

Coronavirus 2019 (COVID-19): Guidance for Schools (Pre-Kindergarten – 12th Grade and Adult Education)

Since Phase Two, schools in the District of Columbia may be open for in-person learning. Experience has shown that schools are able to re-open safely and remain open for in-person learning during the COVID-19 pandemic when layered mitigation strategies are in place and followed consistently. The following measures should be considered for implementation by DC public, public charter, private, parochial and independent schools pursuing in-person activities to help reduce the risk of COVID-19 transmission among students, staff, families, and the community. The evidence base is rapidly evolving but current best practices are outlined here. Given the benefits of in-person learning, schools should make adjustments to their implementation of these recommendations when strict adherence would prevent all students from returning to the school building. For additional information, including current District COVID-19 related public health data, please visit coronavirus.dc.gov.

Best Practices for Prevention of COVID-19 in Schools

A layered mitigation strategy is the most effective approach to preventing the spread of COVID-19 in schools. The risk of in-person learning can be lowered depending on the mitigation strategies put in place and the extent to which they are followed. This guidance provides strategies to minimize risk while allowing for in-person learning. Schools should be prepared to increase or decrease mitigation strategies based on the case rate in the community, and spread or outbreaks occurring within individual schools. Deviation from these guidelines increases the risk of COVID-19 exposure and in-school COVID-19 transmission.

Core Elements: Face Masks and Physical Distancing

The most powerful protective elements that should be integrated into every aspect of school operations are:

- 1. UNIVERSAL AND CORRECT USE OF FACE MASKS
AND**
- 2. PHYSICAL DISTANCING**

Other key elements include:

- Hand hygiene and respiratory etiquette
- Screening, quarantine, and isolation
- COVID-19 Vaccination
- Cleaning and Disinfection

Universal and Correct Use of Masks

- In settings where fully vaccinated and unvaccinated persons are present, such as schools, the use of face masks will reduce the risk to those who are not fully vaccinated or may not be fully protected by the vaccine (such as people who are immunocompromised).
- All students and staff, including those who are fully vaccinated, **must** wear non-medical face coverings or face masks at all times while in the school, on school buses, and while participating in any school-related activities.
- Masks are recommended as a simple barrier to help prevent respiratory droplets from traveling into the air and onto other people when the person wearing the mask coughs, sneezes, talks, or raises their voice. This is called source control.
- Masks protect the wearer and protect other people.
- To be effective, masks must be worn correctly. Masks should be 2-3 layers of tightly woven fabric, cover the nose and mouth, and fit snugly against the sides of the face.

- A mask is not a substitute for physical distancing.
- Most students, including those with disabilities, are able to wear face masks. For students who cannot safely wear a mask, for example a student with a disability who is unable to remove the mask without assistance if they have a breathing issue, should not be required to wear one, and are entitled to education services. Plan for options for students with special needs who may not be able to comply with face mask or physical distancing requirements.
- Consider clear masks (not face shields) for students or staff who are deaf or hard of hearing.
- For more information about masks please refer to “*Guidance about Cloth Face Coverings and Masks for the General Public*” at coronavirus.dc.gov/healthguidance.

Physical Distancing

Recent data released by CDC has indicated that to allow more students back into school, there are times when 3 feet of social distancing can be implemented. School leaders should review the guidelines below carefully so that they are operationalized in the best way to support teacher and student safety, while allowing increased access to in-person schooling. As certain preventive measures are being relaxed, it is critical to remember the importance of layered mitigation strategies to prevent the spread of COVID-19 between teachers, staff, and students to help keep schools open, even when a case occurs in a school.

Promoting physical distancing and cohorts

Three feet of physical distancing is recommended for the following groups:

- Between students in elementary school **while in classrooms**.
- Between students **in the classroom** in middle and high schools. If DC is experiencing a daily case OR positivity rate indicating substantial community spread, 3-feet of social distancing should not be implemented without cohorting in this age group.
 - Daily case and positivity rates of COVID-19 in DC can be found at coronavirus.dc.gov/page/reopening-metrics. A metric in substantial community spread is indicated as being red on the chart.

