

**DRAFT: 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. (Updated December 4, 2020)**

Introduction from the Bishops (July 23, 2020)

These guidelines and recommendations have been prepared by a team of educators, parents, school officials, a pediatrician and a childcare center operator -all connected with Episcopal churches in our diocese and we endorse them wholeheartedly. Our highest value is to protect the wellbeing of our children, students, faculty and their households.

As we all realize, however, notions of wellbeing, safety and risk are large concepts and definitions may vary from situation to situation. Even what is essential to some may seem less so to another. More and more data about COVID-19 and children is accumulating but not necessarily making our determinations any easier. There are risk factors for children who have no safe place or support for staying and learning from home.

Though variety perspectives and situations were part of this collaboration, we know there is no one size fits all when it comes to your discernment about when and how to reopen places of learning for children and teenagers. While setting some essential parameters, these guidelines and recommendations give you and your local community room to make some of your own determinations for your own location. If you wish to offer an alternative or customized plan that appears to differ in some significant way from these recommendations, we are more than happy to consult with you.

In such a case please direct your communications to Bishop Hodges-Copple. [bishopanne@episdionc.org](mailto:bishopanne@episdionc.org). She and members of the team will be more than happy to work with you.

Thanks be to God for the time and talent, love and wisdom, expertise and research, that have been offered by this task force. God bless each of our school communities with continued wisdom and grace to navigate this uncharted territory.

## Recommendations and Guidelines

### K-12 SCHOOLS

- K-12 schools may open only if the parish's local public school system has also reopened for some form of in-person learning. Re-opening procedures should be consistent with the parish's local public schools; this includes possible A/B day schedules and limitations on numbers of children and adults per classroom.
- Schools **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.**

### 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: o 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-DAY EARLY 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. Reopening plans should be submitted via e-mail to Bishop Anne Hodges-Copple for review and approval. 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 42-54 square feet of space for each child or adult in a classroom (per the recommendations from the American Pediatric Association and CDC) 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.

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.

\*(previously 7.5%)

### **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, play-doh). 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 (that's strong stuff!!!)
  - ♣ Calculate amount of bleach needed in water (<http://www.foodsafe.ca/dilution-calculator.html>)
- 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.*  
<https://files.nc.gov/covid/documents/guidance/Strong-Schools-NC-Public-Health-Toolkit.pdf>
  - ♣ *Interim Guidance for Child Care Settings*  
<https://files.nc.gov/covid/documents/childcare/NC-Interim-Guidance-for-Child-Care-Settings.pdf>
  - ♣ *Guidelines from the National Association of Episcopal Schools*  
<https://www.episcopalschools.org/news/covid-19-update/>

### 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 15 minutes - 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.*