



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**



**#StayStrongNC**

**StrongSchoolsNC**

# North Carolina Non-Public Schools Town Hall

*December 10, 2020*



# Welcome, North Carolina Non-Public Schools!



**Rebecca Planchard, MPP**

*Senior Policy Advisor  
NCDHHS, Office of the Secretary*

# Thank you for being here!

- **Before we get started:**

- Make sure to respect other attendees by staying on mute
- Video on or off is up to you
- As questions come to mind, please enter them in the Q&A box, changing audience to “everyone” not just “panelists”
- This webinar will be recorded



# Who Are NC's Non-Public Schools?

**796**

Private Schools in NC

**22%**

Of All Schools In The  
State Are Private Schools

**65%**

Of NC's Private Schools  
are Religious

**104,000**

Students Enrolled In  
Private Schools  
*2019-2020 school year*

**6.4%**

Of All Students In The  
State Go To Private  
Schools

**200+**

School Leaders  
Registered For This  
Town Hall

# During our time together today, we will:

**Share Latest Research & Information About COVID-19**



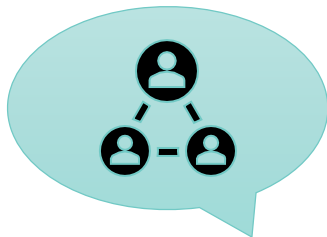
**Clarify Public Health Requirements in Schools**



**Highlight Helpful Communications Resources**



**Hear From Your Peers**



**Answer Your Questions**



# Agenda

- 1. Welcome**
- 2. Key updates on K-12 Schools and COVID-19: Q&A**
- 3. Tools and Resources to Stop the Spread**
- 4. Learning From Each Other**
  - Liberty Christian Academy, Durham**
  - Greenfield School, Wilson**
- 5. Live: Taking Your Questions**

# Speakers

**Dr. Elizabeth Cuervo Tilson**

Chief Medical Officer and State Health Director,  
NCDHHS

**Rebecca Planchard, MPP**

Senior Policy Advisor, Office of the Secretary,  
NCDHHS

**Geoff Coltrane, MPP**

Senior Education Advisor, Office of the Governor

**Dr. Chena Flood**

Director of the Division of Non-Public Education,  
Department of Administration

**Spotlight School Leaders:**

Kyler Ketner, Liberty Christian Academy  
Beth Peters, Greenfield School

# Other Senior DHHS Team Members Ready for Your Questions

**Dr. Jean-Marie Maillard**

*Medical Director, Communicable  
Disease Branch, Division of Public  
Health*

**Larry Michael**

*Chief of the Environmental Health  
Section, Division of Public Health*

**Madhu Vulimiri, MPP**

*Senior Strategy Advisor, Office of the  
Secretary*

**Dr. Charlene Wong**

*Prevention Lead, NCDHHS  
Duke University Department of  
Pediatrics*

**Walker Wilson, MPH**

*Assistant Secretary for Policy,  
NCDHHS*

# Welcome, North Carolina Non-Public Schools!



**Geoff Coltrane, MPP**  
*Senior Education Advisor  
Office of the Governor*



**Dr. Chena Flood**  
*Dir. Office of Non-Public Education  
Department of Administration*



# Special Thanks To:

**Ms. Linda Nelson**

*NC Association of Independent Schools*

**Mr. Joe Haas**

*NC Christian School Association*

**Sarah Freeman**

*NCDHHS COVID-19 Prevention Intern  
Medical Student, Duke University*

**Salona Patel, Elizabeth Hawn**

*Ernst & Young*

# Key updates on K-12 Schools and COVID-19: Q&A



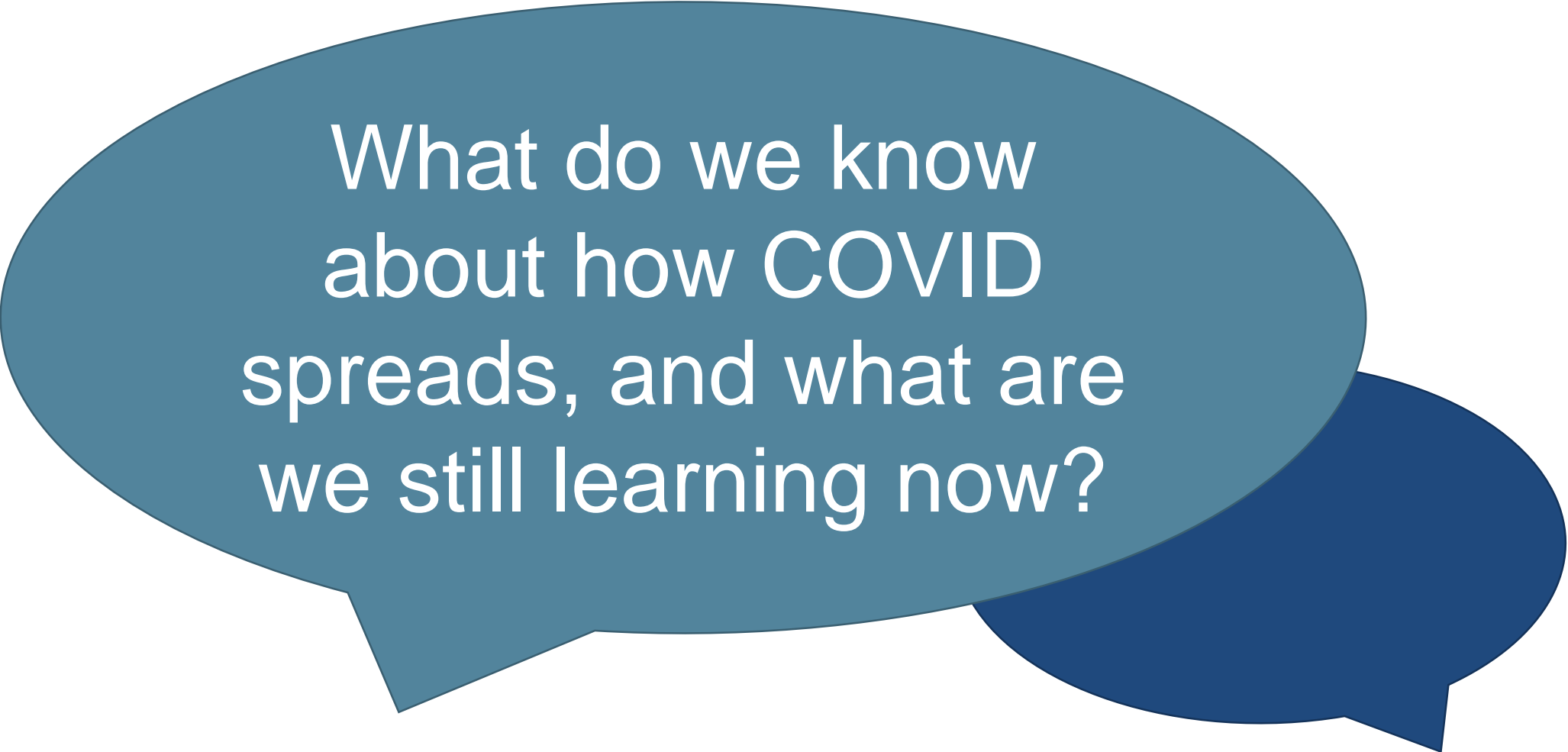
# Key updates on K-12 Schools and COVID-19: Q&A



**Dr. Elizabeth Cuervo  
Tilson**

Chief Medical Officer and State  
Health Director  
NC DHHS

# Question 1



What do we know  
about how COVID  
spreads, and what are  
we still learning now?