Six feet of physical distancing is recommended for the following scenarios:

- **Between all adults** (teachers, staff, visitors) at all times during school and school-related activities.
- **Between students (including those above 18) and adults** (teachers, staff and visitors) at all times during school and school-related activities.
- In middle and high schools when DC is experiencing a daily case OR positivity rate indicating substantial community spread (red), and cohorting is not able to be implemented.
- During activities when masks cannot be worn, such as eating. If schools allow students to eat in classrooms, strategies should be implemented to allow increased spacing between students during meal and snack times. Physical barriers do not replace physical distancing.
- Between cohorts.
- In any school common areas outside the classroom.
- Of note, activities in which voices are projected, such as choir or theater, or where wind instruments are used, present greater risk of spread of respiratory droplets, and should be cancelled or modified to be outdoors and/or allow for 10 feet of social distancing.

Maintaining Cohorts

Cohorting consists of dividing students and teachers into distinct groups that stay together throughout the entire school day. As social distancing recommendations have decreased, it is an important part of maintaining school operations if and when a case occurs in a school. Minimizing

mixing between cohorts will decrease the number of students and staff that need to be quarantined if a case occurs in a teacher, staff, or student.

- Cohorting of students is recommended to the greatest extent possible to minimize exposure.
- Cohorts should be maintained for all activities including lunch and recess.
- Social distancing recommendations should be followed within the cohort.
- Prevent mixing between cohorts and take steps to support 6-feet of physical distancing between cohorts. Pay special attention during the following times: entry and exit of the building, at mealtimes, in the restroom, on the playground, in the hallway, and in other shared spaces.
- Cohorts should have minimal to no interaction with other cohorts and remain distinct to the greatest extent possible, as mixing cohorts poses an avoidable increased risk of exposure if students test positive for COVID-19.
- Limit the use of floating staff to only when necessary as the use of floating staff poses an avoidable increased risk of exposure if staff test positive for COVID-19.
- Please note if there are daily case OR positivity rates indicating substantial levels of community spread in DC and cohorting is not possible for middle and high school students, 6 feet of social distancing between students is strongly recommended.

Strategies to promote appropriate physical distancing and cohorts include:

- Turning desks to face in the same direction (rather than facing each other), or seat students on only one side of a table, spaced apart.
- Removing nonessential furniture and other changes to classroom layouts to maximize distance between students.
- Spacing desks/seating appropriately. Please note 6 feet between students should be maintained during meal times.
- Implementing small group sizes for activities, and supporting students with remaining 3 feet apart.
- Allowing students to eat lunch and breakfast in their classrooms rather than mixing in the cafeteria. If not possible, then stagger lunch by class and/or segregate eating area by class, or consider outdoor options.
- Implement reminders for maintaining 6 feet of physical distancing in areas where teacher and staff interactions occur, such as break areas and during recess.
- Requiring school busses and shared transport to promote physical distancing and improved ventilation (e.g., leaving empty rows of seats, opening windows), face masks requirements.
- Avoiding self-service meals options.
- Staggering arrival and/or dismissal times or locations by cohort, and decrease contact with parents and/or caregivers.

Physical Activity

The same layered mitigation strategies used for classroom activities should be followed for physical activity in schools as well as student athletics.

- There should be at least 6 feet between students during physical education classes.
- Masks must be worn at all times while participating in physical education and sports.
- Students should be grouped into cohorts for sports practices. The cohorts should not mix, and participants within the cohorts should maintain 6 feet of social distance from one another and the coaches or trainers.

Other Key Healthy Practices

Hand hygiene and Respiratory Etiquette

- Make available adequate supplies (e.g., soap, paper towels, hand sanitizer, tissue) to support healthy hygiene practices.

- Promote proper handwashing technique: washing hands with soap and water for at least 20 seconds. If soap and water are not available and hands are not visibly dirty, use an alcohol-based hand sanitizer that contains at least 60% alcohol.
- Perform frequent hand hygiene (with soap and water or alcohol-based hand sanitizer).
 - Key times to perform hand hygiene include
 - Before and after eating food,
 - Before and after group activities,
 - After using the toilet,
 - Before and after putting on, touching, or removing cloth face coverings or touching your face,
 - After blowing your nose, coughing, or sneezing.
- Avoid touching your face, eyes, mouth, and nose with unwashed hands.
- Cover coughs and sneezes
 - Cover your mouth and nose with a tissue when you sneeze or cough
 - If you don't have a tissue, cough or sneeze into your elbow.

