



StrongSchoolsNC Public Health Toolkit (K-12) Frequently Asked Questions

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Question Topics

For Families, School Leaders, and Local Health Departments

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General

Where can I find all COVID-19 public health guidance documents for NC's schools?

Visit <https://covid19.ncdhhs.gov/guidance#schools> for the most up-to-date NCDHHS guidance for NC's schools.

Where can I find NC Department of Public Instruction's operational guidance for public schools?

NCDPI has provided guidance for public schools across the state to consider as they open for in-person instruction, as well as considerations for remote learning. [Read more](#) by clicking the link.

How are children affected by COVID-19?

For more information, see [What Are We Learning About COVID-19 and Children? \(Spanish\)](#).

Should my child attend school in-person?

Every family must make the right decision for themselves, knowing their community, their child's school, and their child. We know that in-person school is fundamental to children's development and well-being – especially for younger children. Schools provide academic support, social and emotional skills, a safe, comfortable place, reliable food and nutrition supports, physical/speech therapy, and opportunities for physical activity. There can be substantial negative impacts for children and communities without in-person learning taking place regularly. Your child's school, whether public or private, is required to implement specific mitigation efforts including wearing cloth face coverings for all children and staff ages 5 and up.

I have specific questions about my child and my school. Where can I find more information on how my school is taking action on the public health guidance provided by NCDHHS?

Every child and every school is unique. NCDHHS issued statewide public health guidance through the [StrongSchoolsNC Public Health Toolkit \(K-12\)](#). Contact your school and/or district to find out more information on how they are operating their facilities for students and staff.

Why are all schools able to operate under Plan A?

The decision to allow minimal physical distancing reflects the lower risks associated with COVID-19 for our students, and research that shows lower risk for COVID-19 transmission in K-12 schools. It also supports working families, and provides more children with the opportunity to access other critical services provided in schools, including meals, regular physical activity, and social interaction.

Do public and private preschool programs have to adhere to the requirements listed in the StrongSchoolsNC Public Health Toolkit (K-12)?

[The memorandum linked here](#) was issued on June 8, 2020, jointly between the NC Department of Health and Human Services and the NC Department of Public Instruction. It states that preschool programs located in public schools, including NC Pre-K, EC, Title 1, and Head Start, should follow the [Interim Guidance for Child Care Settings ChildCareStrong](#), which is updated frequently. While similar to the K - 12 public health guidance, the child care guidance is better suited for early learning.

However, the memo notes that preschool programs located in public schools may be asked to take additional precautions on their campus, such as social distancing in the cafeteria. Outside of a public-school setting, we would not ask very young children to maintain distance from each other. However, if possible, preschool programs should follow campus-wide health protocols if asked to do so, especially in shared settings like hallways and the cafeteria. Students, families, and staff should consult local restrictions as they plan for the new school year.

When Governor Cooper issued [Executive Order 209](#) on April 28, 2021, the order outlined that public and non-public schools must require face coverings to be worn by all workers, teachers, guests, other adults and children age five (5) or older. A child enrolled in a preschool class who is five years-old is required to wear a mask.

Do the requirements in the StrongSchoolsNC Public Health Toolkit (K-12) apply to charter schools?

Yes - These requirements apply to public schools across North Carolina, including all charter schools, regional schools, and lab schools.

How can nonpublic schools use the guidance in the StrongSchoolsNC Public Health Toolkit (K-12)?

On November 30, 2020, DHHS released [Requirements and Recommendations for Nonpublic Schools](#). This document brings together the best guidance available for NC's schools, building out recommendations based on public school requirements, and outlines specifically what is required of nonpublic schools.

Where can I find Spanish versions of the Public Health Toolkit and other resources?

It is important that all families of our students know what to expect when their children return to school, including our Spanish-speaking communities. [Click here](#) for the Spanish version of the Strong Schools NC Toolkit. Check back regularly on the [NCDHHS guidance page under Schools](#) for additional translated documents.

Cloth Face Coverings and Personal Protective Equipment (PPE)

When are face coverings/masks required for North Carolina's students, teachers, and staff?

See the [StrongSchoolsNC Public Health Toolkit](#) for statewide requirements and recommendations on cloth face coverings.

We know that wearing a cloth face covering is one of the best tools we have for reducing the spread of COVID-19. In accordance with Executive Order 209, face coverings are required indoors for all students ages 5 and up, teachers, staff, and adult visitors unless the person (or family member, for a student) states that an exception applies, such as if the person is eating or drinking. Face coverings must be worn by all students ages 5 and up, all teachers, staff, and adult visitors when indoors. They are also required while traveling on buses or other school transportation vehicles. Cloth face coverings are required when anyone is in-person in public schools in Plan A or Plan B. Face coverings are recommended outdoors when individuals are unable to social distance at least 6ft apart from others.