# How COVID-19 Spreads

- **Main method of transmission**

- Respiratory droplets -When someone is breathing, talking
  - More spread with increased respiratory effort – e.g., talking loudly, yelling, cheering, **singing**, sneezing, coughing.

- **Less likely methods of transmission**

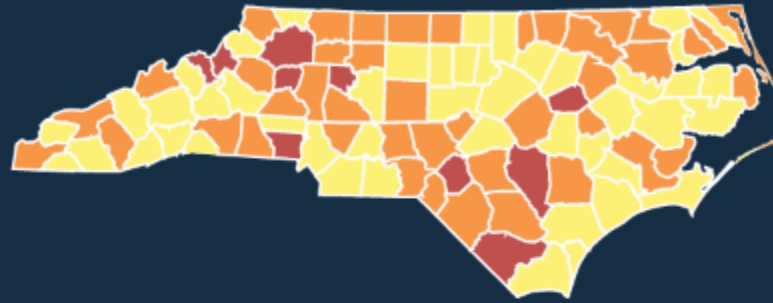
- Touching contaminated surfaces and then touching mouth, nose or eyes.
- Airborne particles that can last in air for extended times. More likely in small indoor place, with a lot of people, and poor circulation.

- **Can you transmit the virus if you don't have symptoms?**

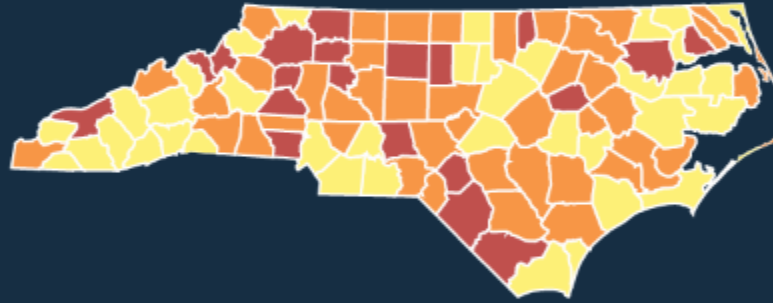
- Yes. People may be more likely to spread if they have symptoms, but people can transmit the virus if they do not have symptoms. 50-75% of people with the infection may not have symptoms.

Cases are rising quickly across the state.

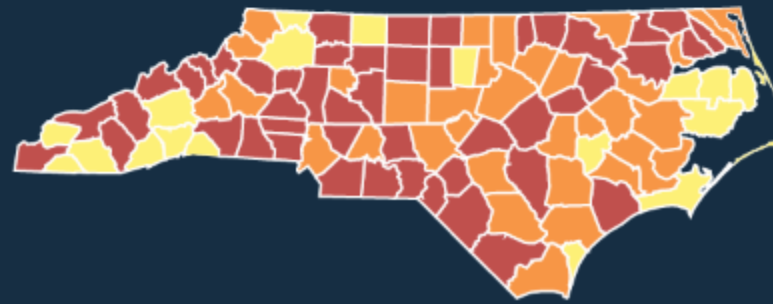
11/17/20



11/23/20



12/08/20



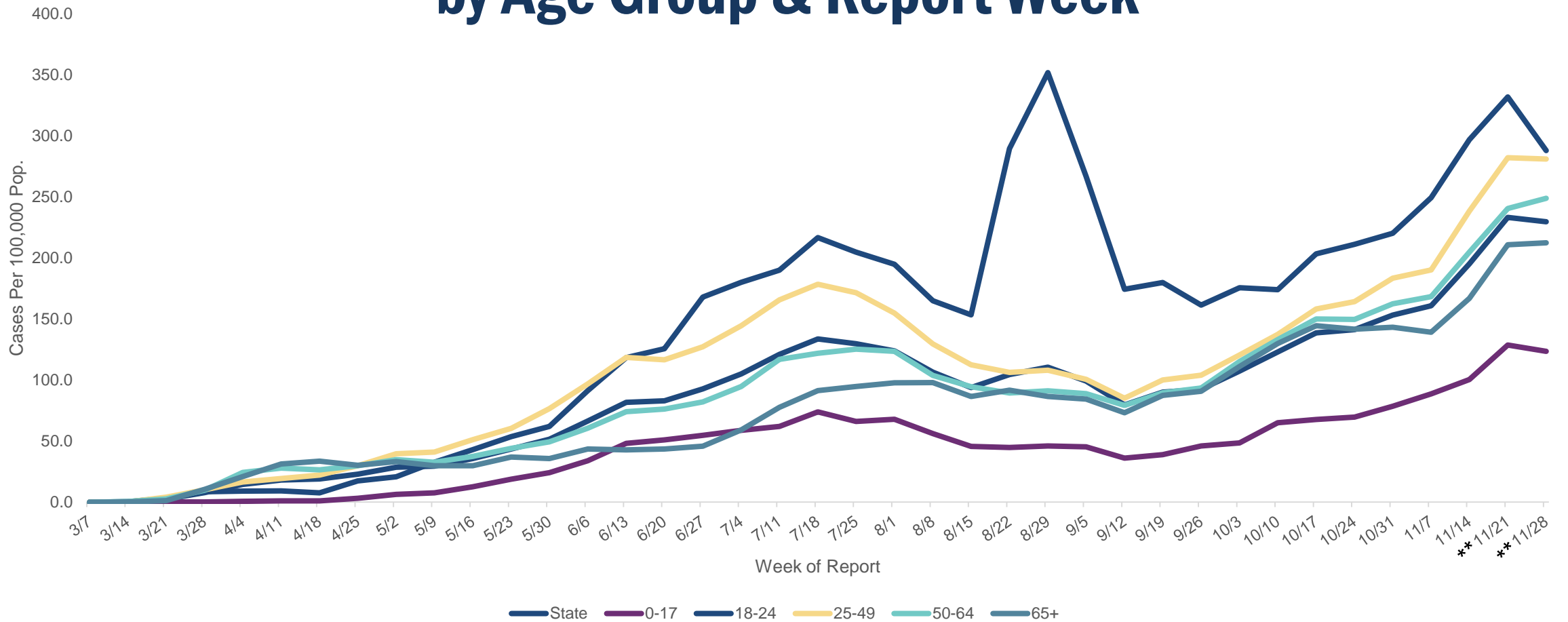
# Evolving Data: Infection and Children

Children (especially younger children) may be less likely to contract COVID-19 than adults.

Children, especially younger children, are more likely to have mild or asymptomatic disease and may be less likely to spread COVID-19

