

# St. James Day School COVID-19 Plan 2021-2022

The St. James Day School (SJDS) opening plan is an attempt to provide a safe and developmentally appropriate day school community of learning for the 2021-2022 school year. The North Carolina Department of Health and Human Services updated (August 2, 2021) Child Care Public Health Toolkit is the primary guideline for this plan.

This plan is intended to help SJDS make informed decisions about COVID-19 and minimize the risk of exposure to both the staff and the children in their care. Health and safety guidance for child care during COVID-19 is outlined in this document.

## Transmission and Symptoms of COVID-19:

COVID-19 is mostly spread by respiratory droplets released when people talk, cough, or sneeze. Personal prevention practices (such as handwashing and staying home when sick) and environmental cleaning and disinfecting are important principles that are covered in this document. Fortunately, there are a number of actions that preschool programs can take to help lower the risk of COVID-19 exposure and spread in preschool settings.

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

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

- Fever\* or chills
- New cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Headache
- Nausea or vomiting
- Diarrhea

People with COVID-19 report a wide range of symptoms from no symptoms and mild to severe illness. Even people with no or mild symptoms can spread the virus. Children with COVID-19 may not initially present with fever and cough as often as adult patients.

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

## Drop-off/Pick-up Procedures:

Post signage in drop-off/pick-up area to remind people to keep six feet of distance whenever feasible, to wear a mask and to wash hands or use hand sanitizer.

Before arrival:

Ask parents/caregivers to be on the alert for any symptoms of COVID-19 and **to keep children home if showing any signs of illness.**

Upon arrival:

- If using the cloister driveway children stay in the car so that staff can take child's temperature with an infrared thermometer
- If walking the child to SJDS, use the Perry Hall gym entrance so that staff can take child's temperature with an infrared thermometer. Appropriate spacing will be designated
- Once children are determined to be symptom and fever free, they will be walked to their classroom by staff

Pick-up:

- The 4's class will be picked-up from the gym entrance
- The 2's and 3's classes will be picked-up from the cloister
- The Toddler classes will remain in the classroom and staff will bring the children to the car
- All children will be buckled into the car seat by the parent/caregiver

Early pick-up:

- Notify the Director of early pick-up and she will bring the child from the classroom to the Day School door.

Communicate to families about modified drop-off/arrival and pick-up procedures, including:

- Staff will monitor and encourage social distancing at drop-off/arrival and pick-up
- SJDS will provide hand sanitizer with at least 60 percent alcohol at the entrance of the facility, and at each classroom door so that people can clean their hands before they enter

## Preventing Spread in the Classroom

Social distancing can decrease the spread of COVID-19. Social distancing ("physical distancing") means keeping space between yourself and other people outside of your home. Stay out of crowded places and avoid mass gatherings.

Teachers will wear masks in common indoor spaces and in their classrooms. Children in the 2's-4's classes will be required to wear a mask while inside unless they are actively eating or drinking.

Only allow children and staff who are required for daily operations inside the building and classrooms with the following exceptions (these individuals can enter once screened):

- Health professionals who support children with special health care needs
- Early intervention service coordinators and providers for children with Individualized Family Services Plans (IFSP)
- Itinerant teachers and related service providers for children with Individual Education Plans (IEP) working in compliance with their agency protocols

Restrict teachers to one classroom with one group of children. To reduce the number of people coming in and out of classrooms, limit the use of "floater" or substitute teachers in the classroom.

Keep each group of children in their assigned rooms throughout the day with the same teachers. Children may leave the classroom to go to the gym, the playground, the restroom or to go home. Each class will have a designated bathroom.

Limit mixing of children as much as possible by staggering playground times, and times that classes are in the halls together.

Teachers will set up classrooms with table spaces that allow as much space between students as possible.

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

A designated bin will be used to separate mouthed toys. When a child is finished with a mouthed toy, remove it, place it in a toy bin that is inaccessible to other children, and wash hands. All mouthed toys will be thoroughly cleaned at the end of the day.

Teachers will teach and monitor hand washing routines, how to properly use hand sanitizer, and sneezing or coughing into elbow or tissue.

Teachers will sanitize restrooms after use.

Classrooms will be sanitized with spray disinfectant at the end of each day.

Ventilation systems will be checked regularly for proper circulation. When possible, increase outdoor air by opening windows and doors, and using fans.

## Cleaning and Hygiene

Have adequate supplies to support healthy hygiene behaviors (e.g., soap, paper towels, tissues, hand sanitizers, disinfectant sprays and masks, if needed).

