

#StayStrongNC

# StrongSchoolsNC Public Health Toolkit (K-12)

INTERIM GUIDANCE

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NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**

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### Available Online:

- [Reference Guide for Suspected, Presumptive, or Confirmed Cases of COVID-19 \(K-12\)](#)
- [Infection Control and PPE Guidance \(K-12\)](#)
- [How to Quarantine \(Spanish\)](#)
- [Considerations for COVID-19 Testing of Adults and Children Who Work at or Attend a K-12 School](#)



**Have questions about this guidance?  
Find your answer in our FAQ!  
([English](#) | [Spanish](#))**

# Public Health Toolkit (K-12)

## How Was This Guidance Developed?

In order to secure the safety and protection of children and their families across the state, Governor Cooper, in collaboration with the NC State Board of Education (NCSBE) and the NC Department of Public Instruction (NCDPI), closed public school buildings for in-person instruction through [Executive Order No. 117](#) on March 14 and extended through the rest of the 2019-2020 school year via Executive Orders Nos. [120](#) and [138](#), and established an Education and Nutrition Working Group to develop a plan to ensure that children and families were supported while schools were closed. Since then, the NC Department of Health and Human Services (NCDHHS) has worked closely with NCDPI and NCSBE to meet the nutritional, educational and child care needs of students during school closure, and plan for safely reopening schools for the 2020-2021 school year.

On September 17, 2020, Governor Cooper announced that the State would allow schools to expand options for in-person instruction to include a 'Plan A' option for all kindergarten – 5th grade students, effective October 5, 2020. This decision was made after careful consideration of recent trends of COVID-19 rates in the state, including stabilization of overall rates of laboratory confirmed COVID-19 cases, and evolving scientific evidence about the virus and younger children. This decision prioritizes in-person learning for our youngest students, supports working families, and provides more children with the opportunity to access other critical services provided in schools, including meals, regular physical activity, and developmentally appropriate social interaction.

**Kindergarten – 5th Grade Students:** Effective October 5, 2020, and until further notice, schools may choose to operate in 'Plan A' for all kindergarten – 5th grade students. If schools choose to operate in 'Plan A,' they must operate under 'Plan A' health and safety requirements, outlined in this Toolkit, while in school buildings and on school grounds. Schools may choose a more restrictive 'Plan B' or 'Plan C.' Schools may choose between 'Plan A,' 'Plan B' or 'Plan C' at any time. ***If schools operate under 'Plan A,' it is strongly recommended that they operate school***

***transportation under 'Plan B' health and safety requirements, outlined in this Toolkit.***

**6th – 12th Grade Students:** Effective October 5, 2020 and until further notice, schools may choose to operate in 'Plan B' or 'Plan C' for all 6th – 12th grade students. If schools choose to operate in 'Plan B,' they must operate under 'Plan B' health and safety requirements, outlined in detail in this Toolkit, unless they choose the more restrictive 'Plan C.' Schools may choose between 'Plan B' and 'Plan C' at any time.

Schools have flexibility in how they choose to implement the requirements and it is expected that all schools will also offer full-time virtual instruction for higher-risk students and teachers, and for families opting for remote learning for their children.

We know that this will continue to be a learning process for all of us – students, teachers, parents, school administrators, and public officials. We will stay flexible as we monitor the spread of COVID-19 in our state, review new evidence and guidance, and seek feedback from families, students, teachers and staff, and local communities.

## What Do We Know About COVID-19?

COVID-19 is mostly spread by respiratory droplets released when people talk, cough, or sneeze. The virus may spread to hands from a contaminated surface and then to the nose or mouth, causing infection. That's why personal prevention practices (such as handwashing and staying home when sick) and environmental cleaning and disinfection are important practices covered in this Health Guidance.

Any scenario in which many people gather together poses a risk for COVID-19 transmission. While children generally experience mild symptoms with COVID-19, and, to date, have not been found to contribute substantially to the spread of the virus, transmission from even those with mild or no apparent symptoms remains a risk. We are learning more every day about COVID-19 in children, teens and in school settings and using that data and research to make our school guidance and approach better.

Click to learn more about the latest research on COVID-19, children, and schools. ([English](#) | [Spanish](#))



Symptoms may appear 2-14 days after exposure to the virus. People with these symptoms may have COVID-19:

- Fever or chills
- 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

This list is not all possible symptoms. Other less common symptoms have been reported, including gastrointestinal symptoms like nausea, vomiting, or diarrhea. Fever is determined by measuring a temperature of 100.4 °F or greater, or feeling warm to the touch, or giving a history of feeling feverish.

While symptoms in children are similar to adults, children may have milder symptoms. Reported symptoms in children include cold-like symptoms, such as fever, runny nose, and cough. Children with COVID-19 may not initially present with fever and cough as often as adult patients.

**Fortunately, there are many actions that school and district administrators can take to help lower the risk of COVID-19 exposure\* and spread during school sessions and activities.**

*\*Exposure refers to being within 6 feet of someone diagnosed with COVID-19 for 15 minutes or more.*

## How Should this Toolkit be Used?

**Families and students** should use this guidance to understand what health practices will be in place when students return to school. All public schools will be required to follow certain health practices in this guidance noted as “required.” Many schools may also choose to implement some or all of the recommended practices.

**Local education leaders** are required to use this guidance to understand what health practices they must meet, and to develop detailed district and school plans for how to implement all required health practices described in this toolkit. The Public Health Toolkit should be used in combination with operational guidance provided by NCDPI which includes strategies to implement the health guidance in schools, and to address other non-health areas for reopening planning, including scheduling supports, how to approach instructional practice, and providing staff training.

## How Should Schools Plan for Different Scenarios Depending on COVID-19 Spread and Metrics?

Local education leaders are directed to plan for reopening K-12 public schools under three potential scenarios, depending on what restrictions are necessary when school opens, or at any time in the school year, to control the spread of the disease.

Schools are **required** to create the following three plans:

- **Plan A: Minimal Social Distancing** – Will be implemented if state COVID-19 metrics stabilize or move in a positive direction. All requirements in this guidance apply to Plan A.
- **Plan B: Moderate Social Distancing** – All requirements in this guidance apply, with additional requirements in the [Social Distancing and Minimizing Exposure](#) and [Transportation](#) sections.
- **Plan C: Remote Learning Only** – Will be implemented only if state COVID-19 metrics worsen significantly enough to require suspension of in-person instruction and the implementation of remote learning for all students, based on the remote learning plans required by [Session Law 2020-3](#). Most of the requirements in this guidance would not apply, as students and staff would not be gathering together in groups on school grounds.

School districts may choose to implement a more restrictive Plan but may not choose to implement a less restrictive Plan than established by NCDHHS, NCSBE, and NCDPI.

**Check out the [Reopening K-12 Schools Decision Tree](#) for more details.**



# Requirements and Recommendations

Practices that are **required** must be implemented by all North Carolina public school units. These practices are essential baseline actions in order to minimize risk of exposure to COVID-19 for students, staff, and families across North Carolina. They are intended to be a minimum. Practices that are **recommended** are additional strategies that schools may choose to use to minimize spread of COVID-19. All recommended practices will not be possible in all settings and should be tailored to each school/district as appropriate.



## Social Distancing and Minimizing Exposure

[Social distancing](#) is a key tool to decrease the spread of COVID-19. Social distancing (“physical distancing”) means keeping space between yourself and other people outside of your home.