COVID-19 Vaccination

- Teachers, school staff and students should be vaccinated as soon as clinical recommendations allow.
- Find out more about getting the COVID-19 vaccine at coronavirus.dc.gov/vaccine.
- A person is considered fully vaccinated 14 days after the last does of a COVID-19 vaccination series (after the second dose of a 2-dose series, or after one dose of a single-dose vaccine).
- For more helpful information, see “*Guidance for Fully Vaccinated People*” at coronavirus.dc.gov/healthguidance.

Daily Health Screening

- Parents are strongly encouraged to monitor and screen children daily for symptoms of COVID-19 every day.
- Any individual that has symptoms of COVID-19, or who is required to isolate or quarantine due to COVID-19 diagnosis or exposure, must not enter a school. This includes students, teachers, staff, and any visitors.
 - Symptoms of COVID19 include: Fever (subjective or 100.4 degrees Fahrenheit) or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea, or otherwise feeling unwell.
 - Children with COVID-19 infection often present with non-specific symptoms, such as only breathing or stomach symptoms, with the most common being cough and/or fever.
- As many children with COVID-19 do not have signs and symptoms, and symptoms may be confused with other common illnesses, it is not recommended that schools consider performing a daily health screen for all students entering the building on site.
 - Schools should educate parents on monitoring students' health at home, and emphasize the importance of not sending children who are sick to school.
 - Home-based screening strategies can be considered.
- It is recommended that schools perform a daily health screen for any staff/visitors entering the building. This includes any contractual staff (e.g. security, custodial).
 - Screening can be performed before (via phone or app) or upon arrival.
 - For *Screening Tool Guidance*, visit coronavirus.dc.gov/healthguidance.
 - If screening is performed, it should be reviewed after submission.
- Active fever checks at school as a screening tool are not recommended.

Cleaning and Disinfection

All schools should put in place plans to regularly clean high-touch surfaces and disinfect when necessary.

- Routinely clean objects that are frequently touched and disinfect when necessary. This may include cleaning objects/surfaces not ordinarily cleaned daily (e.g., doorknobs, light switches, classroom sink handles, countertops).
- Close off areas used by a sick person and do not use these areas until after cleaning and disinfecting them. Wait as long as possible (at least several hours) before cleaning and disinfecting, if feasible.
- For all cleaning, sanitizing, and disinfecting products, follow the manufacturer's instructions for concentration, application method, contact time, and drying time prior to use by a child. See [CDC guidance](#) for safe and correct application of disinfectants.
- For comprehensive information about cleaning and disinfection, including if a person becomes ill at the school, please see the following DC Health Guidances at coronavirus.dc.gov/healthguidance:
 - *Guidance on Cleaning and Disinfection for Community Facilities with Suspected or Confirmed COVID-19*
 - *Guidance on Routine Cleaning and Disinfection for Community Facilities*

Other Operational Considerations

- In-person instructional activities should be prioritized over extracurricular activities and events, including sports.
- Educate staff, students, and their families on COVID-19 and preventive measures such as mask wearing and social distancing.
- Use methods such as posting signs and making announcements to regularly promote prevention methods. Make such communications accessible to all students and translate them appropriately.
- Non-essential visitors to the school should be minimized. Any visitors should be required to follow school policy on health screenings, face masks, physical distancing, and other preventive measures.
- Consider virtual activities and events instead of field trips, student assemblies, special performances, and school-wide meetings.
- Modify or cancel classes where students are likely to be in very close contact or there may be increased potential for spread of the virus among students.
- Have a clear plan in place for virtual learning options to support changes that may be needed due to increasing case rates in the community, or spread or outbreaks occurring within individual schools.
- Add reminders about physical distance to reduce congestion in the health office.

Making classrooms safer

- Discourage sharing of items that are difficult to clean or disinfect.
- Keep each child's belongings separated from others as much as possible.
- Provide adequate supplies to minimize sharing of high touch materials to the extent possible (e.g., manipulatives), or limit use of supplies and equipment to one group of students at a time. Students should wash hands or use hand sanitizer before and after use.
- Avoid sharing electronic devices, toys, books, and other games or learning aids.
- Institute auditing program at least every two weeks to monitor the implementation of practices described in this guidance document,
- Consider outdoor classes (same social distancing and face mask requirements apply).

