot report to work due to COVID-19 exposure or receipt of a positive test. This policy should extend even beyond the December 31, 2020 expiration date of the Families First Act. We encourage directors to check in frequently with their staff to ensure they feel safe in their work environment, and to have continuing communication so that all parties are able to operate at the highest possible level of safety. We strongly encourage staff to have regular COVID-19 testing, as available in their community.
- We encourage continued reopening of schools in the absence of evidence of linked transmission occurring in schools within the area, and in the absence of rapidly accelerating community transmission (i.e., quickly approaching or reaching 9% or greater test positivity). In these scenarios, local health departments may proactively recommend schools revert to online learning to impede widespread community transmission. For 9%\* or greater test positivity, we highly recommend reverting to online schooling only, as testing positivity would indicate widespread community transmission.

### **Cloth Face Coverings (CFC)**

- Children 2 years old and older and adults are to wear a CFC in all public/shared spaces and classrooms.
- All people entering the building must wear a CFC.
- Teachers/staff are expected to comply with the state mandate to wear a CFC while in any public space.

### **Daily Arrival and Departure:**

- Drop-off and pick-up times should be staggered to ensure physical distancing is possible and to prevent “bottlenecking”.
- Guardians should not enter the main school area (classrooms). Children should be dropped off in a designated area for check-in and daily health screenings (see details below).
- “Know Your Ws” poster should be posted in the check-in area. See below.
- Floor markings should be used in the designated check-in space to mark 6 ft. of distance between families as they await their screening.

### **Daily Health Screening Details:**

- A staff member (not a high-risk person) should greet and screen children wearing a cloth face covering (CFC)
- Masks should be available for those who “forget” their mask.
- Each child’s temperature should be checked with touchless thermometer. Staff documents the reading.
- All health screening questions (see “Symptoms of COVID-19”) must be asked of the child’s guardian.
- A designated staff person takes the child to the classroom
- Hands are washed immediately after entering the classroom
- The symptoms of COVID-19 are regularly updated by the [CDC at this link](#). Schools should stay updated and post the most up-to-date list.

### **Additional Daily Procedures:**

- “Symptoms of COVID-19” poster should be posted on each door in the facility.
- After initial morning screening, teachers should be extra observant about any developing symptoms and document those symptoms accordingly. Children who develop a fever, new cough, new congestion etc. throughout the day should be isolated in a designated area with one staff member supervising; a parent/guardian must pick up the child ASAP.

### **Preventing Spread in the Classroom:**

- Use floor markers to indicate where children should sit.
- Use outstretched arms to model the “don’t touch” distance.
- Post signage to remind teachers and children of keeping the distance –change the location of the signage periodically to enforce reminders.
- Remove items that are generally shared. Examples: water toys, sand, sensory play (rice, beans, playdoh). No shared stuffed animals or other objects that cannot be sanitized.
- Assign scissors and other frequently used materials to children (one per child, do not share)
- Use only prepackaged food in individual servings.
- Use disposable dishes unless appropriate dishwashing equipment is present.

- Check ventilation systems – ensure that air conditioning works and filters are clean. Open windows/doors if possible and not dangerous for children.
- All toys, surfaces, door handles, etc. must be cleaned (see instructions below) after each child's use whenever possible.
- Singing is not allowed as it causes a higher transmission rate of COVID-19.

### Cleaning and Hygiene

- Classroom items/toys must be cleaned/sanitized at the end of each day (spray/wipe down, air dry if possible)
- Sanitizing and disinfection solution: bleach/water solution to be made daily
  - Sanitizer 50 –100 ppm
  - Disinfectant 700 –1000 ppm
  - [Calculate amount of bleach needed in water](#)
- Mouthed toys are washed in sanitizing solution and left to air dry
- All tables and surfaces should be disinfected (let dry if possible)
- Floors should be mopped with bleach solution twice a week (every day in the eating area)
- All frequently touched surfaces (railings, door handles, light switches etc.) are cleaned/disinfected twice a day
- Proper handwashing must be enforced.
  - Post <http://healthychildcare.unc.edu/resources/posters/> at every sink
  - Handwashing should take place: when entering room, after sneezing/coughing, after blowing nose, after use of toilet, before eating, after eating, before going home, when hands are visibly dirty
- Cough/sneeze into the elbow (when long sleeves) or into the shirt (when short sleeves), or cover with tissue. NOT into the hand!
- Routinely refill hand soap, paper towel, hand sanitizer

