



Greenville Christian Academy's  
Re-Entry Plan  
2021/2022 School Year

# The Process

There are many federal, state, and local guidelines available when it comes to making decisions on how to best mitigate the risk and protect our school and community from the spread of COVID-19. Greenville Christian Academy has established a re-entry task force committee which has worked diligently to develop a re-entry strategy that allows for balance, flexibility, transparency, and prioritizes the health and safety of our school community. GCA has been preparing the physical campus to support students in the fall of 2021. In accordance with guidance from our accreditation agency, GCA is able to execute the physical campus modifications needed to support students safely returning to campus in the fall of 2021.

For the last year, we have carefully been engaged in research, consultation, and discussion with various officials, experts, and stakeholders on the question of how to reopen the school. We have read journal articles and published research, consulted with professionals in the GCA community, and met with faculty, parents, and students. **As you can imagine, there is no consensus on many details.** Yet, we do believe that a reasonable and safe approach is contained in this plan that will allow us to begin school.

From the American Academy of Pediatrics (AAP):

*"Schools are fundamental to child and adolescent development and well-being and provide our children and adolescents with academic instruction, social and emotional skills, safety, reliable nutrition, physical/speech and mental health therapy, and opportunities for physical activity, among other benefits. Beyond supporting the educational development of children and adolescents, schools play a critical role in addressing racial and social inequity. As such, it is critical to reflect on the differential impact SARS-CoV-2 and the associated school closures have had on different races, ethnic and vulnerable populations. These recommendations are provided acknowledging that our understanding of the SARS-CoV-2 pandemic is changing rapidly."*

From the Hospital for Sick Children:

*"Not opening schools in September would continue to have a negative impact on the mental, behavioral and developmental health of children. We hope these recommendations help provide a framework to keep everyone safe when school doors reopen."*

## Scientific, Statistical, and Psychological Basis



Multiple reports from around the world indicate that children account for less than 13% of COVID-19 infections. In North Carolina, according to the North Carolina Dept. of Public Health, of 1,138,263 COVID-19 cases reported as of August 19, 2021, the number of cases in children aged 0-17 years was 151,967 (13.00%). There have been 5 reported deaths due to COVID-19 in North Carolina for ages 0-17 since 2020 which comes to 0%. Children are less susceptible to SARS-CoV-2 infection and may be less likely to transmit the virus to others. There is also strong evidence that the majority of children who become infected are either asymptomatic or have only mild symptoms, such as cough, fever, and sore throat. In Pitt County, there have been 23,102 COVID-19 cases reported as of August 19, 2021. That's 1,278 cases per 10,000 residents.

The community based public health measures (national lockdown, school closures, stay at home orders, self-isolation, etc.) implemented to mitigate COVID-19 and “flatten the curve” have significant adverse health and welfare consequences for children. Some of these unintended consequences include decreased vaccination coverage, delayed diagnosis, lack of care for non-COVID-19 related medical conditions, and adverse impact on children’s behavior and mental health. Increased rates of depression, trauma, drug abuse and addiction and even suicide can be anticipated.

As mentioned, it is critical that we balance the risks of COVID-19 in children, which appear to be minimal, with the harms of school closure which is impacting their physical, spiritual, emotional, and mental health. It should be recognized that it will not be possible to remove all risk of infection and disease now that SARS-CoV-2 is well established in many communities. Mitigation of risk, while easing restrictions, will be needed for the foreseeable future.

Return to school has always been associated with increases in cases of community-associated seasonal respiratory viral infections. As a result, it is anticipated that there will likely be an increase in cases of COVID-19 upon the resumption of school, and as such, the appropriate measures should be proactively put in place to mitigate the effects of such an increase. This includes the need for readily available testing and contact tracing support, which is critical to avoid outbreaks. Consistency is essential for our students and it will be important to ensure that once children return to school, our schools stay open to the extent possible. Furthermore, children rely on structure and schedule for stability, which supports the need for a daily school model.

According to the AAP:

“Although many questions remain, the preponderance of evidence indicates that children and adolescents are less likely to be symptomatic and less likely to have severe disease resulting from SARS-CoV-2 infection. In addition, children may be less likely to become infected and to spread infection. Policies to mitigate the spread of COVID-19 within schools must be balanced with the known harms to children, adolescents, families, and the community by keeping children at home.”

In addition, the pediatric hospital affiliated with the University of Toronto (UT), has issued the following guidance:

“Strict physical distancing should not be emphasized to children in the school setting as it is not practical and could cause significant psychological harm. Close interaction, such as playing and socializing, is central to child development and should not be discouraged.”

“When children are in the classroom, to the extent possible, efforts should be made to arrange the classroom furniture to leave as much space as possible between students. Smaller class sizes, if feasible, will aid in physical distancing. However, the daily school routine should not be disrupted to accommodate smaller class sizes for physical distancing.”



# Hand Hygiene

Regular hand washing and sanitizing are among the most effective ways to control viral spread. Students will have regular access to soap and water and alcohol-based hand sanitizers.

- All classrooms and common spaces will have hand sanitizer (non-methanol) stations available to students and staff. Students will be encouraged to regularly use hand sanitizer.
- Students will be expected to wash their hands before and after lunch and after using the restroom.
- Instruction and reminders on handwashing will be provided by staff. Signs, announcements, and other methods will be used to reinforce the importance of hand hygiene.

