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.

SOURCE: https://www.cdc.gov/mmwr/volumes/69/wr/pdfs/mm6919e6-H.pdf?deliveryName=USCDC_921-DM28169
Cases are rising quickly across the state.
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

Cluster-Linked Cases in Adults

72%

28%

46%

54%

Private Schools
Public Schools

Private Schools
Public Schools

Private Schools
Public Schools

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

<table>
<thead>
<tr>
<th>Age</th>
<th>Hospitalized</th>
</tr>
</thead>
<tbody>
<tr>
<td>17 and Under</td>
<td>1%</td>
</tr>
<tr>
<td>18-19</td>
<td>0%</td>
</tr>
<tr>
<td>20-29</td>
<td>1%</td>
</tr>
<tr>
<td>30-39</td>
<td>4%</td>
</tr>
<tr>
<td>40-49</td>
<td>9%</td>
</tr>
<tr>
<td>50-59</td>
<td>12%</td>
</tr>
<tr>
<td>60-69</td>
<td>25%</td>
</tr>
<tr>
<td>70-79</td>
<td>25%</td>
</tr>
<tr>
<td>80+</td>
<td>22%</td>
</tr>
<tr>
<td>Unknown</td>
<td>1%</td>
</tr>
</tbody>
</table>

NC Deaths by Age

<table>
<thead>
<tr>
<th>Age</th>
<th>Total Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>5-9</td>
<td>0% (1)</td>
</tr>
<tr>
<td>18-24</td>
<td>0% (9)</td>
</tr>
<tr>
<td>25-49</td>
<td>4% (206)</td>
</tr>
<tr>
<td>50-64</td>
<td>14% (777)</td>
</tr>
<tr>
<td>65-74</td>
<td>23% (1,286)</td>
</tr>
<tr>
<td>75+</td>
<td>59% (3,280)</td>
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</tbody>
</table>

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.

https://covid19.ncdhhs.gov/dashboard
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.

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:
  - WEAR a cloth covering over your nose and mouth.
  - WAIT 6 feet apart. Avoid close contact.
  - WASH your hands or use hand sanitizer.
Key Research: What Prevents Spread?

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

- 85% with social distancing
- 77% by always wearing a mask
- 77% by keeping duration of contact less than 15 minutes
- 67% by frequent handwashing
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
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.
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

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](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.

1a. Health care workers fighting COVID-19 & Long-Term Care

1b. Adults at highest risk of severe illness and those at highest risk for exposure

2. Adults at high risk for exposure and at increased risk of severe illness

3. Students and critical industry workers

4. Everyone who wants a safe and effective COVID-19 vaccination

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](https://www.ncdhhs.gov/health/strongschoolsnccompliance) 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

Resources Specifically for Religious School Leaders

Read these public health guidelines for specifics 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, via Dr. Mandy Cohen, the Secretary of Health and Human Services, in this letter.1

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 (October 2, 2020)

Guidelines for Places of Worship: Key places where people gather together present risks for COVID-19 transmission. All places that congregantiy meet in an enclosed space should create and implement a plan to minimize the opportunities for COVID-19 transmission. The government below will interpret guidance on what places to reduce the spread of COVID-19 for their communities.

If the place of worship offers child care or educational programming for children and youth, please follow CDC guidance for these settings.

The guidance covers the following topics:

- Room/Meeting and Sharing Exposure
- Group Size
- Safety Measures
- Hygiene
- Airflow
- Monitoring for Symptoms
- Providing Ventilation
- Communicating/Reducing Risk
- Vision and Incentives
- Additional Resources

Social distancing and masking:

- Social distancing: Physical distancing (at least 6 feet) is encouraged. Distance from other people is at least 6 feet. (1.8 meters). When seated, distance is at least 4 feet (1.2 meters).
- Masking: Masks are required in all places of worship.

It is recommended that places of worship:

- Not organize worship events that exceed the limits of social distancing. Provide an option for virtual services.
- In the event of an in-person service, conduct the worship service outdoors, if possible.
- Be cautious of places of worship, from places of worship that do not offer COVID-19 precautions. When possible, have outdoor services, and make sure to keep a distance of at least 6 feet between groups.
- For places of worship, limit attendance to 100 people or 50% of the capacity, whichever is less.
- Encourage social distancing at all times and social distancing at least 6 feet apart between groups other than those in the household.

Interim Guidance for Places of Worship and Religious Services (October 2, 2020)
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):
Please Share: Resources for Communicating with Families

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 12th 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!

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 buildings 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.

What Families Can Expect When Schools Reopen

StrongSchoolsNC
What Are We Learning About Children and COVID-19?
LAST UPDATED 11/02/2020

We are learning many different things about COVID-19 in children. We are using this latest research to help NC make decisions about how we should operate our schools during the COVID-19 pandemic. We will continue to take new data and science as it is available for us to learn more. The current research summarized below still presents an early and limited picture of children and schools during the COVID-19 pandemic. It is due to this facts to 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.
- Never, never, never. Suggest that adolescents and adults may be more likely to become infected.
- Never, never, never. Suggest that because of this, children are much less likely to have COVID-19 and are much less likely to have COVID-19.
- Young children can spread the virus, however children under 13-years of age may be less likely to spread COVID-19 to others. Older children and adults.
- Never, never, never. Suggest that younger children may be more likely to get COVID-19 from an adult than to spread it to an adult.
- Speed of COVID-19 is more likely within a household than within a school (or school). Most children have very mild illnesses 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 had mild or no symptoms.
- Although rare, some children can have severe disease, need hospitalization, and have developed multi-system inflammatory syndrome (MIS-C) after exposure to SARS-CoV-2.
- Children with underlying medical conditions were at increased risk for serious illness from COVID-19.
- Our African American and Latino 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 where a child was infected.
- While there have been some specific examples of spread in schools, schools have not seemed to play a major role in the spread of COVID-19, especially in areas with low transmission.
- In some countries, schools have reopened after infection rates have gone down without new large increases in infection at any level.

Less than 5% of all social distancing may still be protective for children
- The CDC will recommend 6 feet of social distancing as the most effective social distancing practice.
- However, in low- and medium-risk settings, 3 feet of social distancing may be effective for the spread of COVID-19, especially when people wear cloth face coverings. Because of decreased risk of spread among children, schools may be more likely to consider lower risk and medium risk.
- Keeping students spaced out with more space in between them may provide 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
and 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
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


- **StrongSchoolsNC Infection Control and PPE Guidance (K-12)**

- **StrongSchoolsNC FAQ**