Spread is highest household settings

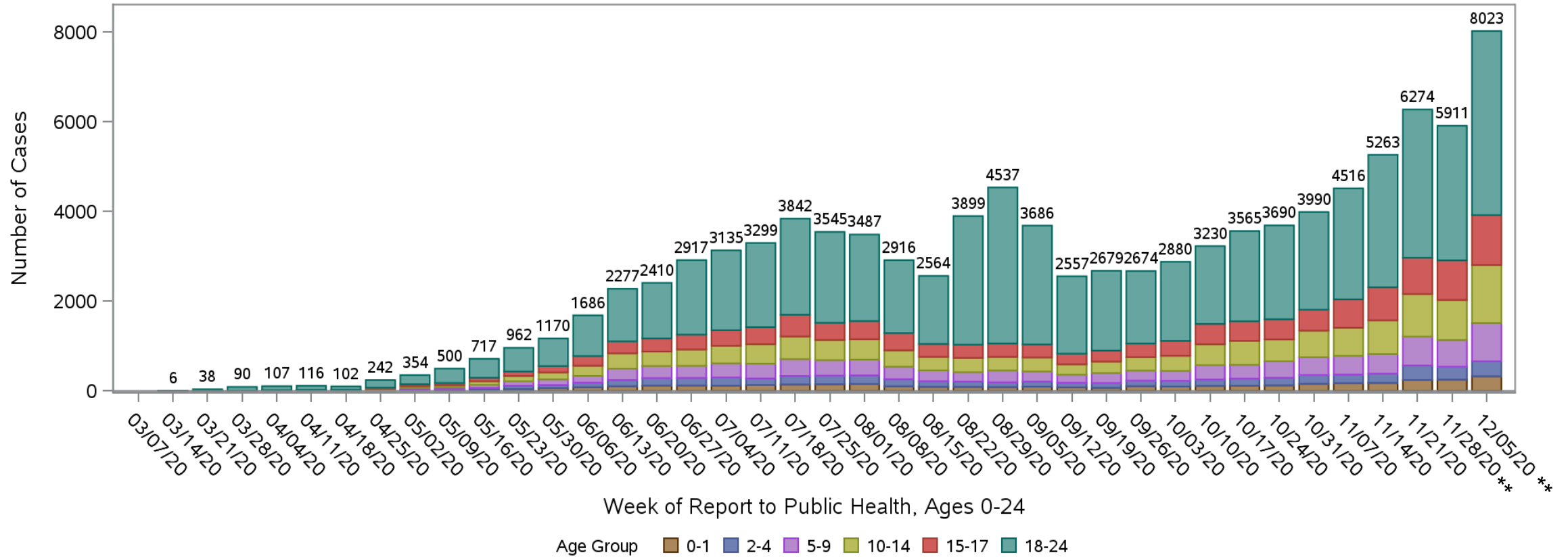
# NC COVID-19 Cases per 100,000 by Age Group & Report Week



**\*\*Early Data**



# New Lab-Confirmed Cases Among Children & Young Adults by Age Group - Weekly Totals

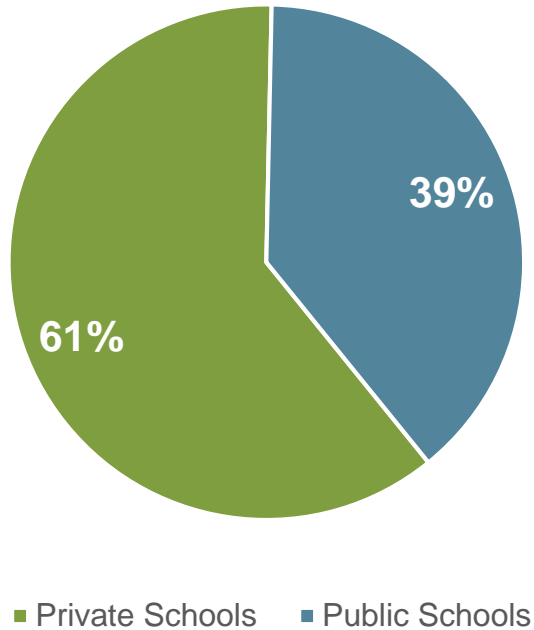


\*\*Early Data

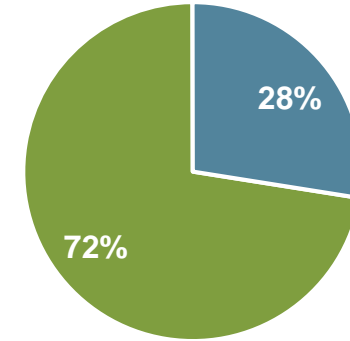
# NC's Clusters in K-12 Schools

Cluster Definition: 5 or more epidemiologically linked COVID-19 cases

Total COVID-19 Cluster-Linked Cases in K-12 Schools in **Private** and **Public** Schools

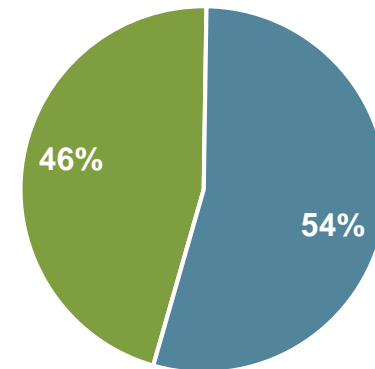


Cluster-Linked Cases in Children



■ Private Schools ■ Public Schools

Cluster-Linked Cases in Adults



■ Private Schools ■ Public Schools

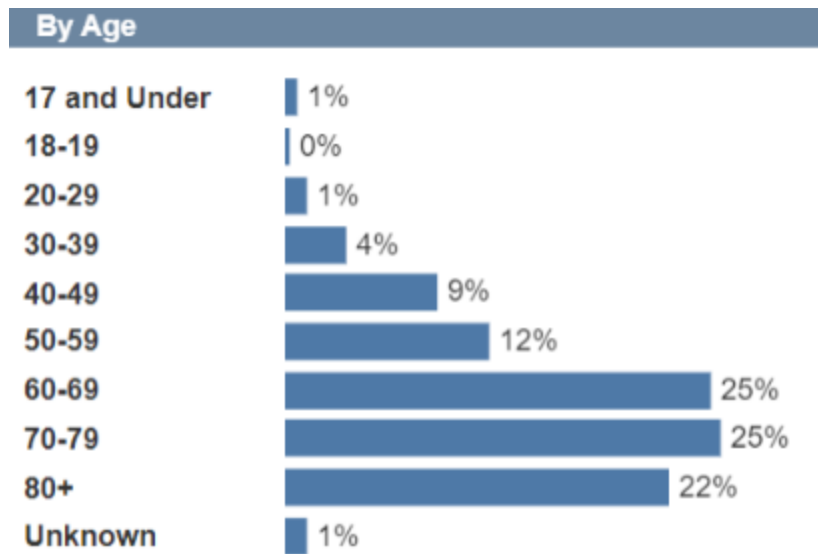
## Question 2

What do we know about how harmful the virus can be in the short term and in the long term?

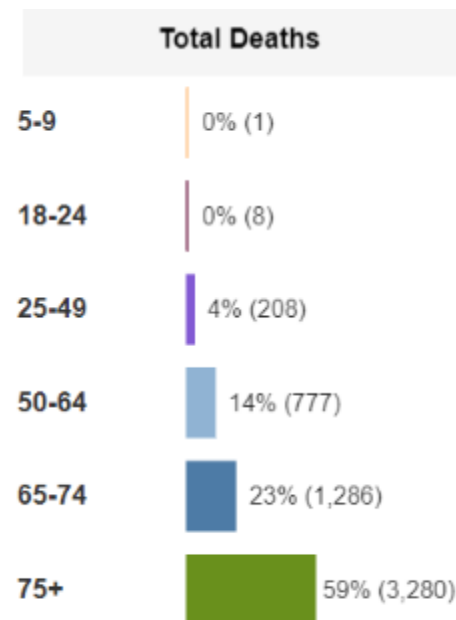
# Who is at increased risk for severe illness with COVID-19?

- People over the age of 65
- People of any age with certain underlying medical conditions
  - e.g., Cancer, heart conditions, diabetes, obesity, pregnancy

NC Hospitalization by Age



NC Deaths by Age



In the past 10 years,  
1,500 people died  
from the flu in NC.

In just 11 months,  
COVID-19 has killed  
more than three times  
that number in NC.

# This is not just a short-term respiratory illness. Death is not the only risk of COVID-19.

Inflammatory process affecting blood vessels and many different systems – e.g., heart, blood, brain, neurologic, kidney.

Even in minor cases, survivors of this disease can endure long lasting symptoms that affect quality of life for several weeks, even months after recovery.

Reports indicate that some patients experience life-changing symptoms that can become more severe over time, including neurological complications.