### Schools are **required** to:

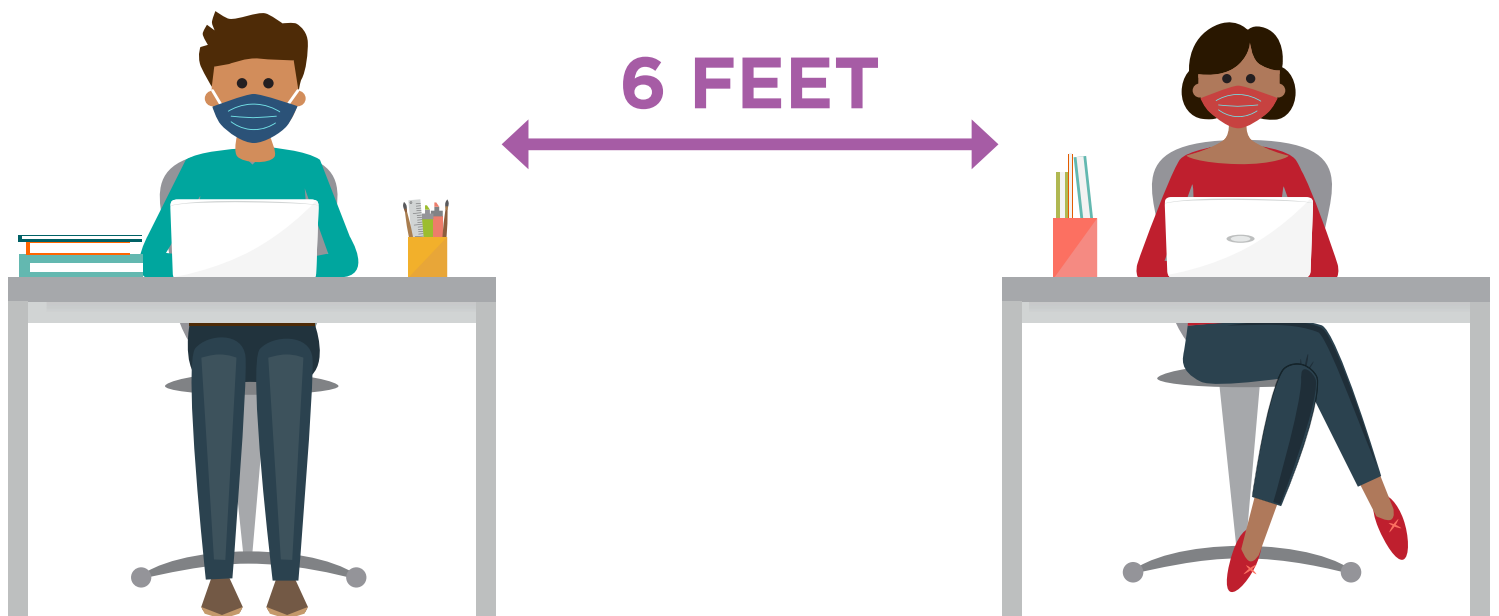
- Provide social distancing floor/seating markings in waiting and reception areas.
- Mark 6 feet of spacing to remind students to stay 6 feet apart in lines and at other times when they may congregate.
- Mark 6 feet of spacing to remind teachers and staff to stay 6 feet apart at times when they may congregate, such as during staff meetings, planning periods, lunch, recess, in teacher lounges, and break rooms.
- Provide marks on the floors of restrooms and locker rooms to indicate proper social distancing.
- Limit nonessential visitors and activities involving external groups or organizations.
- Have teachers and staff monitor arrival and dismissal to discourage congregating and ensure students go straight from a vehicle to their classrooms and vice-versa.
- Discontinue the use of any self-service food or beverage distribution in the cafeteria (e.g. meals and/or snacks served at school should be individually packaged and served directly to students; milk or juice may be available separately and should also be served directly to students). As always, ensure the safety of children with food allergies.
- Mark 6 feet of spacing to remind school nutrition staff to stay 6 feet apart throughout food distribution.
- Choose physical education activities that limit the use of shared equipment, and any close contact between students during those activities is limited and brief.
- Discontinue in-person activities that involve bringing together large groups of people or activities that do not allow for social distancing (assemblies, performances, field trips, etc.)

### **Under Plan B only, schools are required to adhere to all requirements already outlined, AND:**

- Limit the total number of students, teachers, staff and visitors within a school building to the extent necessary to ensure that 6 feet distance can be maintained when people will be stationary (e.g., when seated in classrooms, waiting in lines, in restrooms and locker rooms, in cafeterias, other indoor school settings where people congregate.)
- Ensure at least 6 feet between teachers and staff when they congregate, such as during staff meetings, planning periods, lunch, recess, in teacher lounges, and break rooms.
- Ensure at least 6 feet social distancing in any outdoor setting when students, teachers, staff and visitors are stationary (e.g., waiting in line for transportation, sitting in a group.)
- Arrange furniture or block off seats, such as desks, chairs, or other seating in classrooms, break rooms, reception areas, and cafeterias, so that students, teachers, staff and visitors are separated from one another by at least 6 feet.
- Provide frequent reminders for students, teachers, staff and visitors to stay at least 6 feet apart from one another.

### It is **recommended** that schools:

- Minimize opportunities for sustained exposure (15 minutes or more within 6 feet distance) between students, teachers, staff and visitors in areas they may congregate, such as in waiting and reception areas, when in line, during transitions, or while waiting for transportation.
- Minimize opportunities for sustained exposure (15 minutes or more within 6 feet distance) between teachers and staff during staff meetings, planning periods, lunch, recess, in teacher lounges, and break rooms and other areas teachers and staff may congregate.
- Provide frequent reminders for students, teachers and staff to stay at least 6 feet apart from one another when feasible.
- Place physical barriers such as plexiglass for protection at reception desks and similar areas.
- Arrange furniture, such as desks or seating in classrooms, break rooms, and reception areas, so that students, teachers, staff and visitors are separated from one another by at least 6 feet when feasible. If it is not possible to arrange seating 6 feet apart, consider having all students, teachers, staff and visitors sit facing the same direction (i.e., all sitting on the same side of a table), or using barriers between people.
- Designate hallways as one-way, posting directional reminders on the walls and/or floor.
- Designate entrance and exit doors for classrooms and restrooms to reduce the chance that people meet face to face.
- Keep students and teachers in small cohort groups that stay together as much as possible during the day, and from day to day. Limit mixing between cohort groups as much as possible (e.g., during recess, lunch in the cafeteria, arrival and dismissal, etc.). This is especially important for elementary schools that choose to operate under Plan A.
- Follow the recommendations outlined in [Interim Guidance for Administrators and Participants of Youth, College & Amateur Sports Programs](#).
- If social distancing is not possible in the cafeteria, have meals delivered to the classroom or have students bring food from the cafeteria back to their classrooms to eat.
- Hold physical education classes outdoors when possible.
- Consider the unique needs of music programming (e.g., band, orchestra) where there may be an increased risk of transmission. Incorporate protocols such as disinfection of shared equipment, ensuring at least 6 feet between participants, and hand hygiene. Limit or avoid the playing of woodwind and brass instruments due to increased risk of respiratory droplets, and inability to wear a cloth face covering while playing.
- Other group activities, such as singing (e.g. choir, glee club, a cappella groups, musical theatre) with the potential to generate increased respiratory droplets should be avoided.





# Cloth Face Coverings

Check out more information on cloth face coverings, including how to order them, in the [StrongSchoolsNC Infection Control and PPE Guidance \(K-12\)](#)

There is growing evidence that wearing face coverings can help reduce the spread of COVID-19, especially for those who are sick but may not know it. Cloth face coverings are not surgical masks, respirators (“N-95”), or other medical personal protective equipment. Recent studies on types of face coverings suggest that multi-layered cotton face coverings provide good coverage to keep droplets from spreading when we speak, sneeze, or cough. Individuals should be reminded frequently not to touch their face covering and to wash their hands.

## Schools are **required** to:

- Ensure that all students from kindergarten through 12th grade, all teachers, staff and adult visitors, wear face covering, unless the person (or family member, for a student) states that an exception applies, is eating, or is engaged in strenuous physical activity. Cloth face coverings must be worn by all students from kindergarten through 12th grade, and all teachers, staff and adult visitors on buses or other school transportation vehicles, inside school buildings, and anywhere on school grounds, including outside.
- As outlined in [Executive Order No. 163](#), 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 strenuously exercising;
  - 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.