I'm worried about my child wearing a face covering all day. Are there any times when they can take it off?

Yes, face coverings are no longer required outdoors but remain recommended if individuals are less than 6ft away from others,

For children who are home-schooled and those in virtual learning, is a face covering required?

Students 5 years and older and all caretakers must wear a face covering indoors, if non-household members are present. For example, if there is a blending of students from different households, face coverings are required.

Why are cloth face coverings also required in addition to six feet of physical distancing under Plan B?

Our statewide public health guidance requires cloth face coverings for our K-12th students and staff because it is important to mitigate the spread of the virus by providing this barrier for transmission. Face covers add another layer of protection. Individuals may unintentionally come closer together for periods of time throughout the day; with required cloth face coverings for all, our public schools are better protected from spread in those circumstances. The guidance

is not intended to allow for the taking on and off of cloth face coverings when sitting at desks, even when spaced 6 feet apart in Plan B classrooms, for extended periods of time, for example.

Has the State provided cloth face coverings for schools?

The State has provided at least five cloth face coverings for every student, teacher, and school staff member in North Carolina schools public (including all charter schools) and private. For more information, see [StrongSchoolsNC Infection Control and PPE Guidance \(K-12\)](#).

Are face shields an allowable substitute for a cloth face covering?

Based on recommendations from the CDC, [Executive Order 209](#) notes that face shields **do not** meet the requirements for face coverings in any setting. NC DHHS does not include face shields as acceptable substitutes for face coverings within the StrongSchoolsNC Public Health Toolkit (K-12). Teachers who require mouth visibility should use transparent face masks.

There is some evidence that face shields can protect the wearer from respiratory droplets spread from others. Unlike with face coverings, it is not known if face shields provide any benefit in controlling the spread of respiratory droplets to others (source control).

If an educator's mouth must be visible for instructional purposes, what can they do?

For certain individuals, the use of cloth face coverings by teachers or others may pose a challenge, such as students who are deaf or hard of hearing, students receiving speech/language services, infants and young students in early education programs, students with Autism Spectrum Disorder (ASD), and English-language learners. If available, a transparent face mask, or face coverings with a see-through panel in the front, may be a better option for protection that allows visibility.

What should a child or a teacher/staff member do with their mask while eating or during a mask break?

The CDC [recommends](#) that cloth face coverings should be stored in a space designated for each student that is separate from others when not being worn (e.g., in individually labeled containers or bags, personal lockers, or cubbies).

If a teacher is more than 6 feet away from students and is inside a classroom, can they remove their mask while speaking?

No – In accordance with [Executive Order 209](#), face coverings are required for all teachers unless an exception applies. Face coverings must be worn by all students ages 5 and up, all teachers, staff, and adult visitors inside school buildings. They are also required while traveling on buses or other school transportation vehicles. Cloth face coverings are required indoors when anyone is in-person in public schools in Plan A or Plan B.

Are plexiglass/vinyl barriers substitutes for distancing if masks are also worn?

The CDC does not recommend physical barriers. All school mitigation efforts should be layered, as opposed to thinking of them as alternatives, in order to ensure the greatest possible avoidance of exposure to COVID-19.

Where can I find more guidance about the Personal Protective Equipment (PPE) and infection control materials recommended for schools and ordering information?

NCDHHS partnered with NCDPI, NCDOA, and the Office of Emergency Management to release [StrongSchoolsNC Infection Control and PPE Guidance for K – 12 schools](#). This document provides detailed guidance, information on ordering using state contracts, and distribution of two-month PPE starter and booster packs for school nurses and delegated staff, as well as information on cloth face coverings provided for all students, staff, and teachers at public schools across North Carolina.

My company manufactures PPE and/or infection control materials, such as cloth face coverings. How can I be considered as a vendor for the state?

North Carolina needs companies and manufacturers that can produce and provide critical supplies to respond to the COVID-19 pandemic.

Please complete the form [linked here](#). All required fields must be completed in order to be considered for a procurement.

School Operations: In-Person with Minimal Social Distancing (Plan A), In-Person/Hybrid with Required 6 Ft. Social Distancing (Plan B)

Which operational plan is my child's school operating under?

Consult directly with your child's school to learn more about specific operational plans.

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.

Are school districts allowed to provide remote learning during the 2020-21 school year?

Schools must also 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. Schools must implement remote or other learning options for 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. All other students must be offered in-person instruction.

What is the difference between Plan A and Plan B?