## Common long-lasting symptoms:

- *Extreme tiredness*
- *Loss of memory/concentration*
- *Loss of smell and/or taste*
- *Sleep disorders*
- *Shortness of breath*

**67%** of adults with non-critical COVID-19 had lasting symptoms up to 2 months after infection

**1 in 5** previously healthy young adults (18 – 34) weren't back to usual health 14-21 days after testing positive

The best way to prevent long-term complications is to prevent COVID-19.

# Mental Health, Stress, Anxiety: Hope4NC and Hope4Healers

*NC launched helplines to provide mental health support for those who need it.*

## Hope4NC:

- For all North Carolinians
- Available 24/7
- 1-855-587-3463



## Hope4Healers:

- For health care workers, first responders, teachers (and their families) experiencing stress from being on the front lines
- Available 24/7
- 919-226-2002

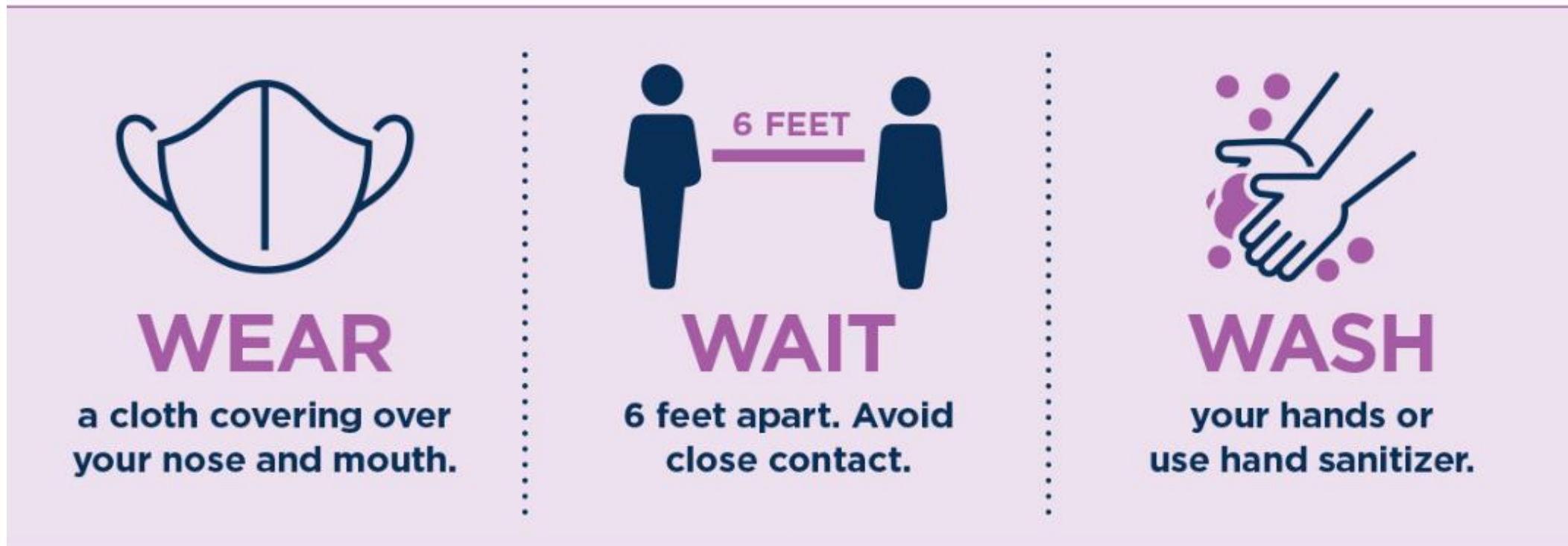
[Resources for helping families cope](#)  
Flyers can be found on [this site](#)

## Question 3

What do we know about what actions help – how do we mitigate spread?

# Proven Measures for Minimizing Risk

- Avoid large gatherings and crowds
- Practice the 3Ws:



The infographic is divided into three vertical panels by dotted lines. The first panel on the left features a line-art icon of a face mask. Below it, the word "WEAR" is written in large, bold, purple letters, followed by the text "a cloth covering over your nose and mouth." in dark blue. The middle panel shows two dark blue silhouettes of people standing apart, with a horizontal purple line between them labeled "6 FEET" in purple. Below this, the word "WAIT" is written in large, bold, purple letters, followed by the text "6 feet apart. Avoid close contact." in dark blue. The third panel on the right features a line-art icon of two hands being washed, with purple dots around them. Below it, the word "WASH" is written in large, bold, purple letters, followed by the text "your hands or use hand sanitizer." in dark blue.

**WEAR**  
a cloth covering over  
your nose and mouth.

**WAIT**  
6 feet apart. Avoid  
close contact.

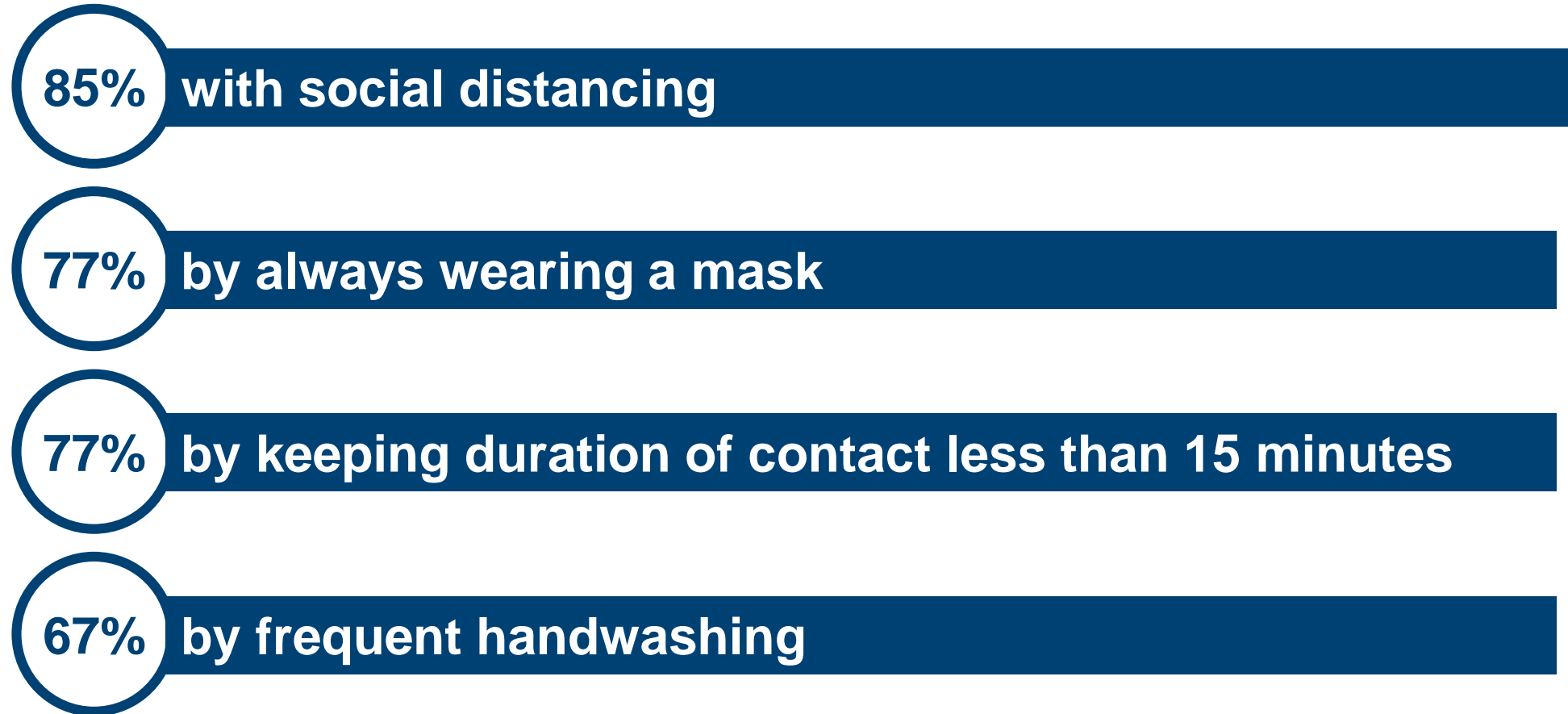
**WASH**  
your hands or  
use hand sanitizer.