Workforce Considerations

- Schools should implement leave policies that are flexible and non-punitive and allow sick employees to stay home.
 - Leave policies are recommended to account for the following:
 - Employees who report COVID-19 symptoms,
 - Employees who were tested for COVID-19 for reasons including symptoms, travel, or exposure¹ and test results are pending,
 - Employees who tested positive for COVID-19,
 - Employees who are a close contact of someone who tested positive for COVID-19¹,
 - Employees who need to stay home with their children if there are school or childcare closures, or to care for sick family members.
- Keep abreast of current law, which has amended both the DC Family and Medical Leave Act and the DC Sick and Safe Leave Law and created whole new categories of leave, like Declared Emergency Leave.
- Learn about and inform your employees about COVID-related leave provided through new federal law, the Families First Coronavirus Response Act (FFCRA) and all applicable District law relating to sick leave.

High-Risk Individuals

Students and staff at increased risk for experiencing severe illness due to COVID-19 are recommended to consult with their medical provider **before** attending in-person activities.

- Older adults and people with the following conditions **are at increased risk** of severe illness from COVID- 19:
 - Cancer
 - Chronic kidney disease
 - Chronic lung diseases, including COPD (chronic obstructive pulmonary disease), asthma (moderate-to-severe), interstitial lung disease, cystic fibrosis, and pulmonary hypertension
 - Dementia or other neurological conditions
 - Diabetes (type 1 or type 2)
 - Down Syndrome
 - Heart conditions (such as heart failure, coronary artery disease, cardiomyopathies, or hypertension)
 - HIV infection
 - Immunocompromised state (weakened immune system)
 - Liver disease
 - Overweight and obesity
 - Pregnancy
 - Sickle cell disease or thalassemia
 - Smoking, current or former
 - History of solid organ transplant or stem cell transplant
 - History of stroke or cerebrovascular disease
 - Substance use disorders
- For a complete list of conditions that can the increase risk for severe illness from COVID- 19, please see [cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html](https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html).

¹ For more information, including information about quarantine and testing exemptions, please see *Guidance for Quarantine after COVID-19 Exposure* at coronavirus.dc.gov/healthguidance

- There is less evidence to date about conditions which put **children** at increased risk of severe illness from COVID-19. Current information suggests that children with medical complexity (like genetic, neurologic, or metabolic conditions, and congenital heart disease) are generally at increased risk compared to their healthier peers. Like adults, conditions such as obesity, diabetes, asthma or chronic lung disease, sickle cell disease, or immunosuppression also appear to put children at increased risk for severe COVID-19.
- Any staff member or student who has a medical condition not listed, but who is concerned about their safety, are recommended to consult with their medical provider before attending in-person activities.

Preventing Outbreaks of other Vaccine-Preventable Diseases (non-COVID-19)

According to the Centers for Disease Control and Prevention (CDC) and DC Health data, the COVID-19 pandemic has resulted in a significant reduction in childhood vaccine administrations across the country including the District of Columbia and Maryland.

In order to prevent a vaccine-preventable disease outbreak in a school setting, it is imperative for all students who attend in-person activities be **fully vaccinated** according to CDC and DC Health standards.

- Ensure a policy is in place for reviewing of immunization status of students, provision of reminders to parents, timelines for compliance, and support for students who do not meet requirements.
- A review of immunizations can be found [here](#).
- Review CDC resources regarding [Vaccine-Preventable Diseases](#).

Establish a Plan for COVID-19 Exposure

For persons diagnosed with or exposed to COVID-19

- Identify a point of contact at the school that staff and students (or caregivers) can notify if they test positive for COVID-19.
- Schools should have a plan in place so that staff or students diagnosed with COVID-19 or identified as close contacts of someone with COVID-19 do not return until their isolation or quarantine periods are complete, respectively.
 - A person who tests positive for COVID-19 must isolate for at least 10 days and show improvement of symptoms, including no fever for 24 hours.
 - A person who is a close contact of someone with COVID-19 (within 6 feet for > 15 minutes) must quarantine for at least 10 days.
 - Please see the guidance documents “*Persons Who Tested Positive for COVID-19*” and “*Quarantine after COVID-19 Exposure*” for detailed guidance on isolation and quarantine, including exceptions, at coronavirus.dc.gov/healthguidance.

When should staff or students get tested?