Physical distancing is recommended under Plan A at a minimum of three feet and whenever feasible between students, and at a minimum of six feet between adults. There is no required minimum physical distancing under Plan A. Under Plan A, required mitigation strategies are even more critical: wearing cloth face coverings, keeping hands washed and surfaces clean, and the recommended emphasis on cohorting students and teachers into groups that will not intermix. Physical distancing of six feet at all times is required under Plan B.

Transportation

How are we keeping school buses as safe as possible for students, and still able to operate?

NCDHHS continues to work closely with our partners at NCDPI and the State Board of Education to ensure that all public health guidance for K – 12 schools is operationalized thoughtfully across the state. NCDHHS updated the Plan B transportation guidance section as of June 30, 2020, to support greater operational feasibility in school transportation that will still require mitigation efforts to reduce the spread of COVID-19.

In accordance with Executive Order 209, face coverings are required indoors for all students ages 5 and up, teachers, staff, and adult visitors unless the person (or family member, for a student) states that an exception applies, such as if the person is eating or drinking. They are also required while traveling on buses or other school transportation vehicles. Cloth face coverings are required when anyone is in-person in public schools in Plan A or Plan B.

Additionally, if schools operate under Plan A, they are encouraged to operate school transportation under Plan B health and safety requirements. Given that school transportation vehicles are more confined spaces than classrooms,

and that at maximum capacity a school bus could hold up to 70 children, Plan B ensures density reduction on school transportation to allow for additional social distancing in those settings to reduce the potential risk of viral exposure.

Specials and Extracurricular Activities (e.g., Athletics, Gym, Music, Band, Art)

What are the requirements for school sports?

Schools should follow the recommendations outlined in the [NCDHHS Interim Guidance for Administrators and Participants of Youth, College, and Amateur Sports Programs](#) (also available in [Spanish](#)).

What guidance is provided for “specials,” such as music class, physical education, band, and art?

Please refer to [Requirements and Recommendations for Recess, Specials, and General Activities](#).

Keeping Schools Clean

How will we keep schools clean enough to reduce the risk of COVID-19 exposure and spread?

The [StrongSchoolsNC Public Health Toolkit \(K-12\)](#) outlines actions that schools must take to minimize spread of COVID-19 while allowing in-person teaching to resume, such as physical distancing requirements, universal masking, and thorough cleaning and hygiene routines.

Is hand sanitizer safe for schools to use?

Making hand sanitizer containing at least 60% alcohol available for students and staff is a required component of the [StrongSchoolsNC Public Health Toolkit](#).

Alcohol-based hand sanitizers with at least 60% alcohol are known to be effective against SARS-CoV-2 virus and can be placed in dispensers and other containers that are readily available for student use. This availability of hand sanitizer should not be considered a violation of 15A NCAC 18A .2415(b). While Executive Order No. 116, (Declaration of a State of Emergency to Coordinate Response and Protective Actions to Prevent the Spread of COVID-19) or another State of Emergency declaration is in effect during this school year, such hand sanitizer dispensers may be used by students without being considered a violation of Rule .2415 if handled in a safe manner supervised by teachers or other adults in accordance with the directions on the label, and bulk containers of hand sanitizer are stored according to manufacturer’s instructions when not in use.

How should an isolation room be kept clean if it needs to be used more than once in a school day?

NCDHHS recommends using [this guidance](#) from the CDC on cleaning and disinfection to inform these practices. Waiting 24 hours before cleaning may not be practical in school settings for an isolation room, so we recommend increasing ventilation between sick students and providing disinfection of the areas once the student leaves—of course, following manufacturer’s instructions for use and contact time. In addition, try to cut down on soft surfaces in the room that are difficult to clean/disinfect.

Symptom Screening and Reducing Exposure

Why is daily symptom screening for children no longer recommended?

NC DHHS is aligning with the CDC that [does not currently recommend](#) schools conduct daily symptom screening for students. The effectiveness of COVID-19 symptom screening in schools is not well-known. Children are less likely to spread virus than adults. Children are more likely to have no or minimal symptoms from COVID-19 and symptom screening will fail to identify some students who have COVID-19. Symptom screening will also identify children who do not have COVID-19 and will unnecessarily exclude students from school. Further, symptom screening has the potential to exclude certain students repeatedly, such as those with chronic medical conditions, from school even though they do not have COVID-19 or any contagious illness. K-12 schools provide essential educational, developmental, and support services to students and families. Therefore, excluding students from school has different consequences from excluding individuals from other settings. This makes the considerations for symptom screening in students in K-12 schools different from those for other settings or populations. However, parents, caregivers, or guardians (“caregivers”) should be strongly encouraged to monitor their children for symptoms of infectious illness every day through home-based symptom screening. Students who are sick should not attend school in-person.