**@NCDHHS** **#StayStrongNC**



# Key Research: What Prevents Spread?

Risk of infection if exposed to someone with COVID-19 decreased by:



# What Type Of Mask Is Right For Me?



## Cloth face coverings

**Who should wear:**  
public

**When:**

When with anyone from outside your household

**Note:**

Cloth masks should be washed after each use; don't wear damp or when wet from spit / mucus.



## Medical masks

**Who should wear:**  
health care workers

**When:**

During single or multiple patient interactions.



## N95 Respirator

**Who should wear:**  
health care workers

**When:**

When caring for patients with COVID-19 and during procedures that put them most at risk of exposure.

## NCDHHS coordinated with other state agencies to distribute K-12 supplies:

- 5 reusable cloth face coverings provided for each student/staff person in [public](#) and [private](#) schools (over 9 million face coverings)

# Clear Masks, Face Shields, and Barriers



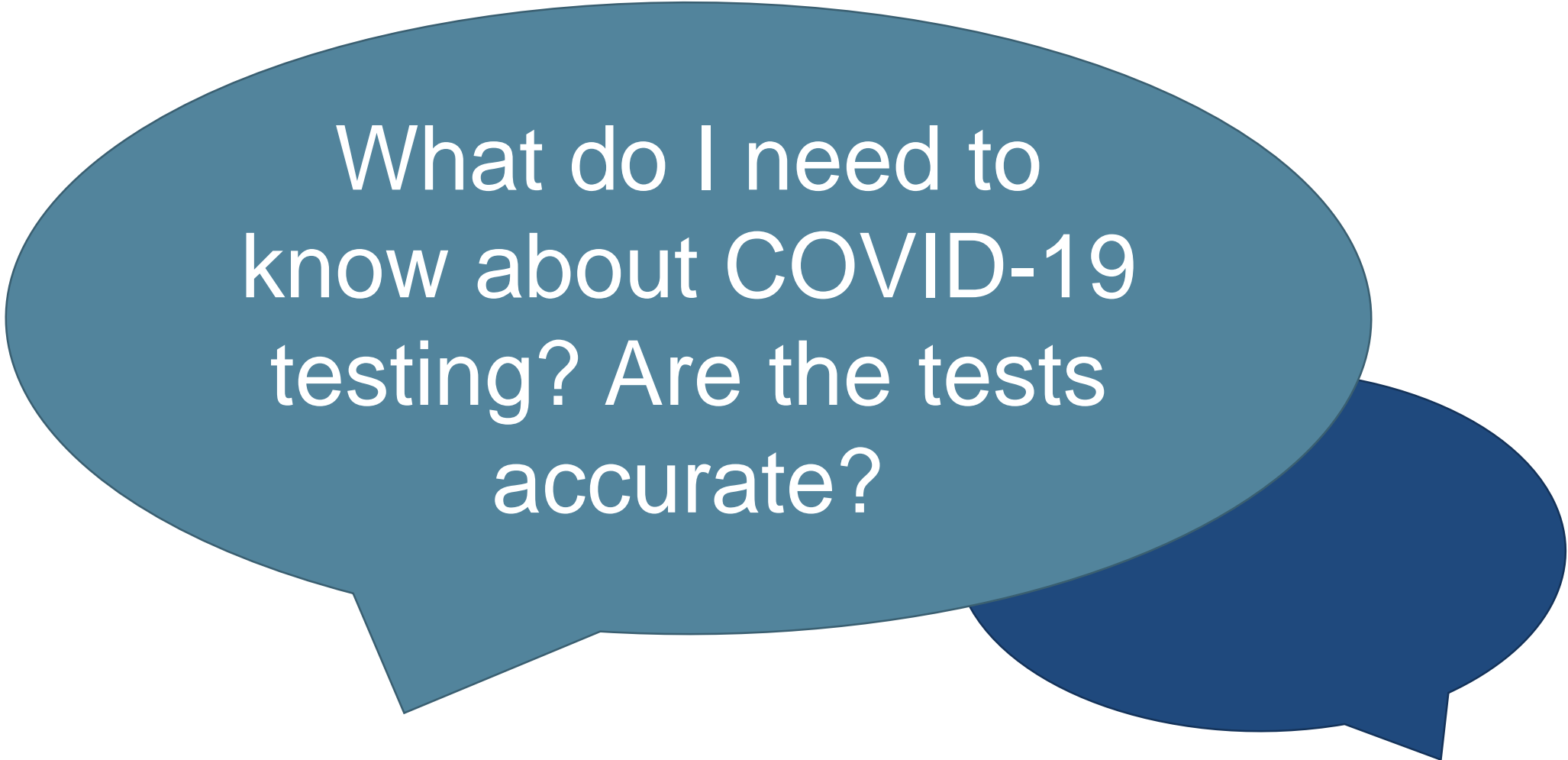
- **Clear Masks**

- Alternative type of mask for people who interact with ([more info from CDC](#)):
  - People who are deaf or hard of hearing
  - Young children or students learning to read
  - Students learning a new language (e.g., English as a second language, foreign language)
  - People with disabilities

- **Face Shields & Plexiglass Barriers:**

- Not substitutes for face coverings and social distancing – could be utilized as a layered mitigation tool

## Question 4



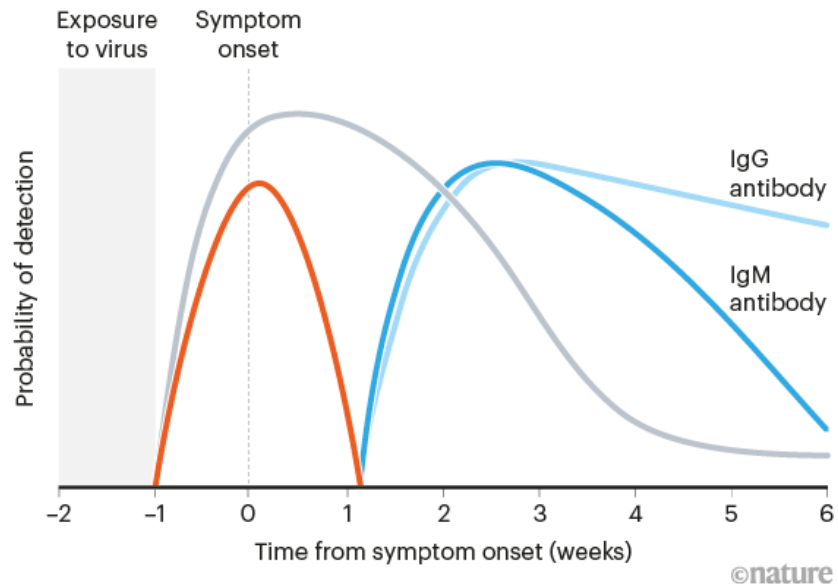
What do I need to know about COVID-19 testing? Are the tests accurate?