- Share guidance and information with teachers, staff, students, and families on the proper use, wearing, removal, and cleaning of cloth face coverings, such as [CDC’s guidance on wearing and removing cloth face masks](#) and [CDC’s use of cloth face coverings](#). Visit [NCDHHS COVID-19 response site](#) for more information about face coverings, and to access [sign templates](#) that are available in English and Spanish.

## It is **recommended** that schools:

- Provide cloth face coverings for staff, other adults, and students. Ask them (and families, if applicable) to properly launder cloth face coverings using hot water and a high heat dryer between uses.
- Provide disposable face coverings for staff, visitors, or students who do not have a cloth face covering when they arrive at school.
- Consider building in time throughout the school day when students, teachers, and staff can take short breaks from wearing cloth face coverings at times and in settings where risk for transmission is lower (e.g. outside, when air circulation is increased by opening windows, and when people are consistently 6 feet apart).
- Consider the particular needs of younger children for whom it may be difficult to wear a face covering properly for an extended period of time, such as children in kindergarten (for whom cloth face coverings are mandatory), and for children in preschool programs (for whom cloth face coverings are recommended, but not required). School staff can prioritize having children wear face coverings at times when it is difficult for children to maintain a distance of 6 feet from others (e.g., during pick-up or drop-off, when standing in line). Staff should provide positive reminders and support why it is important to wear cloth face coverings, and how to properly wear them.



# Protecting Vulnerable Populations

Individuals who are considered high-risk for severe illness due to COVID-19 include people who:

- Are 65 years of age or older
- Have a high-risk condition that includes:
  - chronic lung disease or moderate to severe asthma
  - heart disease with complications
  - compromised immune system
  - severe obesity (body mass index of 30 or higher)
  - other underlying medical conditions, particularly if not well controlled, such as diabetes, renal failure or liver disease

More information on who is at higher risk for severe illness due to COVID-19 is available from the [CDC](#) and [NCDHHS](#).

## Schools are required to:

- Systematically review all current plans (e.g., Individual Healthcare Plans, Individualized Education Plans or 504 plans) for accommodating students with special healthcare needs and update their care plans as needed to decrease their risk for exposure to COVID-19.
- Create a process for students and/or their families, teachers, and staff to self-identify as high-risk from COVID-19 and have a plan in place to address requests for alternative learning arrangements or work re-assignments.

- Implement remote or other learning options for the subset of students whose families decide the student needs to remain at home because the student and/or their family member(s) are at high-risk from COVID-19.

## It is recommended that schools:

- Enable teachers and staff who self-identify as high-risk from COVID-19 to minimize face-to-face contact and to allow them to maintain a distance of 6 feet from others, modify job responsibilities that minimize exposure risk, or to telework if possible.



# Coping and Resilience



The COVID-19 outbreak is incredibly stressful. Fear and anxiety about the disease can be overwhelming and cause strong emotions in adults and children. Schools can play an important role in helping students and staff cope and build resilience to support the well-being of the school community.

## Schools are required to:

- Provide teachers, staff, families, and students (if age-appropriate) with information on how to access resources for mental health and wellness (e.g. 211 and Hope4NC Helpline 1-855-587-3463)

## It is recommended that schools:

- Increase capacity to deliver social support services by increasing number of on-site social workers.
- Encourage teachers, staff, students, and families to talk with people they trust about their concerns about COVID-19 and how they are feeling.
- Promote teachers, staff, students and families eating healthy, exercising, getting sleep, and finding time to unwind.
- Encourage teachers, staff and students to take breaks from watching, reading, or listening to news stories about COVID-19, including social media, if they are feeling overwhelmed or distressed.





# Cleaning and Hygiene

Washing hands with soap for 20 seconds or using hand sanitizer reduces the spread of disease.



## Schools are required to:

- Provide adequate supplies to support healthy hygiene behaviors (e.g., soap, hand sanitizer with at least 60% alcohol for safe use by staff and older children, paper towels, and tissues). Refer to the [StrongSchoolsNC Infection Control and PPE Guidance \(K-12\)](#) for recommended quantities of infection control supplies and ordering information.
- Teach and reinforce handwashing with soap and water for at least 20 seconds and/or the safe use of hand sanitizer that contains at least 60% alcohol by staff and older children.
- Increase monitoring to ensure adherence among students and staff.
  - Supervise use of hand sanitizer by students.
  - Ensure that children with skin reactions and contraindications to hand sanitizer use soap and water.
  - Reinforce handwashing during key times such as: Before, during, and after preparing food; Before eating food; After using the toilet; After blowing your nose, coughing, or sneezing; After touching objects with bare hands which have been handled by other individuals.
- Provide hand sanitizer (with at least 60% alcohol) at every building entrance and exit, in the cafeteria, and in every classroom, for safe use by staff and older students.
- Systematically and frequently check and refill hand sanitizers.
- Encourage staff and students to cough and sneeze into their elbows, or to cover with a tissue. Used tissues should be thrown in the trash and hands washed immediately with soap and water for at least 20 seconds.
- Incorporate frequent handwashing and sanitation breaks into classroom activity.
- Allow time between activities for proper cleaning and disinfection of high-touch surfaces.
- Establish a schedule for and perform ongoing and routine environmental [cleaning and disinfection](#) of high-touch areas (e.g., door handles, stair rails, faucet handles, toilet handles, playground equipment, drinking fountains, light switches, desks, tables, chairs, kitchen countertops, cafeteria and service tables, carts, and trays) with an [EPA approved disinfectant for SARS-CoV-2](#) (the virus that causes COVID-19), and increase frequency of disinfection during high-density times and disinfect all shared objects (e.g., gym or physical education equipment, art supplies, toys, games) between use.
  - Paper-based materials, such as books and loose-leaf paper, are not considered high-risk for COVID-19 transmission, and do not need additional cleaning or disinfection procedures.
- Ensure [safe and correct](#) use and storage of cleaning and disinfection products, including securely storing and using products away from children, and allowing for adequate ventilation when staff use such products.
- Limit sharing of personal items and supplies such as writing utensils.
- Keep students' personal items separate and in individually labeled cubbies, containers or lockers.
- Limit use of classroom materials to small groups and disinfect between uses or provide adequate supplies to assign for individual student use.
- Ensure that all non-disposable food service items are minimally handled and washed with hot water and soap or in a dishwasher, or use disposable food service items such as plates and utensils.

## It is recommended that schools:

- Avoid shared use of soft or other items that cannot be easily cleaned and disinfected, (e.g., stuffed toys, clay).



# Monitoring for Symptoms



Conducting regular screening for symptoms and ongoing self-monitoring throughout the school day can help reduce exposure. Teachers, staff, and students should be encouraged to self-monitor for symptoms such as fever, cough, or shortness of breath. If a student develops symptoms throughout the day, they must notify an adult immediately. More information on [how to monitor for symptoms](#) is available from the CDC.

## Schools are **required** to:

- ❑ Enforce that [staff and students stay home](#) if:
  - They have tested positive for or are showing COVID-19 symptoms, until they meet criteria for return.
  - They have recently had [close contact](#) with a person with COVID-19, until they meet criteria for return.
- ❑ Conduct daily [symptom screening of any person entering the building](#), including students, teachers, staff, and other visitors. Screening may be provided at the school entrance, prior to arrival at school, or upon boarding school transportation. Example screening tools:
  - Symptom Screening Checklist: Elementary School Students ([English](#) | [Spanish](#)). Designed to be administered to person dropping off a young child.
  - Symptom Screening Checklist: Middle and High School Students or Any Person Entering the Building ([English](#) | [Spanish](#)). Designed to be administered to any person middle-school-aged or older, including students, teachers, staff, families, or visitors.
  - There is a more narrow set of COVID-19 symptoms (fever, chills, shortness of breath or difficulty breathing, new cough, new loss of taste or smell) listed on the [Screening Flow Chart](#) and the [screening checklists](#). The symptoms on the [broader list](#) include more [common issues](#) that may impact children with a routine illness, and may not be affiliated with COVID-19. Excluding students

Schools may choose to utilize a daily **parent/guardian attestation** of a symptom screening (Examples: [English](#) | [Spanish](#)) for their child in lieu of in-person screening for students who are boarding school transportation. However, a student whose parent/guardian submitted an attestation must be screened for symptoms and have temperature checked upon arrival at the school building.