Why is daily symptom screening still recommended as a consideration for adults, but not for children?

The CDC still [recommends](#) considering screening for employees. Adults are more likely to have symptoms with COVID-19 than students and are more likely to spread the virus that causes COVID-19 to others. Data from studies in school settings show that viral transmission is more likely adult to adult or adult to child than child to child or child to adult.

Who should conduct symptom screenings?

Daily symptom screenings are **no longer recommended** for all schools – they remain an optional mitigation layer, recommended for adults but not for children.

I have seen information on social media regarding infrared thermometers used for screening in schools and possible negative effects. Can these thermometers cause harm?

Daily symptom screenings, including temperature screenings, are **no longer recommended** for all schools – they can be considered for adults, but not for children.

Infrared thermometers are safe for use in reading the surface temperature of a child or adult. Infrared thermometers measure the body’s surface temperature without emitting any radiation or signal to do so. The human body itself emits radiation in the form of heat. That heat is called infrared radiation. An infrared thermometer reads that heat radiation coming off of the skin of the forehead. It receives radiation; it does not send radiation. The amount of heat radiation being picked up from a child is converted by the thermometer into a temperature value. That is why sometimes a child that is flushed and hot from being outside will read as having a fever. They are temporarily putting out a lot of body heat radiation. If they are allowed to rest and cool off, they will read normal later.

How are “Exposure” and a “Close Contact” defined?

Daily symptom screenings are **no longer required** for all schools – they remain an optional mitigation layer, recommended for adults but not for children. However, disclosure of exposure or close contact remains required.

Exposure to COVID-19, or being in **close contact with a case** is defined as being physically exposed within 6 feet of another person for 15 minutes cumulatively or longer, within a 24 hour period **with or without a cloth face covering**. (e.g. 5 minutes in at arrival, 5 minutes at lunch, and 5 minutes at dismissal). Any person who has had close contact to someone who has tested positive for COVID-19 or someone who does not get a test but is presumed to have COVID-19 by a medical provider or due to having symptoms of a clinically compatible illness, should quarantine for 14 days after the last close contact. The CDC has published options for shortened quarantine that are at the discretion of the

local health department (LHD). If implemented by the LHD, these options may be used by your school or district. NOTE: when a person with symptoms compatible with COVID-19 does not receive a medical or clinical assessment, that person remains considered a potential case of COVID-19 and therefore close contacts need to quarantine. If during quarantine no symptoms develop in a close contact nor do they have a positive COVID-19 test, they may return to school after completing their quarantine. Please see our [Reference Guide for Suspected, Presumptive, or Confirmed cases of COVID-19](#) for more information.

Will the Local Health Department share identifying information about my school, me, or my child if we contract the virus?

Your privacy and your child's privacy are prioritized during this health crisis. Information may be shared under GS 130A-143(4) when necessary for public health and implementation of control measures. A local health department may share more information about a person who has tested positive with a school if it is "necessary to prevent transmission in the facility or establishment [i.e., school] for which they are responsible." However, the local health department is responsible for ensuring that a school is instructed to protect confidentiality.

NCDHHS does not publicize the names of individuals who test positive for COVID-19, nor the name of a school that individual works at or attends. If a cluster (five laboratory-confirmed positive cases of COVID-19 that have a connection at a specific location or a specific event) outbreak is reported at a school, NCDHHS will post the name of the school, public or private, to [this public report](#) released twice weekly.

Are medical professionals caring for COVID-19 patients excluded from screening for exposure?

Daily symptom screenings are **no longer required** for all schools – they remain an optional mitigation layer recommended for adults, but not for children. However, disclosure of exposure or close contact remains required.

Screening for exposure would not require the exclusion of medical professionals who may have been exposed to COVID-19 positive individuals provided these were wearing proper PPE. This would include nurses, physician assistants, physicians, medical staff, or individuals delegated at schools to perform medical tasks. We are following CDC Guidance on this topic.

When can a person return to school if they receive an alternate diagnosis?

If a school has excluded a symptomatic individual **and that person receives an alternate diagnosis from a health care provider**, they can return to school, following normal school policies, once there is no fever without the use of fever-reducing medicines and they have felt well for 24 hours. The health care provider who makes the assessment may decide to test for COVID-19 but is not required to do so. The health care provider is also not required to detail the specifics of the alternate diagnosis that would explain the symptoms.

What are the requirements for quarantine?

Refer to the [NCDHHS most up-to-date guidance](#) on quarantining.

I am fully vaccinated against COVID-19. Do I need to quarantine?

