**SY 20-21 DISTRICT COVID-19 COMMUNICATIONS TEMPLATES**

1. **Beginning of Year Notification Letters**
   1. [Parents/Guardians](#BOY_ParentNotification)
   2. [Staff/Educators](#BOY_StaffNotification)
2. **Symptom Screening Notification**
   1. [Visitor Screener](#VisitorScreening)
   2. [Notification of failed screening](#FailedScreening)
3. **Communications Protocols for Confirmed Case on campus**
   1. [Notification of Confirmed COVID-19 Case on Campus](#ConfirmedCase)
4. **Beginning of Year Notification Letters**

*The following two letters are intended to serve as a starting point for communications to be shared prior to the start of on-campus instruction in order to inform a) families and b) staff of the procedures your system will have in place to reduce the risk of COVID-19 spread on campus. These templates can be adapted to meet the needs of your school system.*

1. **Parent/Guardians**

COVID-19 Prevention, Mitigation, and Response Procedures at [DISTRICT NAME]

[DATE]

Dear Parent/Guardian,

As we plan for returning to school at [DISTRICT NAME], we recognize that this will be an unusual school year, but we remain committed to supporting your student’s learning, as well as his or her safety.

This document outlines the procedures our campuses will have in place to prevent or mitigate the spread of COVID-19 and to respond if a positive case is identified. We hope this transparency helps you to make a decision about your student’s on-campus attendance at [DISTRICT NAME].

The virus that causes COVID-19 can infect people of all ages. That said, research from the Centers for Disease Control (CDC), among others, has found that while children do get infected by COVID-19 and some severe outcomes have been reported in children, relatively few children with COVID-19 are hospitalized or have severe symptoms. For many children, there are distinct benefits to attending school in person, including instructional, social, and safety benefits. For these reasons, the [American Academy of Pediatrics](https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/clinical-guidance/covid-19-planning-considerations-return-to-in-person-education-in-schools/) has made a statement supporting on-campus instruction for students in the coming year.

While it is not possible to eliminate all risk of furthering the spread of COVID-19, the current science suggests there are many steps schools can take to reduce the risks to students, teachers, staff, and their families significantly. The [DISTRICT NAME] strategy for opening and operating is outlined below. A more detailed plan can be found on our district website (LINK).

**Prevention**

To prevent COVID-positive individuals from entering our campuses, your student’s school will have the following COVID-19 symptom screening procedures in place:

* All staff will be required to self-screen daily.
* All visitors will be required to screen upon arrival.
* Parents are asked to proactively identify when their student exhibits COVID-19 symptoms or has been exposed and to keep them home.

OR

* All students will be screened [daily/weekly] using [app/phone/etc.…].

The student screening procedure will be as follows:

[Insert Screening Procedure]

You can find more details here, including the questions you will be asked: (LINK to Screener)

Information collected in these screens will not be retained if the screening is passed. If a parent indicates that a student is demonstrating COVID-19 symptoms, the school will retain that information until the student meets the criteria for return to school.

**Criteria for Return to School**

*Conditions for return to school after an individual shows symptoms or gets a positive test result:*

*Either:*

* 24 hours with no fever; and
* Symptoms improved; and
* 10 days have passed since symptoms first appeared

*Or:*

* An acute infection test at an approved testing location (<https://tdem.texas.gov/covid-19/>) that comes back negative for COVID-19

*Or:*

* A doctor’s note indicating an alternate diagnosis

**Mitigation**

Our district will be taking the following steps across each of our campuses to mitigate the spread of COVID-19.

* All adults in the building will wear masks.
* All students [ages 10 and above] / [in all grades] will be required to wear masks, particularly when they are within six feet of one another, except when participating in activities that cannot be conducted with a mask on, such as eating, or unless it is not developmentally appropriate for the student to wear a mask.
* [Insert additional practices as applicable. See TEA 20-21 Public Health Planning Guidance for additional sample considerations.]

**Response**

In the event of a COVID-positive case on campus, the campus will take the following steps:

* All areas that are heavily used by the individual with the lab-confirmed case will be closed off until disinfected.
* All teachers, staff, and families of all students in that school will be notified.
* The local health department will be notified.
* [Insert additional practices as applicable. See TEA 20-21 Public Health Planning Guidance for additional sample considerations.]

We hope that this information gives you confidence in our systems and our ability to stop the spread of COVID-19 on our campuses. If you have any questions or concerns, please reach out to XXX@XXXX or visit our website at XXX.xxx.

While this will be a challenging year, we believe it can also be a great one, and we look forward to supporting your student in his or her learning journey.