## Considering COVID-19 Testing at your K-12 School?

Want to learn more? As more tests are becoming available across the country, we know that local partners have questions. Click [here](#) to read NCDHHS K-12 testing considerations.

- for symptoms on the broader list, therefore, could lead to a large number of children being excluded from school unnecessarily.
- ❑ As a required component of daily symptom screenings, conduct daily [temperature screenings](#) for all people entering the school facility or boarding school transportation (see note on optional daily parent/guardian attestation).
  - Fever is determined by a measured temperature of 100.4 °F or greater.
  - Individuals waiting to be screened must stand six feet apart from each other. Use tape or other markers on the floor for spacing.
  - The staff person taking temperatures must wear a cloth face covering, and must stay six feet apart unless taking temperature.
  - Use a touchless thermometer if one is available.
  - If not available, use a tympanic (ear), digital axillary (under the arm), or temporal (forehead) thermometer. Use disposable thermometer covers that are changed between individuals.
  - Do not take temperatures orally (under the tongue) because of the risk of spreading COVID-19 from respiratory droplets from the mouth.
  - Staff person must wash hands or use hand sanitizer before touching the thermometer.
  - Staff person must wear gloves if available and change between direct contact with individuals, and must wash hands or use hand sanitizer after removing gloves.
  - Staff person must clean and sanitize the thermometer using manufacturer's instructions between each use.



# Handling Suspected, Presumptive or Confirmed Positive Cases of COVID-19

For step-by-step instructions for school personnel, review the [Reference Guide for Suspected, Presumptive, or Confirmed Cases of COVID-19 \(K-12\)](#).

## Schools are **required** to:

- Post signage at the main entrance requesting that people who have been symptomatic with fever and/or cough not enter. Examples of signage such as [Know Your Ws/Stop if You Have Symptoms](#) flyers (English: [Color, Black & White](#); Spanish: [Color, Black & White](#)).
- Educate students, families, teachers, and staff about the signs and symptoms of COVID-19, when they should stay home and when they can return to school.
- Establish a dedicated space for symptomatic individuals that will not be used for other purposes.
- Immediately isolate symptomatic individuals to the designated area at the school, and send them home to continue isolating.
- Ensure symptomatic student remains under visual supervision of a staff member who is at least 6 feet away. The supervising adult should wear cloth face covering or a surgical mask.
- Require the symptomatic person to wear a cloth face covering or a surgical mask while waiting to leave the facility.
  - Cloth face coverings should not be placed on:
    - Anyone who has trouble breathing or is unconscious.
    - Anyone who is incapacitated or otherwise unable to remove the face covering without assistance.
    - Anyone who cannot tolerate a cloth face covering due to developmental, medical or behavioral health needs.
- Require school nurses or delegated school staff who provide direct patient care to wear appropriate Personal Protective Equipment (PPE) and perform hand hygiene after removing PPE. Refer to the [StrongSchoolsNC Infection Control and PPE Guidance \(K-12\)](#) for more information.
- Implement cleaning and disinfecting procedure following [CDC guidelines](#).
- Have a plan for how to transport an ill student or staff member home or to medical care.
- Adhere to the following process for allowing a student or staff member to return to school.
  - If a person has had a negative COVID-19 test, they can return to school once there is no fever without the use of fever-reducing medicines and they have felt well for 24 hours.
  - If a person is diagnosed with COVID-19 by a medical professional based on a test or their symptoms or does not get a COVID-19 test but has had symptoms, they should not be at school and should stay at home until they (or a family member if younger child) can answer YES to the following three questions:
    1. Has it been at least 10 days since the individual first had symptoms?
    2. Has it been at least 24 hours since the individual had a fever (without using fever reducing medicine)?
    3. Has there been symptom improvement, including cough and shortness of breath?
  - A person can return to school, following normal school policies, if they receive confirmation of an alternative diagnosis from a health care provider that would explain the COVID-19-like symptom(s), once there is no fever without the use of fever-reducing medicines and they have felt well for 24 hours.



- ❑ Report to local health authorities any suspected or confirmed COVID-19 cases among children and staff (as required by [NCGS § 130A-136](#)).
- ❑ If directed by Local Health Department, school administrators coordinate with [local health officials](#) to provide contact information for or notify close contacts of a suspected or confirmed COVID-19 case among staff, students, and families while maintaining confidentiality in accordance with FERPA, [NCGS § 130A-143](#), and all other state and federal laws.
- ❑ If a student/employee has been diagnosed with COVID-19 but does not have symptoms, they must remain out of school until 10 days have passed since the date of their first positive COVID-19 diagnostic test, assuming they have not subsequently developed symptoms since their positive test.
- ❑ If a student/employee who has been diagnosed by a medical professional due to symptoms, they are not required to have documentation of a negative test in order to return to school.
- ❑ If a student/employee has been determined to have been in close contact with someone diagnosed with COVID-19, they must remain out of school for 14 days since the last date of exposure unless they test positive, in which case, exclusion criteria above would apply. They must complete the full 14 days of quarantine, even if they test negative.
- ❑ Provide remote learning options for students unable to be at school due to illness or exposure.
- ❑ Household members (e.g., siblings) must quarantine for 14 days from last exposure, unless cleared as a result of a health care provider making a diagnosis other than COVID-19 for the symptomatic individual or a negative COVID-19 test.

### It is recommended that schools:

- Consult with the Local Health Department on next steps for management and considerations on cleaning following a positive screening for exposure, or a positive screening for symptoms.
- Establish and enforce sick policies to prevent the spread of disease, including:
  - Enforcing staff staying home if sick.
  - Encouraging liberal use of sick leave policy.
- Establish and encourage liberal use of sick days for students and discontinue attendance-dependent awards and ratings.
- Develop plans for backfilling positions of employees on sick leave and consider cross-training to allow for changes of staff duties.

**Looking for more information on how to quarantine? Get help, including example calendars, by clicking here ([English](#) | [Spanish](#))!**





# Communication and Combating Misinformation

Help ensure that the information staff, students and their families are getting is coming directly from reliable resources. Use resources from a trusted source like the [CDC](#) and [NCDHHS](#) to promote behaviors that prevent the spread of COVID-19.

## Schools are required to:

- ❑ Disseminate COVID-19 information and combat misinformation through multiple channels to students, families, teachers, and staff. Ensure that families are able to access communication channels to appropriate staff at the school with questions and concerns.
  - Some reliable sources include: [NCDHHS COVID-19 Webpage](#); [Know Your Ws: Wear, Wait, Wash](#); [NCDHHS COVID-19 Latest Updates](#); [NCDHHS COVID-19 Materials & Resources](#), and the [additional resources](#) listed in this public health toolkit.
- ❑ Put up signs, posters, and flyers at main entrances and in key areas throughout school buildings and facilities such as those found on the [Social Media Toolkit for COVID-19](#) to remind students and staff to use face coverings, wash hands, and stay six feet apart whenever possible (Wear, Wait, Wash).
  - [Know Your W's](#) signs are available in English and Spanish.
  - Teach students who cannot yet read what the signs' language and symbols mean.