Allow time between activities for proper cleaning and disinfecting of high-touch surfaces. Clean and disinfect frequently touched surfaces throughout the day. Remember items that might not ordinarily be cleaned daily such as doorknobs, light switches, countertops, chairs, cubbies, and playground structures.

Teach and reinforce hand hygiene guidance for adults and children such as washing hands frequently with soap and water for at least 20 seconds (about as long as it takes to sing “Happy Birthday” twice). Monitor to ensure both children and staff are washing hands correctly. In addition to usual handwashing, everyone should wash hands:

- Upon arrival in classroom in the morning and returning to classroom after recess
- Before preparing, serving and eating food, and after eating meals and snacks.
- After blowing noses, coughing, or sneezing or when in contact with body fluids
- After toileting or changing diapers

Encourage people to cough and sneeze into their elbows, or to cover with a tissue. Encourage people to avoid touching eyes, nose, and mouth. Used tissues should be thrown in the trash and hands washed immediately with soap and water for at least 20 seconds.

Incorporate frequent handwashing and sanitation breaks into classroom activity.

Hand sanitizing products with 60 percent alcohol may be used in lieu of handwashing when outdoors. Hand sanitizer should be stored out of reach of children when not in use.

Clean and sanitize all toys at the end of the day. Clean and disinfect shared tools, supplies, and equipment.

Keep children’s personal items separate and in individually labeled cubbies or boxes.

## Monitoring for Symptoms

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

SJDS will conduct a daily health screening of any person entering the building to identify symptoms, diagnosis, or exposure to COVID-19.

If a child develops COVID-19 symptoms during the day at the facility, parent will be contacted and expected to pick-up as soon as possible. While waiting with a child who is sick and is to be picked up, the director will stay with the child in a place isolated from others and, if possible, ventilated to outside air. If possible, allow for air flow throughout the room where the child is waiting by opening windows or doors to the outside. The director should remain as far away as safely possible from the child (preferably 6 feet or more) while maintaining visual supervision. If the child is over the age of 2 and can tolerate a face covering, the child should wear a cloth face covering or a surgical mask if available. Cloth face coverings should not be placed on:

- Anyone who has trouble breathing, or is unconscious, incapacitated or otherwise unable to remove the face covering without assistance; or
- Anyone who cannot tolerate a cloth face covering due to developmental, medical or behavioral health needs.

### Temporary Day School Closure

In the event that the New Hanover County Health Department requires SJDS to close a classroom and/or the entire Day School, or our community experiences a spike in COVID-19 cases and an interruption of physical operations occurs, a transition to remote learning will happen immediately. Tuition will be paid during this remote learning time as staff will continue to send at-home activities, lead virtual learning in group and individual settings, and remain engaged in the learning process for the children.

### Returning to the Day School

#### **Child care programs are required to:**

- **Follow the recommendations of the local public health department if someone at the child care facility has tested positive for COVID-19 or has been exposed to COVID-19.** Required by [NC GS § 130A-144](#).

Local public health departments make the final decisions about

- isolation requirements for individuals who test positive for COVID-19
- whether individuals who have been exposed need to quarantine and how long quarantine should last in the communities they serve, based on local conditions and needs.

Quarantine is required for an individual who has been a close contact (within 6 feet for at least 15 minutes cumulatively over a 24-hour period) of someone who is determined positive with COVID-19 either through testing or symptom consistent diagnosis, **with the following three exceptions:**

- Individuals who are fully vaccinated and do not have symptoms do NOT need to quarantine after a close contact. However, they should get tested 3-5 days after exposure and wear a mask around others until they get a negative test result.
- People who have tested positive for COVID-19 within the past 3 months and recovered and do not have symptoms do NOT have to quarantine.

- Children who are not fully vaccinated after a close contact in a child care setting if masks were being worn appropriately and consistently by both the person with COVID-19 and the potentially exposed person do NOT need to quarantine. This is based on updated CDC guidance and studies that have shown extremely low risk of COVID-19 transmission in classroom settings when face masks were being used appropriately by both the person with COVID-19 and the potentially exposed person, as well as multiple layers of prevention measures in place to prevent transmission in school settings. This exception does not apply to staff or other adults in the indoor child care setting.

**Unless an exception applies, the CDC continues to recommend quarantine for 14 days after last exposure.**

CDC has offered options to reduce the duration of quarantine, if the local public health department recommends quarantine and allows reduced quarantine. If quarantine is reduced to less than 14 days, the individual must continue to monitor for symptoms daily and strictly adhere to interventions intended to reduce the spread of COVID-19, **including wearing a face covering at all times and practicing physical distancing** until 14 days have passed since the date of last exposure.