Sincerely,

Superintendent [DISTRICT]

1. **Staff/Educators**

NOTIFICATION OF HEALTH SCREENING REQUIREMENT FOR EMPLOYEES

[DATE]

Dear Staff,

As we plan for returning to school at [DISTRICT NAME], we recognize that this will be an unusual school year, and it is more important than ever that we come together as a community to support our students’ learning. We, as educators, play a critical role during this pandemic, and we must ensure that our students do not lose a year of instruction. At the same time, we will be keeping student and staff safety top of mind in our planning.

This document outlines the procedures our campuses will have in place to prevent or mitigate the spread of COVID-19 and to respond if a positive case is identified. We hope that this transparency helps you to feel comfortable returning to work at [DISTRICT NAME] and knowing what to expect when you do. While it is not possible to eliminate all risk of furthering the spread of COVID-19, the current science suggests there are many steps schools can take to substantially reduce the risks to students, teachers, staff, and their families.

**Prevention**

To prevent COVID-positive individuals from entering our campuses, our school will have the following COVID-19 symptom screening procedures in place:

* All staff will be required to self-screen daily
* All visitors will be required to screen upon arrival
* Parents are asked to proactively identify when their student exhibits COVID-19 symptoms or has been exposed and to keep them home.

**OR**

* All students will be screened [daily/weekly] using [app/phone/etc.…].

The student screening procedure will be as follows:

[Insert Screening Procedure]

Information collected in these screens will not be retained if the screening is passed. If a parent indicates that a student is demonstrating COVID-19 symptoms, the school will retain that information until the student meets the criteria for return to school.

**Criteria for Return to School**

*Conditions for return to school after an individual shows symptoms or gets a positive test result:*

*Either:*

* 24 hours with no fever; and
* Symptoms improved; and
* 10 days have passed since symptoms first appeared

*Or:*

* An acute infection test at an approved testing location (<https://tdem.texas.gov/covid-19/>) that comes back negative for COVID-19

*Or:*

* A doctor’s note indicating an alternate diagnosis

**Mitigation**

Our district will be taking the following steps across each of our campuses to mitigate the spread of COVID-19.

* All adults in the building will wear masks.
* All students [ages 10 and above] / [in all grades] will be required to wear masks, particularly when they are within six feet of one another, except when participating in activities that cannot be conducted with a mask on, such as eating, or unless it is not developmentally appropriate for the student to wear a mask.
* [Insert additional practices as applicable. See TEA 20-21 Public Health Planning Guidance for additional sample considerations.]

**Response**

In the event of a COVID-positive case on campus, the campus will take the following steps:

* All areas that are heavily used by the individual with the lab-confirmed case will be closed off until disinfected
* All teachers, staff, and families of all students in that school will be notified
* The local health department will be notified
* [Insert additional practices as applicable. See TEA 20-21 Public Health Planning Guidance for additional sample considerations.]

We hope that this information gives you confidence in our systems and our ability to stop the spread of COVID-19 on our campuses. If you have any questions or concerns, please reach out to XXX@XXXX or visit our website at XXX.xxx.

Sincerely,

Superintendent [DISTRICT]

* 1. **Symptom Screening Notification**

*The templates in this section serve as starting points for communications regarding screening.*

* + - 1. **Visitor Screener**

*While this template is written to share with campus visitors, this language could be adapted to be used in any screening process, including via app or online survey, for other groups including parents and staff.*

NOTIFICATION OF HEALTH SCREENING REQUIREMENT FOR VISITORS

[DATE]

Dear Visitor,

To prevent COVID-positive individuals from entering our campuses, [CAMPUS] requires all visitors to respond to a set of screening questions. The questions are indicated below. Please submit this form to [NAME/LOCATION] upon completion. If you pass this screening, we will not retain this information. If you do not pass this screening, we will retain this information only until you meet the criteria to return to campus, including allowing the potential infectious period to pass.

**Have you experienced any of the following symptoms that indicate a possible COVID-19 infection?**

* + Temperature of 100.4 degrees Fahrenheit or higher when taken by mouth;
  + Sore throat;
  + New uncontrolled cough that causes difficulty breathing (or, for students with a chronic allergic/asthmatic cough, a change in their cough from baseline);
  + Diarrhea, vomiting, or abdominal pain; or
  + New onset of severe headache, especially with a fever.

Please answer YES or NO.

**2. Have you had close contact with any individual who is lab-confirmed with COVID-19 in the last 14 days?**

*Close contact is defined as:*

* Being directly exposed to infectious secretions (e.g., being coughed on); or
* Being within 6 feet for a cumulative duration of 15 minutes;

If either occurred at any time in the last 14 days at the same time the infected individual was infectious.

Please answer YES or NO.

* + - 1. **Notification of Failed Screening**

*The notification below could be adapted to serve as a popup, flier, email or other method of notification. This information could also be shared with visitors, though it may not be relevant to them in some cases.*

NOTIFICATION OF FAILED HEALTH SCREENING

Based on the information disclosed in response to the COVID-19 Screening, you have not passed the campus screening and may not be admitted onto any [DISTRICT NAME] facilities at this time, including this campus.