## It is recommended that schools:

- Make reliable, [age-appropriate](#), and culturally responsive information available to students, families, teachers, and staff, families, and staff about COVID-19 prevention and mitigation strategies, using methods such as sharing resources through social media, newsletters that include videos, hosting online webinars, or distributing printed materials like FAQs.
- Share regular announcements on reducing the spread of COVID-19 on PA systems.
- Include messages and updates about stopping the spread of COVID-19 in routine communications with students, families, teachers, and staff, such as in newsletters, emails, and online.
- Involve students' families in outreach by utilizing the PTA or other local groups/organizations to support disseminating important information on COVID-19.



# Water and Ventilation Systems

When reopening a building after it has been closed for a long period of time, it is important to keep in mind that reduced use of water and ventilation systems can pose their own health hazards. There is an increased risk for Legionella and other bacteria that come from stagnant or standing water.

## It is recommended that schools:

- Take steps to ensure that all water systems and features (e.g., sink faucets, drinking fountains) are safe to use after a prolonged facility shutdown by following the [CDC's Guidance for Reopening Buildings After Prolonged Shutdown or Reduced Operation](#) to minimize the risk of diseases associated with water.
- Ensure ventilation systems operate properly and increase circulation of outdoor air as much as possible by opening windows and doors, using fans, or other methods. Do not open windows and doors if they pose a safety or health risk to people using the facility.
- Discontinue use of drinking directly from water fountains, post signs requesting water fountains be used for bottle filling stations only.
- Provide cups or alternative procedures to minimize use of water fountains.



# Transportation

Local education leaders and schools should follow the guidelines below for their transportation vehicles (e.g., buses, vans). It is strongly recommended that a school operating under Plan A for K-5th grade students should utilize a more restrictive Plan B approach for school transportation.

## Schools and Local Education Agencies are required to:

- Ensure that all students from kindergarten through 12th grade, and all teachers, staff and adult visitors wear face coverings when they are on a bus or other transportation vehicle, unless the person (or family member, for a student) states that an exception applies.
- [Clean and disinfect](#) transportation vehicles regularly. Children must not be present when a vehicle is being cleaned.
- Ensure [safe and correct use](#) and storage of cleaning and disinfection products, including storing products securely away from children and adequate ventilation when staff use such products.
- Clean and disinfect frequently touched surfaces in the vehicle (e.g., surfaces in the driver's cockpit, hard seats, arm rests, door handles, seat belt buckles, light and air controls, doors and windows, and grab handles) prior to morning routes and prior to afternoon routes.
- Keep doors and windows open when cleaning the vehicle and between trips to let the vehicles thoroughly air out.
- Clean, sanitize, and disinfect equipment including items such as car seats and seat belts, wheelchairs, walkers, and adaptive equipment being transported to schools.
- Follow the symptom screening protocol outlined in the [Monitoring for Symptoms](#) section above for any person entering a school transportation vehicle, which could be using the option of a parent/guardian attestation. Individuals must stay home and not board transportation if they are experiencing symptoms of COVID-19 or have been exposed to someone positive for COVID-19.
  - Note: Upon arrival at school, students do not need to be rescreened if screening was followed prior to entry into the vehicle. However, as noted above, if a parent/guardian provided an attestation only, students do need to be screened upon arrival at school.
- Create a plan for getting students home safely if they are not allowed to board the vehicle.
- Enforce that if an individual becomes sick during the day, they must not use group transportation to return home and must follow protocols outlined above.
- If a driver becomes sick during the day, they must follow protocols outlined above and must not return to drive students.
- Provide hand sanitizer (with at least 60% alcohol) to support healthy hygiene behaviors on all school transportation vehicles for safe use by staff and older children.
  - Hand sanitizer should only remain on school transportation while the vehicles are in use.
  - Systematically and frequently check and refill hand sanitizers.

## **Under Plan B only, schools are required to adhere to all requirements already outlined, AND:**

- No more than one passenger may be seated per school bus bench seat, with the exception that members of the same household may share a seat.
- No more than two students may be seated in a non-bus vehicle unless all students in the vehicle are members of the same household.



### It is recommended that schools and Local Education Agencies:

- Identify at least one adult to accompany the driver to assist with screening and/or supervision of students during screening of on-boarding passengers, and to monitor children during transport.
- Allow for 6 feet of social distancing between students, and between students and the driver, while seated on vehicles if feasible (e.g., by utilizing larger vehicles with more seats, by increasing frequency of routes to reduce occupancy, one rider per seat in every other row).
- Consider keeping windows open while the vehicle is in motion to help reduce spread of the virus by increasing air circulation, if appropriate and safe.
- If feasible, park vehicles in a safe location away from the flow of traffic so that the screening can be conducted safely.



## Additional Considerations

### It is recommended that schools:

- Designate a single staff member to be the COVID-19 point of contact for the school in collaboration with district school nurses. Ensure that staff, students, and families know how to contact that individual. If students are old enough, consider a student counterpart for this role to be a source of information for students, thereby supporting student ownership and responsibility for creating a safe and healthy campus.
- Increase capacity to deliver health services by increasing number of on-site school nurses.
- Conduct ongoing regular training among all staff on updated health and safety protocols.
- Partner with other institutions in the community to promote communication and cooperation in responding to COVID-19.



## Resources

- NCDHHS: [North Carolina COVID-19](#)
- NCDHHS: [StrongSchoolsNC Infection Control and PPE Guidance \(K-12\)](#)
- NCDHHS: [StrongSchoolsNC Reference Guide for Suspected, Presumptive, or Confirmed Cases of COVID-19 \(K-12\)](#)
- NCDHHS: StrongSchoolsNC Public Health Toolkit (K-12) Frequently Asked Questions ([English](#) | [Spanish](#))
- NCDHHS: [K-12 testing considerations](#)
- CDC: [Considerations for Schools](#)
- CDC: [Cleaning and Disinfecting Your Facility](#)
- CDC: [Reopening Guidance](#)
- CDC: [Coping with Stress](#)
- EPA: [Disinfectants for Use Against SARS-CoV-2](#)
- FDA: [Food Safety and the Coronavirus Disease 2019 \(COVID-19\)](#)