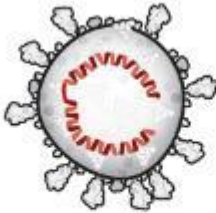
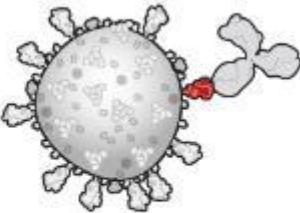


# How do we test for COVID?

- Molecular/PCR-based tests and **antigen** tests diagnose current infection
- **Antibody** tests detect prior infection
- Abbott BinaxNOW are **antigen** tests; samples are collected via nasal swab

Different types of COVID-19 test can detect the presence of the SARS-CoV-2 virus or the body's response to infection. The probability of a positive result varies with each test before and after symptoms appear.

- **PCR-based tests** can detect small amounts of viral genetic material, so a test can be positive long after a person stops being infectious.
- **Rapid antigen tests** detect the presence of viral proteins and can return positive results when a person is most infectious.
- **Antibody tests** detect the body's immune response to the virus and are not effective at the earliest phase of infection.



|                                 | PCR-based  | Antigen  |
|---------------------------------|--|--|
| <b>Predominant type of test</b> | RNA amplification<br> | Antigen testing<br> |
| <b>Sample collection</b>        | Swab<br>             | Swab or saliva<br> |
| <b>Turnaround time</b>          | Days   | Minutes  |
| <b>Cost</b>                     | \$\$\$   | \$   |
| <b>Accuracy</b>                 | High   | Moderate   |

# NCDHHS Recommendations for K-12 COVID Testing

NCDHHS released early thinking in the fall on COVID-19 testing for K-12 schools interested in building out their own plan; there are no requirements that schools provide COVID-19 tests.

- **Recommends testing symptomatic students and staff:** individuals with COVID-19 symptoms
- **Recommends testing close contacts:** individuals with recent known close contact to person with COVID-19, symptomatic or asymptomatic
- **Option to consider screening asymptomatic people:** recommended frequent testing of adults in counties that are red or orange in [NCDHHS County Alert System](#)



Source: <https://files.nc.gov/covid/documents/guidance/education/K-12-COVID-19-Testing-Considerations.pdf>

# Testing Resources



- [Community Testing Events](#)
- [Find My Testing Site](#)

## Question 5

What are the latest updates on the COVID-19 vaccine? When will it be available?



# COVID-19 Vaccination



A tested, safe and effective vaccine will be available to all who want it, but supplies will be limited at first



The best way to fight COVID-19 is to start first with vaccinations for those most at risk, then reach more people as the vaccine supply increases throughout 2021



Children will not receive vaccines until clinical trials with children are completed to ensure that they are also safe and work to prevent COVID-19 illness in kids

More information at <https://covid19.ncdhhs.gov/vaccines>

# Developing, Manufacturing and Distributing a COVID-19 Vaccine

PHASE 1 & 2:

## Safety & Dosing

10s-100s of healthy volunteers

- Are there any side effects? How many volunteers experience side effects?
- What is the best vaccine dose to create an immune response with the fewest tolerable side effects?

PHASE 2 & 3:

## Safety & Efficacy

>30,000 of volunteers

- Does the vaccine prevent COVID-19 infection?
- What are the most common side effects?
- Do the benefits of the vaccine outweigh the risks?

## Approval & Distribution

- FDA reviews the safety and efficacy data to determine if benefits are greater than risks
- An independent, non-FDA scientific committee reviews findings
- Vaccine is authorized and recommended for use (may only be for certain populations)
- Vaccine is labeled for use, benefits, side effects

## Manufacturing

**Preparation:** Manufacturing development, scaling up, quality-control testing

**Large-Scale Manufacturing:** Making millions of vaccine doses for nationwide distribution, continued quality-control testing of vaccine batches and manufacturing facilities, FDA and CDC continually monitor vaccinated patients for safety

**Availability:** Limited availability in the beginning. More widely available over time.

# COVID-19 Vaccinations: Those most at risk get it first.

A tested, safe and effective vaccine will be available to all who want it, but supplies will be limited at first. Independent state and federal public health advisory committees have determined that the best way to fight COVID-19 is to start first with vaccinations for those most at risk, reaching more people as the vaccine supply increases from January to June. Keep practicing the 3W's—wear a mask, wait six feet apart, wash your hands—until everyone has a chance to vaccinate.



Every health care worker at high risk for exposure to COVID-19—doctors, nurses, and all who interact and care for patients with COVID-19, including those who clean areas used by patients, and those giving vaccines to these workers.

Long-Term Care staff and residents—people in skilled nursing facilities and in adult, family and group homes.

Adults with two or more chronic conditions that put them at risk of severe illness as defined by the CDC, including conditions like cancer, COPD, serious heart conditions, sickle cell disease and Type 2 diabetes, among others.

Adults at high risk of exposure including essential frontline workers (police, food processing, teachers), health care workers, and those living in prisons, homeless shelters, migrant and fishery housing with 2+ chronic conditions.

Those working in prisons, jails and homeless shelters (no chronic conditions requirement).

Essential frontline workers, health care workers, and those living in prisons, homeless shelters or migrant and fishery housing.

Adults 65+

Adults under 65 with one chronic condition that puts them at risk of severe illness as defined by the CDC.

College and university students.

K-12 students when there is an approved vaccine for children.

Those employed in jobs that are critical to society and at lower risk of exposure.



# Tools and Resources to Stop the Spread



# Tools and Resources to Stop the Spread



**Rebecca Planchard, MPP**

*Senior Policy Advisor  
NCDHHS, Office of the Secretary*

# Key School Guidance



[Executive Order No. 180](#) **requires** face coverings to be worn by all workers, teachers, guests, other adults and children age five and up in nonpublic schools



NCDHHS detailed public health guidance for non-public schools:

- [StrongSchoolsNC Nonpublic Schools Requirements and Recommendations Document](#)

Keep this page bookmarked to regularly access most up-to-date files



# Requirements for Wearing Masks in Nonpublic Schools

- Ensure that face coverings are worn by all workers, teachers, guests, other adults and children age five (5) or older.
- In all public and nonpublic schools, all workers, teachers, guests, other adults and children five (5) years or older must wear face coverings when indoors, at all times, unless an exception applies, and when outdoors and within six (6) feet of another person, unless an exception applies.

# Mask Examples (Not exhaustive lists)

- **Examples of where and when masks are required include:**
  - Students over age 5 and a teacher are together inside a classroom whether or not they are 6 feet apart;
  - Students over age 5 are in P.E. class indoors whether or not they are 6 feet apart;
  - A student is 5 years-old and enrolled in preschool;
  - Students over age 5 are playing basketball in the gym as a part of an after-school program;
  - Student track athletes are waiting at the starting line to begin a race and are not 6 feet apart.
- **Examples of where and when masks are not required include:**
  - Students are outside for recess consistently maintaining 6 feet of social distancing at all times;
  - A teacher holds class outdoors with all individuals consistently maintaining 6 feet of social distancing at all times;
  - Students are participating in an outdoor P.E. class with all individuals consistently maintaining 6 feet of social distancing at all times;
  - A student is 4 years-old and enrolled in preschool;
  - Student track athletes are running in a race and are consistently maintaining 6 feet of social distancing at all times;
  - A teacher is alone in their classroom with the door closed.