# Face Covering: Masks/Shields

Non-medical masks may reduce transmission from individuals who are shedding the virus. However, the extent of this benefit is highly debated and would only be potentially beneficial if done properly. In fact, if worn incorrectly, it could lead to increased risk of infection. Also, it is not practical for a child to wear a mask properly for the duration of a school day. It is noteworthy that several European countries have had children successfully return to school without face masks.

- It is recognized that some parents, children, and teachers may choose to wear masks. This is a personal choice and will not be discouraged.

If an employee or student does not wear a mask/shield, we, by law, are not able to ask why (HIPPA, ADA Laws, and executive order); thus, if a teacher or student feels it's not conducive to their learning or teaching, no-one should make them wear it. GCA trusts our teachers and students enough to not interrogate them as to their motives behind their choosing to wear or not wear a mask. The law explicitly allows for that (42 U.S.C.A § 12203). Those choosing to enroll their student(s) at GCA should understand that it is unlawful to coerce, intimidate, or threaten anyone choosing to wear or not wear a mask.

# Recess

Play is an essential component of a child's development. We also know that the risk of viral spread is significantly lower outside. Therefore, recess will be taken with as little intervention as possible.

- Recess will be outdoors whenever the weather allows for it. When indoor recess is necessary, teachers will utilize the same caution as they do outside. The gymnasium has plenty of space to accommodate for cautious physical activity.
- Distancing requirements will not be enforced, although the recess supervisors will apply common sense.
- Students will be required to wash/sanitize hands before and after recess.

# Handling Presumptive Positive Cases

GCA is obligated to notify local health authorities of confirmed COVID-19 cases among children and staff (as required by NCGS § 130A-136).

## Symptoms of possible COVID-19

Any **ONE** of the following:

- A body temperature of 100.4 or higher any time in the previous 24 hours
- Persistent cough
- Shortness of breath or difficulty breathing
- Nausea, vomiting, or diarrhea.
- Chills
- Loss of taste or smell

Or, any **two** of the following:

- Body ache
- Headache
- Sore throat
- Runny nose or congestion



Tested **positive**, the person can return to school when they can answer yes to ALL four questions:

- ✓ Has it been at least 10 days since the person first had symptoms or since tested positive?
- ✓ Has it been at least 3 days since the person had a fever (without using fever reducing medicine)?
- ✓ Has it been at least 3 days since the person's symptoms have improved, including cough and shortness of breath?
- ✓ Cleared by a parent/guardian that the above is true (documentation of a negative test is not required to return)



Tested **negative**, the person may return when they can answer yes to ALL two questions:

- ✓ Has it been at least 24 hours since the person had a fever without the use of fever-reducing medicines?
- ✓ Has the person felt well for at least past 24 hours?



**Not tested** because the person only had one symptom from the bottom list, person can return when:

- ✓ Their doctor has been contacted and consulted
- ✓ If the doctor clears the person, they may return



If the student will continue to have close contact with COVID person, the student may return after completing at least 14 days of quarantine. They must complete the full 14 days of quarantine even if they test negative.

Has the person been in close contact with someone diagnosed with COVID-19 ?

**Close contact means within 6 feet for 15 minutes.**



If the student will be isolated from COVID person, the student can return after completing at least 6 days of quarantine with proof of a negative COVID test administered on day 6.

## Extent of Contact Tracing

- GCA will not require a sibling's class to quarantine (E.g.: if a student in 3<sup>rd</sup> grade contracts COVID-19 and has siblings in the 6<sup>th</sup> and 11<sup>th</sup> grades, only the siblings will be required to quarantine, not the sibling's classmates)
- GCA will not require the entire class to quarantine. Families will be notified as indicated below, and individual family members will be given the choice to quarantine based upon the information they receive. Based upon the definition of "close contact," not every student in that class would have been in close contact with that student.

## Communication of COVID-19 Cases

1. GCA will notify local health authorities of confirmed COVID-19 cases among children and staff (as required by NCGS § 130A-136).
2. GCA will coordinate with local health officials to notify staff and families immediately while maintaining confidentiality in accordance with FERPA, NCGS § 130A-143, and all other state and federal laws.

## Instructional Provisions for Those Out of School Due to Covid-19

To ensure that no child falls behind in the event of a COVID-19 related absence, those in 7-12 must watch the classroom instruction live every day they are absent. Assignment details and a class link will be given to the student/parents in an email. If a student's symptoms are too severe to participate, the parents should notify the teacher/office immediately, so that proper attendance is taken. The student's absence will not count against them if the student engages in the remote learning option the teacher provides for them.

Elementary students are expected to pick up schoolwork and complete it during their quarantine period.

# Screenings



## Self-Screening

All students, faculty, staff, are encouraged to self-screen, with the help of parents or a caregiver, when appropriate, before leaving home each school day for the symptoms stated above. A person should not come to school under any circumstances if he/she displays symptoms.

## On-Campus Screening

Any person determined by a staff member to meet the above criteria during the school day will be immediately sent home or placed in a designated isolation area at school until they are taken home. It is required that parents make immediate arrangements for the pick-up of a child presenting any of these symptoms.

## The Family's Responsibility

No one knows the interactions of their child better than the parents. We are asking parents to accept the responsibility of making the decision regarding their child's education that is in the best interest of their family. Please prayerfully consider if the steps we are taking as a community are right for your family's situation.

## References

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