### Still have questions?

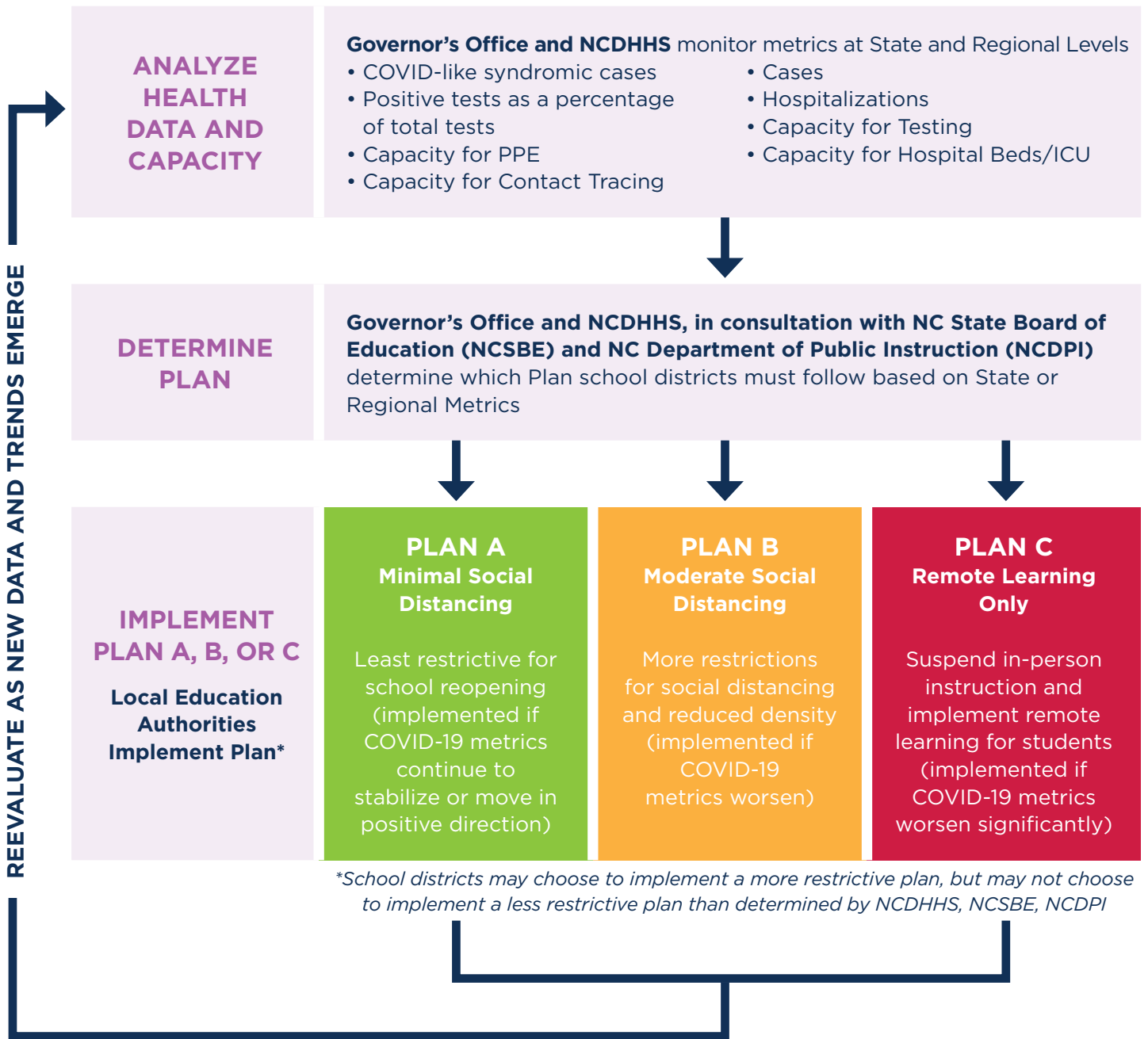
#### For Families

- For questions specific to your child's school, such as scheduling, operations, remote learning options, and specifics about screening procedures, reach out to your local school leaders, such as your school's principal.
- For questions about your child's school's adherence to public health guidance, contact your local school board, your school district leadership (superintendent), or the NC State Board of Education.

#### For Local Education Leaders and Local Health Departments

- For questions about NCDHHS statewide guidance related to reopening NC's public schools not covered in this FAQ document, email [StrongSchoolsNC@dhhs.nc.gov](mailto:StrongSchoolsNC@dhhs.nc.gov).
- The NCDHHS Division of Public Health Epidemiologist is on call and available to assist 24/7 (919-733-3419).

# Reopening K-12 Schools Decision Tree





# DAILY SYMPTOM SCREENING CHECKLIST: Middle and High School Students or Any Person Entering the Building

The person conducting screenings should maintain a six-foot distance while asking questions. Ask each person entering the building the following questions prior to entering the facility or school transportation vehicle.

**Anyone showing symptoms of COVID-19 or who may have been exposed to COVID-19 should not be at school.**

## 1. Have you had close contact (within 6 feet for at least 15 minutes) in the last 14 days with someone diagnosed with COVID-19, or has any health department or health care provider been in contact with you and advised you to quarantine?

- Yes > The person should not be at school. The person can return 14 days after the last time they had close contact with someone with COVID-19, or as listed below.
- No > The person can be at school if they are not experiencing symptoms.

## 2. Since you were last at school, have you had any of these symptoms?

- Fever
- Chills
- Shortness of breath or difficulty breathing
- New cough
- New loss of taste or smell

If a person has any of these symptoms, they should go home, stay away from other people, and call their health care provider. Household members (e.g., siblings) should also quarantine for 14 days from last close contact with symptomatic person, unless the symptomatic person is cleared as a result of a negative test for COVID-19.

## 3. Since you were last at school, have you been diagnosed with COVID-19?

- Yes | If a person is diagnosed with COVID-19 based on a test, their symptoms, or does not get a COVID-19 test but has had symptoms, they should not be at school and should stay at home until they meet the criteria below.
- No | Household members (e.g., siblings) should also quarantine for 14 days from last close contact with positive person.

## Returning to School

A person can return to school when they can ensure that they can answer YES to ALL three questions:

- Has it been at least 10 days since you first had symptoms?
- Has it been at least 24 hours since you had a fever (without using fever reducing medicine)?
- Have the your symptoms improved, including cough and shortness of breath?

If a person has had a negative COVID-19 test, they can return to school once there is no fever without the use of fever-reducing medicines and they have felt well for 24 hours.

If a person has been diagnosed with COVID-19 but does not have symptoms, they should remain out of school until 10 days have passed since the date of their first positive COVID-19 diagnostic test, assuming they have not subsequently developed symptoms since their positive test.

If a person has been determined to have been in close contact with someone diagnosed with COVID-19, they should remain out of school for 14 days since the last known contact, unless they test positive. In which case, criteria above would apply. They must complete the full 14 days of quarantine even if they test negative.

A person can return to school, following normal school policies, if they receive confirmation of an alternate diagnosis from a health care provider that would explain the COVID-19-like symptom(s), once there is no fever without the use of fever-reducing medicines and they have felt well for 24 hours.

# LISTA DE VERIFICACIÓN PARA EVALUACIÓN DE SÍNTOMAS EN PLANTELES, DESDE JARDÍN DE NIÑOS, HASTA EL GRADO 12:

## Alumnos de secundaria y preparatoria, o cualquier persona que ingrese al plantel

La persona realizando las evaluaciones debe mantener una distancia de seis pies mientras hace preguntas. Antes de entrar al plantel o al transporte escolar, haga las siguientes preguntas a cada persona que entre.

**Cualquier persona que muestre síntomas de COVID-19, o que posiblemente haya estado expuesta a COVID-19, no debe estar en la escuela.**

**1. ¿En los últimos 14 días, ¿ha tenido contacto cercano (a 6 pies de distancia y por lo menos 15 minutos) con alguien diagnosticado con el COVID-19, o algún departamento de salud o algún proveedor de atención médica ha estado en contacto con usted y le ha aconsejado que se ponga en cuarentena?**

- Sí > La persona no debe estar en la escuela. La persona puede regresar 14 días después desde la última vez que tuvo contacto cercano ante alguien con el COVID-19, o según se lista a continuación.
- No > La persona puede estar en la escuela si no presenta síntomas.

**2. ¿Desde la última vez que estuvo en la escuela, ¿ha presentado alguno de los siguientes síntomas?**

- Fiebre
- Escalofríos
- Falta de aliento o dificultad para respirar
- Nueva tos
- Nueva pérdida del sentido del olfato o del gusto

Si una persona tiene alguno de estos síntomas, debe irse a casa, mantenerse alejado de otras personas y llamar a su proveedor de atención médica. Los miembros del hogar (p.ej., hermanos) también deben ponerse en cuarentena durante 14 días desde el último contacto cercano a la persona sintomática, a menos que la persona sintomática haya sido aprobada con resultado de prueba negativa para COVID-19.

**3. ¿Desde la última vez que estuvo en la escuela, ¿le han diagnosticado COVID-19?**

- Sí
- No

Si una persona es diagnosticada con el COVID-19 en base a resultados de una prueba, o a los síntomas que muestra, o bien, no recibe una prueba de COVID-19, pero ha presentado síntomas, no debe estar en la escuela y debe quedarse en casa hasta cumplir con los siguientes criterios.

### Regreso a la escuela

Una persona puede regresar a la escuela cuando un familiar pueda asegurarse de que puede responder Sí a TODAS las siguientes tres preguntas:

- ¿Han pasado por lo menos 10 días desde que el niño presentó los primeros síntomas?
- ¿Han pasado por lo menos 24 horas desde que el niño tuvo fiebre (sin usar medicamentos para reducir la fiebre)?
- ¿Han mejorado los síntomas, incluyendo la tos y la falta de aliento?