# Mask Exemptions

- **Face coverings are not required to be worn by an individual who:**
  - Should not wear a face covering due to any medical or behavioral condition or disability (including, but not limited to, any person who has trouble breathing, or is unconscious or incapacitated, or is otherwise unable to put on or remove the face covering without assistance);
  - Is under five (5) years of age;
  - Is actively eating or drinking;
  - Is seeking to communicate with someone who is hearing-impaired in a way that requires the mouth to be visible;
  - Is giving a speech for a broadcast or to an audience;
  - Is working at home or is in a personal vehicle;
  - Is temporarily removing his or her face covering to secure government or medical services or for identification purposes;
  - Would be at risk from wearing a face covering at work, as determined by local, state, or federal regulations or workplace safety guidelines;
  - Has found that his or her face covering is impeding visibility to operate equipment or a vehicle; or
  - Is a child whose parent, guardian, or responsible person has been unable to place the face covering safely on the child's face.

# **Masks and Exercise – Executive Order 181**

- **People must wear Face Coverings while exercising if they are either:**
  - Outdoors and within six ( 6) feet of someone who does not reside in the exercising person's household;  
or
  - Indoors and not within their own home.
- **However, people need not wear a Face Covering while exercising if:**
- **One of the exceptions stated applies;**
- **They have symptoms while strenuously exercising such as trouble breathing, dizziness, or lightheadedness;**
- **They are wearing equipment like a mouthguard or helmet and are having trouble breathing;**
- **They are doing any activity in which the Face Covering could become entangled and a choking hazard or impair vision in high risk activities such as gymnastics, cheerleading, or tumbling; or**
- **They are doing activities that may cause the Face Covering to become wet, like when swimming or other activities in a pool, lake, water attraction, or similar body of water.**

# Required Reporting of a Case & Collaboration with Local Health Department

- School leaders (including private schools) must report a positive COVID-19 case associated with their school (NCGS § 130A-136)
- Division of Public Health Epidemiologist on call available to assist 24/7: 919-733-3419
- School should isolate person (wearing face cover) in dedicated space, have someone supervise (6' away) and refer person to their provider for assessment and testing
- Local Health Department to determine close contacts and if school closure is necessary
- State is providing ongoing support to LHDs
- **Helpful resource for schools: [Positive Screening Reference Guide – Step-by-step instructions for what to do next](#)**

# Resources Specifically for Religious School Leaders

Read these public health guidelines for specific actions and best practices you can begin using today

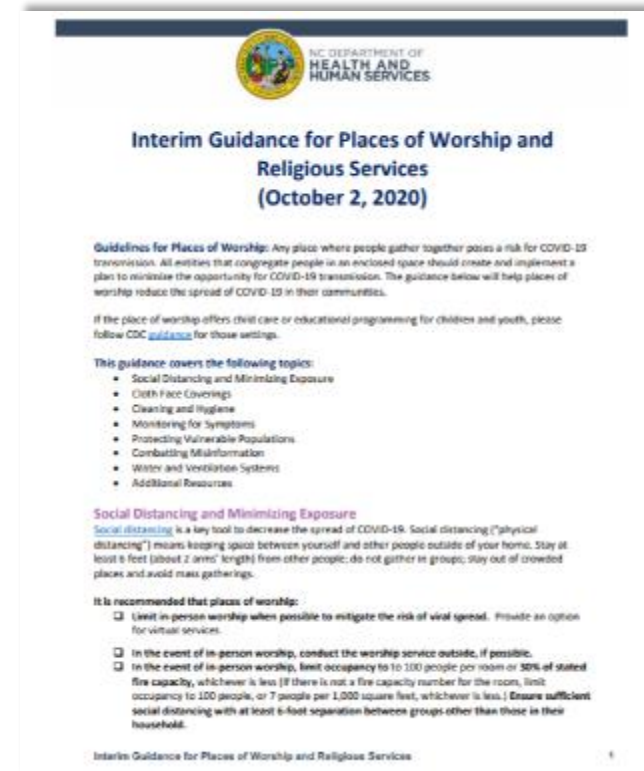
## Faith Leaders

### 10 Actions for Faith Leaders to Respond to COVID-19

NCDHHS recognizes the powerful role faith leaders play in our communities and congregations. We need your help, as Dr. Mandy Cohen, the Secretary of Health and Human Services, [outlines in this letter](#).

Below is a list of actions to consider to help protect our communities and slow the spread of COVID-19.

[Faith Leader Toolkit \(Spanish\)](#)



[Interim Guidance for Places of Worship \(Spanish\)](#)

# Please Share: Winter Holiday Guidance Flyer & Key Points

- **Avoid holiday travel and gatherings with those you don't live with**

- If you must travel or gather:



Get tested ahead of time



Wear a mask all the time



Keep it small and outdoors

- One-page flyer & detailed guidance (English & Spanish):

<https://covid19.ncdhhs.gov/information/individuals-families-and-communities/guidelines-get-togethers#winter-holidays>



# Please Share: Resources for Communicating with Families

## Back to School



### Arriving At School

Everyone will be screened for COVID-19 before entering a school building. The screening will include a temperature check and questions like, "Have you been near someone with COVID-19?" These kinds of screenings are happening in all kinds of building across the country. If your child does not ride the bus, please allow extra time and arrive at school early. Screenings will add time, especially at the beginning of the year. If your child is younger, you may be asked to stay to help them with screening.

### School Meals

Nutritious meals will be available through the School Nutrition Program. Safety procedures will be in place for meals and snacks. Students and staff will have to wash their hands before and after eating. Your child may be asked to eat in their classroom instead of the cafeteria to maintain social distancing.

### Getting Ready For The School Day

Know the symptoms of COVID-19. Be on the alert for any symptoms of COVID-19 in your family members and people you spend time with. Keep your child at home if they show any signs of illness, or if they have been in close contact with anyone diagnosed with COVID-19. All students in kindergarten through 12<sup>th</sup> grade and school staff are required to wear cloth face coverings at school. Every student will receive 5 cloth face coverings. Be sure your child has a clean cloth face covering when they leave for school. And remember to wear one yourself!



### Shopping and Supplies

Schools may request that students bring additional supplies this year such as cloth face coverings, hand sanitizer, plastic bags or other pouches to keep their personal belongings separate from others', and additional items like writing utensils to avoid sharing of materials.



[What Families Can Expect When Schools Reopen](#)

## StrongSchoolsNC

### What Are We Learning About Children and COVID-19?

LAST UPDATED 11/05/2020

*We are learning more every day regarding COVID-19 in children. We are using the latest research to help NC make decisions about how we should operate our schools during the COVID-19 pandemic. We will continue to follow new data and science as it is available to learn more. The current research summarized below still presents an early and limited picture of children and schools during the COVID-19 pandemic. Be sure to check back for regular updates by visiting <https://www.nc.gov/covid19>*

#### Children may be less likely to have and spread COVID-19 than adults

- Children, particularly younger children, may be less likely than adults to become infected with COVID-19, even after being exposed to someone with COVID-19.
- Newer findings suggest that adolescents and adults may be equally likely to become infected
- Newer findings suggest that because of mild to no symptoms, there may be an undercount of actual number children infected and more cases in children have been detected recently.
- Young children can spread the virus, however children under 10 years of age may be less likely to spread COVID-19 to others than older teens and adults.
- Newer findings suggest that younger children may be more likely to get COVID-19 from an adult than to spread an infection to an adult
- Spread of COVID-19 is more likely within a household than not within a household (such as school)

#### Most children have very mild illness with COVID-19, but some have more severe symptoms and we are learning more about children who are at higher risk for infection or more severe illness

- Children infected with COVID-19 generally have mild or no symptoms.
- Although rare, some children can have severe disease, need hospitalization, and have developed multisystem inflammatory syndrome (MIS-C) after exposure to SARS-CoV-2.
- Children with underlying medical conditions are at increased risk of severe illness from COVID-19.
- Our African American and LatinX communities and children are disproportionately affected by COVID-19.