- If an individual can strictly adhere to interventions to reduce spread, options to reduce the duration of quarantine are available in either of the following two scenarios:
  - 10 days of quarantine have been completed and no symptoms have been reported during daily monitoring;
  - 7 days of quarantine have been completed, no symptoms have been reported during daily monitoring, and the individual has received results of a negative PCR/molecular test on a test taken no earlier than day 5 of quarantine.

Child care facilities should describe their environment (age of children, ability to wear face coverings, physical distancing limitations) to the local health department so that an informed decision about who can be approved for reduced quarantine can be made.

Adhere to the following criteria for allowing a child or staff member to return to child care:

**Summary Table for Returning to Child Care**

Exclusion Category	Scenario	Criteria to return to child care
<b>Diagnosis</b>	Child/staff person has tested <b>positive</b> with an <b>antigen test</b> but does <b>not</b> have or develop symptoms of COVID-19	<p>If the child/staff person takes a repeat PCR/molecular test performed in a laboratory within 48 hours of their positive antigen test, and that PCR/molecular test is negative: the positive antigen test can be considered a false positive and the person can immediately return to child care; OR</p> <p>If the child/staff person does not take a repeat PCR/molecular test, or takes one within 48 hours and it is also positive, he/she can return to child care when they complete 10 days of isolation. Isolation should begin starting from the date of their first positive test.</p> <p>The person is not required to have documentation of a negative test in order to return to child care.</p>
<b>Diagnosis</b>	Child/staff person has tested <b>positive</b> with a <b>PCR/molecular test</b> but the person does <b>not</b> have and does not develop symptoms.	Child/staff person can return to child care when he/she completes 10 days of isolation. Isolation should begin starting from the date of their first positive test.
<b>Symptoms</b>	Child/staff person <b>has symptoms</b> of COVID-19 and has tested <b>positive</b> with an <b>antigen test or PCR/molecular test</b>	<p>Child/staff person can return to child care when</p> <ul style="list-style-type: none"> <li>• He/she completes 10 days of isolation. Isolation should begin starting from their first day of symptoms; AND</li> <li>• It has been at least 24 hours since the he/she had a fever (without using fever reducing medicine); AND</li> <li>• Other symptoms of COVID-19 are improving.</li> </ul> <p>The person is not required to have documentation of a negative test in order to return to child care.</p>

<p><b>Symptoms</b></p>	<p>Child/staff person has symptoms of COVID-19 but has <b>not</b> been tested for COVID-19 nor has visited a health care provider. Therefore, the person who has symptoms is presumed positive.</p>	<p>Child/staff person can return to child care when</p> <ul style="list-style-type: none"> <li>• He/she completes 10 days of isolation. Isolation should begin starting from the first day of symptoms; AND</li> <li>• It has been at least 24 hours since he/she had a fever (without using fever reducing medicine); AND</li> <li>• Other symptoms of COVID-19 are improving.</li> </ul>
<p><b>Symptoms</b></p>	<p>Person has symptoms of COVID-19 but has received a negative test for COVID-19* or has visited a health care provider and received <b>an alternate diagnosis</b> that would explain the symptoms of COVID-19 *In a person with symptoms, a negative test is defined as either (1) a negative PCR/molecular test or (2) a negative antigen test if the person has a low likelihood of SARS-CoV-2 infection (e.g., the person has no known or suspected exposure to a person with COVID-19 within the last 14 days or is fully vaccinated or has had a SARS-CoV-2 infection in the last 3 months.) See CDC antigen algorithm for interpretation of antigen tests</p>	<p>Child/staff person can return to child care when</p> <ul style="list-style-type: none"> <li>• It has been at least 24 hours since he/she had a fever (without using fever reducing medicine); AND</li> <li>• He/she has felt well for at least 24 hours.</li> </ul> <p>Note: The health care provider is not required to detail the specifics of the alternate diagnosis.</p>
<p><b>Exposure</b></p>	<p>Child/staff person who is not fully vaccinated has been in <b>close contact</b> with someone <b>with a confirmed case of COVID-19</b>.</p> <p>(Fully vaccinated persons and persons who have tested positive in the last 3 months and do not have any symptoms after a close contact do not need to quarantine.)</p>	<p>Person can return to child care after completing up to 14 days of quarantine. The 14 days of quarantine begin after the last known close contact with the COVID-19 positive individual. Alternatively the person may complete a <b>10-day quarantine</b> if the person is <b>not presenting symptoms of COVID-19</b> after daily at-home monitoring, or they may complete <b>7 days of quarantine if they report no symptoms during daily at-home monitoring, and the individual has received results of a negative antigen or PCR/molecular test on a test taken no earlier than day 5 of quarantine.</b></p> <p>Follow the recommendations of your local public health department if someone at your child care should quarantine. Local public health authorities make the final decisions about how long quarantine should last in the communities they serve, based on local conditions and needs.</p> <p><b>If quarantine is discontinued before day 14, the individual should continue to monitor symptoms and strictly adhere to all non-pharmaceutical interventions</b> (e.g. wear a mask, practice social distancing) through 14 days after the date of last exposure.</p> <p>Note: NCDHHS recommends that childcare not require an individual who is fully vaccinated (at least 2 weeks after getting their second dose in a 2-dose series or one-dose of a single-dose series) or tested positive for COVID-19 in the past three months to quarantine if they have had no symptoms after being a close contact to someone with COVID-19, and they do not live in a congregate setting (such as a shelter).</p>
<p><b>Exposure</b></p>	<p>Child who is not fully vaccinated but has been in close contact with someone with a confirmed case of COVID-19, in which both individuals were wearing a mask the entire time. NOTE: This does not apply for adults.</p>	<p>NCDHHS does not recommend quarantine of children following exposures in a child care settings if masks were being worn appropriately and consistently by both the person with COVID-19 and the potential exposed person. This applies to exposures in child care program settings. This option should only be utilized in settings where masks are consistently worn. This exception does not apply to staff, or other adults in the indoor classroom setting.</p>
<p><b>Household Member, Exposure</b></p>	<p>Child/staff person is a <b>household member</b> (e.g. a sibling) of someone <b>with a confirmed case of COVID-19</b>.</p>	<p>Child/staff person can return to child care after completing up to 14 days of quarantine, unless otherwise directed by the local health department. The 14 days of quarantine begin <b>either:</b></p>