Si una persona ha dado resultado negativo a la prueba de COVID-19, puede regresar a la escuela una vez que no tenga fiebre (sin hacer uso de medicamentos para bajar la fiebre) y que se haya sentido bien durante 24 horas.

Si una persona ha sido diagnosticada con COVID-19, pero no tiene síntomas, debe permanecer fuera de la escuela hasta que hayan pasado 10 días desde la fecha de la primera muestra de prueba de diagnóstico de COVID-19 con resultado positivo, suponiendo que posteriormente no haya desarrollado síntomas desde su resultado positivo a la prueba.

Si se determina que una persona ha estado en contacto cercano con alguien diagnosticado con el COVID-19, debe permanecer fuera de la escuela durante 14 días a menos desde el último contacto conocido, a menos que la prueba resulte positiva; en cuyo caso, se aplicarían los criterios anteriores. Deben completar los 14 días completos de cuarentena, incluso si dan negativo.

Una persona puede regresar a la escuela, siguiendo las políticas normales de la escuela, si recibe la confirmación de un diagnóstico alternativo de un proveedor de atención médica que explicaría los síntomas similares a COVID-19, una vez que no tenga fiebre (sin hacer uso de medicamentos para bajar la fiebre) y que se haya sentido bien durante 24 horas.

# DAILY SYMPTOM SCREENING CHECKLIST: Elementary School Students

The person conducting screenings should maintain a six-foot distance while asking questions. Ask the person dropping off the child the following questions before entering the facility or school transportation vehicle. If no person accompanying the child during drop-off, use your best judgment if the child can respond on their own.

**Anyone showing symptoms of COVID-19 or who may have been exposed to COVID-19 should not be at school.**

## 1. Have any of the children you are dropping off had close contact (within 6 feet for at least 15 minutes) in the last 14 days with someone diagnosed with COVID-19, or has any health department or health care provider been in contact with you and advised your child to quarantine?

- Yes > The child should not be at school. The child can return 14 days after the last time they had close contact with someone with COVID-19, or as listed below.
- No > The child can be at school if the child is not experiencing symptoms.

## 2. Do any of the children you are dropping off have any of these symptoms?

- Fever
- Chills
- Shortness of breath or difficulty breathing
- New cough
- New loss of taste or smell

If a person has any of these symptoms, they should go home, stay away from other people, and call their health care provider. Household members (e.g., siblings) should also quarantine for 14 days from last close contact with symptomatic person, unless the symptomatic person is cleared as a result of a negative test for COVID-19.

## 3. Since they were last at school, have any of the children you are dropping off been diagnosed with COVID-19?

- Yes | If a child is diagnosed with COVID-19 based on a test, their symptoms, or does not get a COVID-19 test but has had symptoms, they should not be at school and should stay at home until they meet the criteria below. Household members (e.g., siblings) should also quarantine for 14 days from last close contact with positive person.
- No

## Returning to School

A child can return to school when a family member can ensure that they can answer YES to ALL three questions:

- Has it been at least 10 days since the child first had symptoms?
- Has it been at least 24 hours since the child had a fever (without using fever reducing medicine)?
- Have the child's symptoms improved, including cough and shortness of breath?

If a child has had a negative COVID-19 test, they can return to school once there is no fever without the use of fever-reducing medicines and they have felt well for 24 hours.

If a child has been diagnosed with COVID-19 but does not have symptoms, they should remain out of school until 10 days have passed since the date of their first positive COVID-19 diagnostic test, assuming they have not subsequently developed symptoms since their positive test.

If a child has been determined to have been in close contact with someone diagnosed with COVID-19, they should remain out of school for 14 days since the last known contact, unless they test positive. In which case, criteria above would apply. They must complete the full 14 days of quarantine even if they test negative.

A child can return to school, following normal school policies, if they receive confirmation of an alternate diagnosis from a health care provider that would explain the COVID-19-like symptom(s), once there is no fever without the use of fever-reducing medicines and they have felt well for 24 hours.

# LISTA DE VERIFICACIÓN PARA EVALUACIÓN DE SÍNTOMAS EN PLANTELES, DESDE JARDÍN DE NIÑOS, HASTA EL GRADO 12:

## Alumnos de escuela primaria

La persona realizando las evaluaciones debe mantener una distancia de seis pies mientras hace preguntas. Antes de entrar a la instalación o al transporte escolar, haga las siguientes preguntas a la persona dejando al niño. Si ninguna persona acompaña al niño en ese momento, use su mejor criterio si el niño puede responder por sí solo.

**Cualquier persona que muestre síntomas de COVID-19, o que posiblemente haya estado expuesta a COVID-19, no debe estar en la escuela.**

**1. ¿En los últimos 14 días, ¿el niño que está pasando a dejar ha tenido contacto cercano (a 6 pies de distancia, por lo menos durante 15 minutos) con alguien diagnosticado con el COVID-19, o algún departamento de salud o algún proveedor de atención médica ha estado en contacto con usted y le ha aconsejado que se ponga a su niño en cuarentena?**

- Sí > El niño no debe estar en la escuela. El niño puede regresar 14 días después desde la última vez que tuvo contacto cercano ante alguien con COVID-19, o según se lista a continuación.
- No > El niño puede estar en la escuela si no presenta síntomas.

**2. ¿Alguno de los niños que está pasando a dejar presenta alguno de los siguientes síntomas?**

- Fiebre
- Escalofríos
- Falta de aliento o dificultad para respirar
- Nueva tos
- Nueva pérdida del sentido del olfato o del gusto

Si una persona tiene alguno de estos síntomas, debe irse a casa, mantenerse alejado de otras personas y llamar a su proveedor de atención médica. Los miembros del hogar (p.ej., hermanos) también deben ponerse en cuarentena durante 14 días desde el último contacto cercano a la persona sintomática, a menos que la persona sintomática haya sido aprobada con resultado de prueba negativa para COVID-19.

**3. ¿Desde la última vez que estuvo en la escuela, ¿el niño que está pasando a dejar ha sido diagnosticado con el COVID-19?**

- Sí
- No

Si un niño es diagnosticado con el COVID-19 en base a resultados de una prueba, o a los síntomas que muestra, o bien, no recibe una prueba de COVID-19, pero ha presentado síntomas, no debe estar en la escuela y debe quedarse en casa hasta cumplir con los siguientes criterios.

### Regreso a la escuela

Un niño puede regresar a la escuela cuando un familiar pueda asegurarse de que puede responder Sí a TODAS las siguientes tres preguntas:

- ¿Han pasado por lo menos 10 días desde que el niño presentó los primeros síntomas?
- ¿Han pasado por lo menos 24 horas desde que el niño tuvo fiebre (sin usar medicamentos para reducir la fiebre)?
- ¿Han mejorado los síntomas, incluyendo la tos y la falta de aliento?

Si un niño ha dado resultado negativo a la prueba de COVID-19, puede regresar a la escuela una vez que no tenga fiebre (sin hacer uso de medicamentos para bajar la fiebre) y que se haya sentido bien durante 24 horas.

Si un niño ha sido diagnosticado con COVID-19, pero no tiene síntomas, debe permanecer fuera de la escuela hasta que hayan pasado 10 días desde la fecha de la primera muestra de prueba de diagnóstico de COVID-19 con resultado positivo, suponiendo que posteriormente no haya desarrollado síntomas desde su resultado positivo a la prueba.

Si se determina que un niño ha estado en contacto cercano con alguien diagnosticado con el COVID-19, debe permanecer fuera de la escuela durante 14 días a menos que la prueba resulte positiva; en cuyo caso, se aplicarían los criterios anteriores. Deben completar los 14 días completos de cuarentena, incluso si dan negativo.