#### Data from other countries does not show a large spread of COVID-19 associated with schools being open for instruction

- International data that are available show limited transmission in schools when a child was infected.
- While there have been some specific examples of spread in school, schools have not seemed to play a major role in the spread of COVID-19, especially in areas with low viral transmission, and few school outbreaks have been reported.
- Overall, countries that have reopened their schools after infection rates had gone down did not see large rises in infection at a population level.

#### Less than 6 feet of social distancing may still be protective for children

- The CDC still recommends 6 feet of social distancing as the most health-protective distancing.
- However, in low- and medium-risk settings, 3 feet of social distancing may lead to a similar risk for the spread of COVID-19, especially when people wear cloth face coverings. Because of decreased risk of spread among children, schools may be considered low or medium risk.
- Keeping students spread out with more space in between them provides additional protection.

[What Are We Learning about Children and COVID-19](#)

# Please Share: Slow COVID NC App

- Free smart phone app to support public health
- Notifies users if they have been exposed to someone diagnosed with COVID-19
- App integrates with NC's testing and tracing infrastructure to provide next steps to notified users
- Anonymous, no personal information stored
- Could be used by parents and school staff
- Download for free through the [Apple App Store](#) and the [Google Play Store](#)
- Communications toolkit to help spread the word: <https://covid19.ncdhhs.gov/slowcovidnc/communications-toolkit>



# Please Share: Whatever Your Reason, Get Behind the Mask



[ncdhhs.gov/WhateverYourReason](https://ncdhhs.gov/WhateverYourReason)  
and [ncdhhs.gov/CualEsTuRazon](https://ncdhhs.gov/CualEsTuRazon)



# Learning from Each Other



# Learning From Each Other



**Mr. Kyler Ketner**  
*High School Principal  
Liberty Christian School  
Durham*



**Mrs. Beth Peters**  
*Head of School  
Greenfield School  
Wilson*

# Greenfield School Best Practices and Protocols

- **Develop a relationship with Local Health Department**
- Hire a nurse to handle sick students, quarantine, return to school, and parent communications
- Daily Screening with temp checks and screening forms
- Masks required all day for ages 5 and up including all staff
- Hall traffic one way and enter/exit rooms with different doors
- Space desks 6 feet where possible and use outdoor spaces more
- Allow parents to choose virtual learning option
- Allow water bottles and use refillable water stations, NOT water fountains
- Specialty teachers visit classrooms in K-4, limit sharing of supplies
- Hand sanitizer in each room and clean between classes, extra cleaning
- No visitors on campus, including parents
- Lower grades eat in classroom/space out middle and upper students in cafe



# Liberty Christian School, Durham



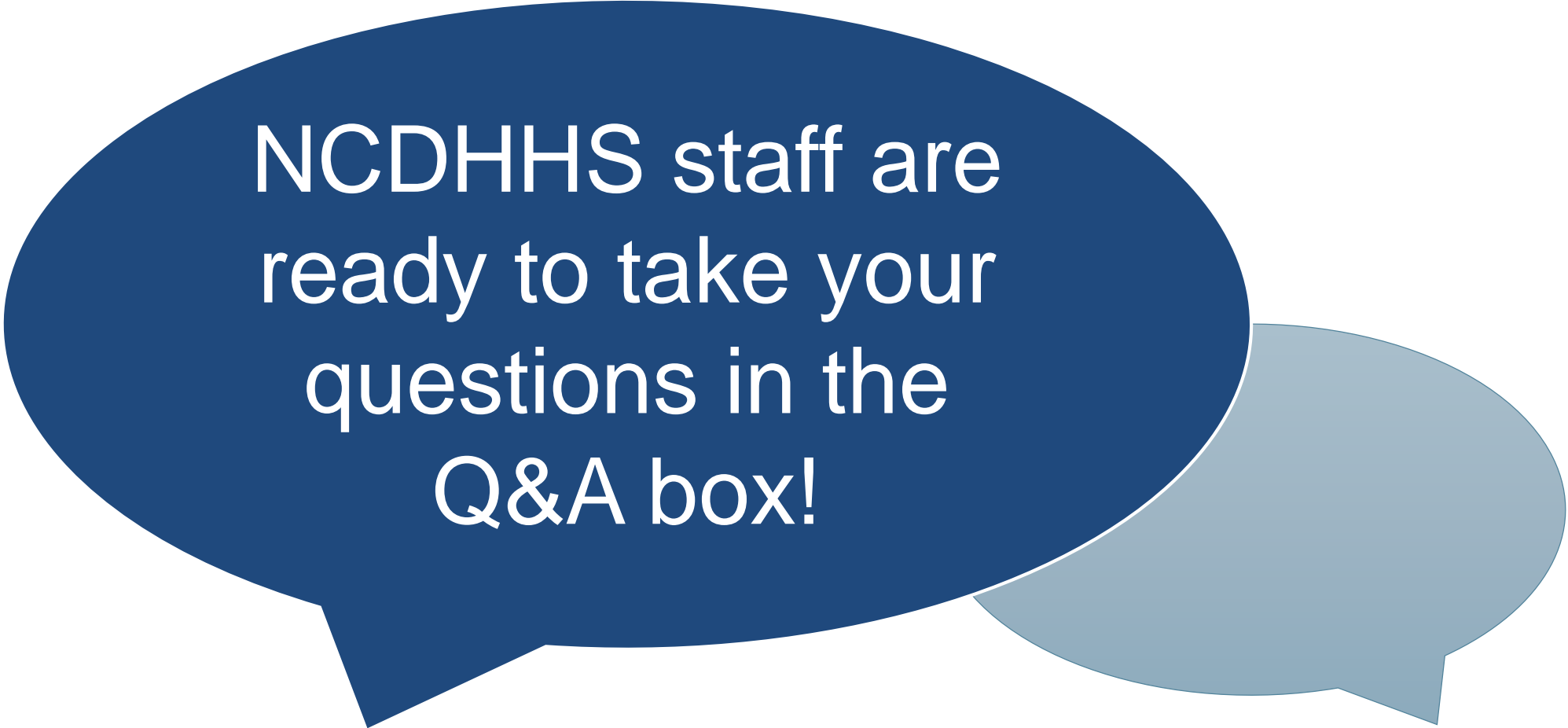
**Kyler Ketner**

**High School Principal**

# Live: Taking Your Questions



## Live Q&A



NCDHHS staff are  
ready to take your  
questions in the  
Q&A box!

# Closing Out – Call to Action



## Call to Action

1. **Communicate with students, staff, and parents this week** about how to be safe this holiday season (*avoid travel and gathering with those you don't live with, keep it small and outdoors, wear masks, get tested ahead of time*)
2. Check your email after this conversation to see a message from NCDHHS with resources and **share these resources with your staff and 3 other school or community leaders**
3. **Post on social media why YOU get behind the mask**



<https://covid19.ncdhhs.gov/materials-resources/whatever-your-reason>



# Don't Forget: Links to Key Resources

Check back often as files are regularly updated (links stay the same):  
<https://covid19.ncdhhs.gov/guidance#schools>

- **[Requirements & Recommendations for Non-Public Schools](#)**
- [Requirements and Recommendations for Recess, Specials, and General Activities](#)
- [NCDHHS K-12 Holiday Packet – Celebrating Safely](#)
  - Holiday Guidance
    - [Guidelines for Get-Togethers](#)
    - [Holiday Guidance Flyer](#)
- [Reference Guide for Suspected, Presumptive, or Confirmed Cases of COVID-19 \(K-12\)](#)
- [StrongSchoolsNC Infection Control and PPE Guidance \(K-12\)](#)
- [StrongSchoolsNC FAQ](#)