### Combat Misinformation

- Share reliable resources with parents: NCDHHS and CDC are the best sources
- Additional resources:
  - [StrongSchoolsNC Public Health Tool Kit](#)
  - [Interim Guidance for Child Care Settings](#)
  - [Guidelines from the National Association of Episcopal Schools](#)

### In case of exposure to COVID-19 or illness:

- **Positive COVID Test with Symptoms:** Child may return no sooner than 10 days after symptoms first appeared AND at least **24 hours** with no fever without fever-reducing medication AND symptoms have improved. **All three criteria must be met in order to return.**
- **Positive COVID Test without Symptoms:** If a child does not develop symptoms, the child may return once 10 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.**
- **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?)*

- **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 for “Positive COVID Test with Symptoms.”
- **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
- **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 24 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* should stay home for 14 days after exposure and monitor for symptoms. [CDC Family Guidance: When Can I Be Around Others?](#)
- Also see [Options to Reduce Quarantine for Contacts of Persons with SARS-CoV-2 Infection Using Monitoring and Diagnostic Testing](#)
- **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.*

## TEMPLATE

### \_\_\_\_\_ **School Community Health Commitment**

\_\_\_\_\_ School's health policy states families should not send your child to school if they are sick. As we are faced with life during a pandemic, each family commits to this practice as well as additional requirements to promote health, wellness, and safety. The symptoms of COVID-19 include, but are not limited to fever, chills, headache, sore throat, new cough, shortness of breath, unusual fatigue, body/muscle aches, loss of taste/smell, congestion, runny nose, nausea, vomiting and diarrhea. In order to begin school, all parents/guardians must sign this document below before starting school.

*My signature below indicates that my family agrees to these additional health expectations to ensure the wellbeing of our community.*

- I will comply with each procedure/ item stated in the School Procedures and Handbook for the 2020-2021 school year. I understand that for the safety of all children and families, failure to comply is grounds for dismissal from the preschool without a refund of tuition or fees.
- I will follow the new drop-off procedures and timing, including completion of the Daily Health Questionnaire by 8:00 am, and I will NOT send my child to school with a fever (100.4 degrees or greater), chills, loss of sense of smell or taste, new cough, or shortness of breath. I pledge that my answers to the Daily Health Questionnaire will be true and correct to the best of my knowledge.
- If my child tests positive for COVID-19, he/she will not return to school until ALL of the following are met: (1) fever free for 24 hours (2) improvement in symptoms (3) 10 days since diagnosis.
- If my child displays symptoms of COVID-19, but is not tested, he/she will not return to school until ALL of the following criteria are met: (1) fever free for 24 hours (2) improvement of symptoms (3) 10 days have passed since initial symptoms occurred.
- My child will not attend school if he/she has been in close contact (within 6 ft for at least 15 minutes) in the last 14 days with someone diagnosed with COVID-19. I will contact my physician and my child will quarantine for at least 14 days.
- My child will not attend school if he/she exhibits difficulty breathing or is receiving repeated breathing treatments (nebulizers, inhalers) during the day. This does not include inhalers used for exercise-induced asthma. I understand that difficulty breathing can be a serious COVID-19 symptom.
- My child will be free from vomiting, diarrhea, abdominal pain and upset stomach 24 hours before returning to school.
- Because various symptoms can mimic COVID-19, I agree to err on the side of caution and not send my child to school if he/she is experiencing multiple minor symptoms including sneezing, scratchy throat, headache, runny nose, irritated or red eyes, itching, or rash.
- I agree to notify the school if my child or a member of my household is being tested for COVID-19. In addition, I agree to notify the school of the results of COVID-19 testing for my child/household member within 24hr of receipt.
- I will make myself aware of any quarantine or other COVID 19 requirements that may be in place anywhere my child travels and I agree to follow these requirements.

- We agree to follow CDC & NCDHHS guidelines for gatherings. If we choose not to do so, we agree to keep our child(ren) home for a period of 14 days following the gathering.
- If my child/family travels outside the area or engages in holiday festivities without following strict CDC& NCDHHS protocols, we will wait two weeks at home before returning to school, in order to keep our community safe from potential spread.
- I pledge to pick up my child within 30 minutes of being notified by a staff member that my child has developed the symptoms listed above during school hours. I understand that my child will not be allowed to return to school until he/she is symptom-free without medication for 72 hours.

Name of parent/guardian

Signature of parent/guardian

Date

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