		<ul style="list-style-type: none"> <li>• <b>at the end</b> of a 10-day isolation of the person <b>with</b> COVID-19 since that person may remain infectious for up to 10 days after symptom onset,</li> </ul> <p><b>OR</b></p> <ul style="list-style-type: none"> <li>• after the last known close contact with the COVID-19 positive person, in situations where the positive person isolates from all other household members.</li> </ul>
<b>Household Member, Symptoms</b>	Child/staff person is a <b>household member</b> (e.g. a sibling) of someone who has symptoms of COVID-19 but symptomatic person has <b>not</b> been tested for COVID-19, nor has visited a health care provider. Therefore, the person who has symptoms is presumed positive.	Child/staff person can return to child care after completing up to 14 days of quarantine, unless otherwise directed by the local health department. The 14 days of quarantine begin <b>either</b> : <ul style="list-style-type: none"> <li>• <b>at the end</b> of a 10-day isolation of the person who is presumed positive <b>with</b> COVID-19 since that person may remain infectious for up to 10 days after symptom onset.</li> </ul> <p><b>OR</b></p> <ul style="list-style-type: none"> <li>• after the last known close contact with the person who is presumed to be COVID-19 positive, in situations where the presumed positive person isolates from all other household members.</li> </ul>
<b>Household member, Symptoms</b>	Child/staff person is a <b>household member</b> (e.g. a sibling) of someone who has symptoms of COVID-19 and has received a negative test <b>for COVID-19</b> . *In a person with symptoms, a negative test is defined as either (1) a negative PCR/molecular test or (2) a negative antigen test if the person has a low likelihood of SARS-CoV-2 infection (e.g., the person has no known or suspected exposure to a person with COVID-19 within the last 14 days or is fully vaccinated or has had a SARS-CoV-2 infection in the last 3 months.) See CDC antigen algorithm for interpretation of antigen tests.	Child/staff person can return to child care immediately, as long as he/she has not developed symptoms.
<b>Household Member, Symptoms</b>	Child/staff person is a <b>household member</b> (e.g. a sibling) of someone who has symptoms of COVID-19 but symptomatic person has visited a health care provider and received an <b>alternate diagnosis</b> that would explain the symptoms of fever, chills, shortness of breath or difficulty breathing, new cough or new loss of taste or smell, and the health care provider has determined COVID-19 testing is not needed.	Child/staff person can return to child care when symptomatic household member receives their alternate diagnosis, as long as he/she has not developed symptoms.  Note: The health care provider is not required to detail the specifics of the alternate diagnosis.

**We will continually monitor for COVID-19 symptoms. If a child has any one of them, they should remain home or be sent home. If the child has chronic allergies and/or asthma, this must be documented with a letter from a physician.**

**Please contact the Director of the Day School at [director.dayschool@stjamesp.org](mailto:director.dayschool@stjamesp.org) with any questions or concerns.**