We look forward to welcoming you back to [Campus Name] once you have completed one of the following methods of ensuring you no longer present a risk to our campus community:

**If you are experiencing COVID-19 symptoms in a way that is not normal for you:**

1. **Option One:**

* You may return to a [DISTRICT NAME] campus once all three of the following criteria are met:
  1. at least one day (24 hours) has passed since recovery (resolution of fever without the use of fever-reducing medications)
  2. the individual has improvement in symptoms (e.g., cough, shortness of breath); and
  3. at least ten days have passed since symptoms first appeared.

Please note that, under this option, the soonest you may return to campus is [DATE 10 days from DATE OF ISSUANCE].

1. **Option Two:**

* Obtain a medical professional’s note clearing the you for return based on an alternative diagnosis.

1. **Option Three:**

* Obtain an acute infection test at an approved testing location (https://tdem.texas.gov/covid-19/) that comes back negative for COVID-19

**If you were in close contact with an individual who is lab-confirmed to have COVID-19:**

* 14 days have passed since the last close contact with the lab-confirmed individual.

Please note that, under this option, the soonest you may return to campus is [DATE 14 days from RELEVANT START DATE OF 14-DAY PERIOD].

Upon your return to campus, you will be re-screened, and verification of the completion of one of the options above will be required.

Sincerely,

Principal [Campus Name]

**III. Communication Protocols for Confirmed Case on Campus**

**Notification of Confirmed COVID-19 Case on Campus**

*The following letter is intended to serve as a starting point for notification of a school community in the event of a positive COVID-19 case on campus. This letter is meant to provide important information to school community members and also to build their confidence in the school’s response to the positive case. This template can be adapted to meet the needs of your school system. To the degree possible, work with your local health authority to determine next steps for response prior to sending this letter.*

NOTIFICATION OF CONFIRMED COVID-19 CASE ON CAMPUS

[DATE]

Dear Parent/Guardian,

In keeping with [DISTRICT]’s practices to respond to COVID-19, we are notifying all student families that a [STUDENT/STAFF MEMBER/VISITOR] who was lab-confirmed to have COVID-19 was present on the campus of [CAMPUS NAME] on [LAST DATE OF ATTENDANCE]. Due to privacy requirements, we will not be releasing the name of the individual or details that may identify him or her.

We are working closely with the local health department on this matter. After careful review, we have determined that the COVID-positive person did not come into contact with students, staff, or areas accessed by students or staff. Operations at [CAMPUS] will continue as usual, and we will keep you apprised of further updates.

**OR**

The local health department has begun a case investigation and will contact any individuals determined to be in close contact with the infected individual. All students and staff that came into close contact will be directly notified no later than [Date / Time]. Those that were in close contact will remain off campus for up to 14 days to ensure they do not have the virus, so that there will not be any further spread. We will keep you apprised of further updates.

**OR**

To give the local health department time to conduct this investigation and notify those who have potentially been infected, as wel as clean affected areas, [CAMPUS] will be closed until [DATE]. Students and staff will return to campus on [DATE]. We will keep you apprised of further updates.

While we do not have reason to believe that those who were not in close contact with the infected individual have reason to be concerned, we ask that you, as always, to watch for symptoms of COVID-19.

**Any of the following symptoms indicate a possible COVID-19 infection:**

* + Temperature of 100.4 degrees Fahrenheit or higher when taken by mouth;
  + Sore throat;
  + New uncontrolled cough that causes difficulty breathing (or, for students with a chronic allergic/asthmatic cough, a change in their cough from baseline);
  + Diarrhea, vomiting, or abdominal pain; or
  + New onset of severe headache, especially with a fever.

If you or any member of the [CAMPUS] community does begin experiencing any of these symptoms in a way that his not typical, we encourage you to contact your physician. We encourage anyone in the [CAMPUS] community who is lab-confirmed to have COVID-19 to please notify our school by contacting XXXX.

If you have any questions or concerns, please reach out to XXX@XXXX or visit our website at XXX.xxx.

Sincerely,

**NOTE**:

Additional details or next steps may be appropriate to communicate depending on your local situation. As much accurate information as you can provide, while protecting individual privacy under HIPAA and FERPA, will be helpful to other members of the school community in making an informed decision about their next steps for themselves and/or their student. For example:

* If you determine in collaboration with the local health department that the individual was likely infected with COVID-19 off-campus, it may make sense to share that information.
* If you feel that hosting a virtual town hall meeting for your school community to ask questions would be beneficial, particularly in the case of temporary campus closure, plan to do that during the closure period and include details in this letter.

Other information or next steps may be appropriate as well. Districts should customize this letter to their situation and their community needs.