Quarantine is not required for close contacts to a COVID-19 case, provided they do not have symptoms and they are fully vaccinated (two weeks following the second dose of a two-dose vaccine, or two weeks after a single dose vaccine), and do not reside in a congregate living facility (such as a shelter).

COVID-19 Testing and Positive Cases

Will students and teachers need to be tested for COVID-19 before they come back to school?

Students and teachers are not required by NCDHHS to be tested for COVID-19 before coming to school. A school or district may choose to implement a testing program for students, staff, and families, utilizing [NCDHHS Interim Guidance on K-12 COVID-19 Antigen Testing](#).

Can a student receive a COVID-19 test without the consent of a parent or guardian?

In general, receiving consent from parents or guardians for student testing for COVID-19 is the expectation and will be the normal process. However, pursuant to G.S. 90-21.5, minors with decisional capacity may consent for testing for COVID-19 (a novel coronavirus), as it is considered a medical health service for the diagnosis of a reportable disease. For more information on K-12 COVID testing, refer to [NCDHHS Interim Guidance on K-12 COVID-19 Antigen Testing](#).

How will new cases of COVID-19 be handled in our schools?

The [Reference Guide for Suspected, Presumed, or Confirmed Cases of COVID-19](#) details how schools should handle these scenarios.

Specifically, this reference guide outlines protocols that staff should follow when interacting with students or staff who:

- 1) Share they were exposed to someone with COVID-19 (defined as having close contact of less than 6 feet distance for 15 minutes or more over a 24-hour period) but have no symptoms
- 2) Share they were diagnosed with COVID-19 less than 10 days ago but are not symptomatic,
- 3) Present with COVID-19 symptoms during the school day.

What are the requirements for isolation?

If a student/employee has been diagnosed with COVID-19 but does not have symptoms, they must remain out of school and **isolate** 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 with symptoms 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 **isolate** 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?

Is there any required documentation for teachers/students who were exposed or tested positive to return to school?

We know how important it is for our students, especially our youngest students, to be in schools for their educational development. NCDHHS does not require students and employees to provide documentation of a negative test prior to returning to school after having a positive diagnosis for COVID-19 in order to reduce barriers to children returning to school. This is especially important for our students whose families may have financial, logistical, or other barriers to being tested.

Will there be COVID-19 testing offered at my child's school?

Schools across North Carolina can apply for free COVID-19 rapid tests for their staff, students, and families, via the application process outlined online via the [NCDHHS Interim Guidance on K-12 COVID-19 Antigen Testing](#). Reach out to your local school or district to determine if testing is available on your campus.

Vulnerable and High-Risk Children, Families, and School Staff

How are North Carolina schools supporting the health and wellbeing of students and staff who might be at high-risk for severe disease due to COVID-19?

Protecting vulnerable populations is critical to support the health and safety of our students, their families, and our staff across North Carolina's public schools. You should connect directly with your school for support. Remote learning options must be provided for students who are at high-risk for severe disease due to COVID-19, or whose family members are at high-risk.

Everyone is at risk for getting COVID-19 if they are exposed to the virus, but some people are more likely than others to become severely ill. Read more information from the [CDC](#). People at high risk. include anyone who:

- Is 65 years of age or older
- Lives in a nursing home or long-term care facility
- Is pregnant
- Is a smoker (current or former, defined as having smoked at least 100 cigarettes in their lifetime)
- Has one or more of the following conditions:
 - Asthma (moderate to severe)
 - Cancer
 - Cerebrovascular disease or history of stroke
 - Chronic kidney disease
 - Chronic Obstructive Pulmonary Disease (COPD)
 - Cystic fibrosis
 - Dementia or other neurologic condition
 - Diabetes type 1 or 2
 - Down Syndrome
 - A heart condition such as heart failure, coronary artery disease, cardiomyopathy
 - Hypertension or high blood pressure
 - Liver disease, including hepatitis
 - Pulmonary fibrosis
 - Immunocompromised state (weakened immune system) from: immune deficiencies, HIV, taking chronic steroids or other immune weakening medicines, history of solid organ blood or bone marrow transplant
 - Overweight or obesity
 - Sickle cell disease (not including sickle cell trait) or thalassemia

If you are interested in more information on who is at higher risk for severe illness due to COVID-19, take a look at these links available from the [CDC](#) and [NCDHHS](#). You should also view the [operational guidance](#) provided by the Department of Public Instruction with resources for how schools can take these requirements and implement them on their campuses.

Contact Information

My question has not been answered here. Who should I contact?

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.
- The NC DHHS Division of Public Health Epidemiologist is on call and available to assist 24/7 (919-733- 3419)