Un niño puede regresar a la escuela, siguiendo las políticas normales de la escuela, si recibe la confirmación de un diagnóstico alternativo de un proveedor de atención médica que explicaría los síntomas similares a COVID-19, una vez que no tenga fiebre (sin hacer uso de medicamentos para bajar la fiebre) y que se haya sentido bien durante 24 horas.

# K-12 SCHOOLS SYMPTOM SCREENING: Parent/Guardian Attestation

Child's First Name: \_\_\_\_\_ Child's Last Name: \_\_\_\_\_

Parent/Guardian First Name: \_\_\_\_\_ Parent/Guardian Last Name: \_\_\_\_\_

## 1. Has your child had close contact (within 6 feet for at least 15 minutes) in the last 14 days with someone diagnosed with COVID-19, or has any health department or health care provider been in contact with you and advised you to quarantine?

- Yes > The child should not be at school. The child can return 14 days after the last time he or she had close contact with someone with COVID-19, or as listed below.
- No > The child can be at school if the child is not experiencing symptoms.

## 2. Does your child have any of these symptoms?

- Fever
- Chills
- Shortness of breath or difficulty breathing
- New cough
- New loss of taste or smell

If a person has any of these symptoms, they should go home, stay away from other people, and call their health care provider. Household members (e.g., siblings) should also quarantine for 14 days from last exposure, unless the symptomatic person is cleared as a result of a negative test for COVID-19.

## 3. Since they were last at school, has your child been diagnosed with COVID-19?

- Yes
  - No
- If a child is diagnosed with COVID-19 based on a test, their symptoms, or does not get a COVID-19 test but has had symptoms, they should not be at school and should stay at home until they meet the criteria below.

A child can return to school when a family member can ensure that they can answer YES to ALL three questions:

- Has it been at least 10 days since the child first had symptoms?
- Has it been at least 24 hours since the child had a fever (without using fever reducing medicine)?
- Has there been symptom improvement, including cough and shortness of breath?

If a child has had a negative COVID-19 test, they can return to school once there is no fever without the use of fever-reducing medicines and they have felt well for 24 hours.

If a child has been diagnosed with COVID-19 but does not have symptoms, they should remain out of school until 10 days have passed since the date of their first positive COVID-19 diagnostic test, assuming they have not subsequently developed symptoms since their positive test.

If a child has been determined to have been in close contact with someone diagnosed with COVID-19, they should remain out of school for 14 days since the last known contact, unless they test positive. In which case, criteria above would apply. They must complete the full 14 days of quarantine even if they test negative.

I attest that the following information is true to the best of my knowledge as of:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_, \_\_\_\_:\_\_\_\_ AM PM Signature: \_\_\_\_\_  
MONTH DAY YEAR TIME CIRCLE ONE

# EVALUACIÓN DE SÍNTOMAS EN PLANTELES ESCOLARES, DESDE JARDÍN DE NIÑOS, HASTA EL GRADO 12:

## Testimonio del padre, madre o tutor legal

Nombre del menor: \_\_\_\_\_

Apellido del menor: \_\_\_\_\_

Nombre del padre,  
madre o tutor legal: \_\_\_\_\_

Apellido del padre,  
madre o tutor legal: \_\_\_\_\_

**1. ¿En los últimos 14 días, ¿su niño ha tenido contacto cercano (a 6 pies de distancia y por lo menos 15 minutos) con alguien diagnosticado con el COVID-19, o algún departamento de salud o algún proveedor de atención médica ha estado en contacto con usted y le ha aconsejado que se ponga en cuarentena?**

- Sí > El niño no debe estar en la escuela. El niño puede regresar 14 días después desde la última vez que tuvo contacto cercano ante alguien con COVID-19, o según se lista a continuación.
- No > El niño puede estar en la escuela si no presenta síntomas. .

**2. ¿Su niño presenta alguno de los siguientes síntomas?**

- Fiebre
- Escalofríos
- Falta de aliento o dificultad para respirar
- Nueva tos
- Nueva pérdida del sentido del olfato o del gusto

Si una persona tiene alguno de estos síntomas, debe irse a casa, mantenerse alejado de otras personas y llamar a su proveedor de atención médica. Los miembros del hogar (p. ej., hermanos) también deben ponerse en cuarentena durante 14 días desde la última exposición, a menos que la persona sintomática haya sido aprobada con resultado de prueba negativa para COVID-19.

**3. ¿Desde la última vez que el niño estuvo en la escuela, ¿le han diagnosticado COVID-19 al niño?**

- Sí
- No
- Si un niño es diagnosticado con el COVID-19 en base a resultados de una prueba, o a los síntomas que muestra, o bien, no recibe una prueba de COVID-19, pero ha presentado síntomas, no debe estar en la escuela y debe quedarse en casa hasta cumplir con los siguientes criterios.

Un niño puede regresar a la escuela cuando un familiar pueda asegurarse de que puede responder Sí a TODAS las siguientes tres preguntas:

- ¿Han pasado por lo menos 10 días desde que el niño presentó los primeros síntomas?
- ¿Han pasado por lo menos 24 horas desde que el niño tuvo fiebre (sin usar medicamentos para reducir la fiebre)?
- ¿Han mejorado los síntomas de los síntomas, incluyendo la tos y la falta de aliento?

Si un niño ha dado resultado negativo a la prueba de COVID-19, puede regresar a la escuela una vez que no tenga fiebre -sin hacer uso de medicamentos para bajar la fiebre,- y que se haya sentido bien durante 24 horas.

Si un niño ha sido diagnosticado con COVID-19, pero no tiene síntomas, debe permanecer fuera de la escuela hasta que hayan pasado 10 días desde la fecha de la primera muestra de prueba de diagnóstico de COVID-19 con resultado positivo, suponiendo que posteriormente no haya desarrollado síntomas desde su resultado positivo a la prueba.

Si se determina que un niño ha estado en contacto cercano con alguien diagnosticado con el COVID-19, debe permanecer fuera de la escuela durante 14 días a menos desde el último contacto conocido, a menos que la prueba resulte positiva; en cuyo caso, se aplicarían los criterios anteriores. Deben completar los 14 días completos de cuarentena, incluso si dan negativo.

**Doy fe de que la siguiente información es verdadera, a mi mejor saber y entender, a la fecha del:**

\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_, \_\_\_\_ : \_\_\_\_ AM PM Firma: \_\_\_\_\_  
MES DÍA AÑO HORA MARQUE UNO



# Screening Flow Chart

For step-by-step instructions for school personnel, review the [Reference Guide for Suspected, Presumptive, or Confirmed Cases of COVID-19 \(K-12\)](#)

## Screen for COVID-19

**NO FLAGS**  
Proceed to school

**EXPOSURE,\*  
NO SYMPTOMS**

**Cannot go to school today**

- Home for 14 days since exposure



**DIAGNOSIS,  
NO SYMPTOMS**

**Cannot go to school today**

- Home for 10 days since first positive COVID-19 test



**AT LEAST  
1 SYMPTOM\*\***

- Fever
- Chills
- Shortness of breath/  
difficulty breathing
- New cough
- New loss of taste  
or smell

**Cannot go to school today**

- If confirmed positive COVID-19 OR person has not been tested: Home for 10 days since first symptoms, no fever for 24 hours (without the use of fever reducing medicine), AND symptom improvement, including coughing and shortness of breath
- If negative rapid antigen test: home until follow-up negative PCR test, no fever for 24 hours (without the use of fever reducing medicine), AND they have felt well for 24 hours.
- If negative PCR COVID-19 test: Home until no fever for 24 hours (without the use of fever reducing medicine), AND they have felt well for 24 hours
- If confirmed diagnosis other than COVID-19 (e.g., stomach virus, ear infection): Follow typical school illness policies to determine when person can return.



\* Exposure refers to being within 6 feet of someone diagnosed with COVID-19 for 15 minutes or more.

\*\* The more narrow set of COVID-19 symptoms listed here reflects required exclusionary symptoms in order to avoid over-exclusion of people from school facilities.