Symptomatic students, teachers, and staff:

- Students, teachers, and staff who are symptomatic should be evaluated for COVID-19 testing. Please refer to the “*Decision Guide: Can a Child Go to School or Childcare?*” decision guide in the “Schools and Childcare Toolkit” found at dchealth.dc.gov/page/schools-and-childcare-covid-19-toolkit.
- Students and staff that develop symptoms of COVID-19 must isolate at home and consult with their healthcare providers or seek testing.
- It is recommended that students and staff should get tested if anyone in their household is symptomatic, even if they themselves does not have symptoms. (*Persons who are fully vaccinated should only get tested if they develop symptoms).
 - DC Health recommends all household members get tested at the same time.

- If testing is not done, it is recommended that the staff/student not attend school while the symptomatic household member's test result is pending.
 - If the result is negative, the student can return to school.
 - If result is positive, the student must isolate at home and expect outreach from the DC Health Contract Tracing team.

Screening Testing

- Screening testing might be an effective tool at reducing transmission in schools when combined with prevention measures, such as mask use, physical distancing. The benefits of school-based testing should be weighed against the costs, inconvenience, and feasibility of such programs to both schools and families.
- DC Health does not recommend universal testing of all students and staff as a prerequisite to school attendance.
- Students should not be required to participate in screening testing in order to attend school.
- The following should be considered as part of screening testing:
 - Screening testing may be particularly useful when DC is experiencing moderate to substantial community spread (Phase 2).
 - Screening testing could provide added protection for schools that use less than 6 feet of physical distancing between students in classrooms.
 - Screening testing for teachers should be considered regardless of community transmission.
 - Consider offering weekly screening testing for **asymptomatic** teachers who are not fully vaccinated.
 - Screening testing for students should be considered when DC is experiencing moderate to substantial community spread (Phase 0/1, 2).
 - Consider testing a random sample of at least 10% of **asymptomatic** students a week. Random selection could also occur by screening selected cohorts on a weekly basis, for example.
 - If a prioritization strategy is needed due to supplies or feasibility, schools should consider prioritizing teachers. Amongst students, prioritization of high school students, then middle, then elementary students is a recommended strategy, as higher infection rates occur in older students.
 - Screening testing can also be targeted to high-risk situations such as unvaccinated staff who may oversee multiple cohorts of students.
 - Pooled testing may be considered as an option, however this method is more appropriate when cases are very low. If a pooled sample tests positive, all affected students and staff must isolate until confirmatory results return, and close contacts of anyone in the pooled sample must quarantine.
- Screening testing for sports may also facilitate safer participation. Strategies include:
 - Testing for athletes, coaches, and trainers
 - Universal screening before games or athletic events
 - Weekly testing for low- and moderate-contact sports, or those that can be played outdoors or indoors with masks.
 - Weekly testing for high-contact sports during Phase 2 and 3, or twice weekly testing during Phase 0/1.
- Please note that fully vaccinated individuals who do not have any symptoms are not recommended to participate in routine screening testing.
- Schools can contact the Office of the Deputy Mayor for Education and the Office of the State Superintendent of Education to learn about testing programs that are available in public and public charter schools. In all instances, testing programs must comply with DC Health reporting requirements for COVID-19 (dchealth.dc.gov/page/covid-19-reporting-

[requirements](#)).

Communication and Response

- If a student or staff member develops any of the symptoms above during the course of the school day, the school should have a process in place that allows them to isolate until it is safe to go home and seek healthcare provider guidance
- If a school identifies a student or staff member with COVID-19 who is in the building, schools should be prepared to dismiss that student and the potentially exposed cohort(s) until DC Health is able to complete the case investigation.
 - The exposed cohort should remain in their classroom and follow routine procedures while they are waiting for their caregivers to pick them up.
 - If the school is notified of a case who is not in the building, the affected cohort may remain until the end of the school day.
- Schools should have a notification process in place to share the following with staff and parents if a case occurs at the school:
 - Education about COVID-19, including the signs and symptoms of COVID-19
 - Referral to the “*Guidance for Contacts of a Person Confirmed to have COVID-19*”, available at coronavirus.dc.gov.
 - Information on options for COVID-19 testing in the District of Columbia, available at coronavirus.dc.gov/testing.
 - The privacy of the staff or student must be maintained.
- Schools are responsible for implementing policies and having communications plans in place for all contractors, vendors, and community partners serving the school.
- Schools must identify POCs for contractors, vendors, and community partners in case of an exposure and should have that information available for DC Health when needed.

Reporting

- Refer to the guidance “*First Steps for Non-Healthcare Employers when Employees Test Positive for COVID-19*” at coronavirus.dc.gov/healthguidance when a case is reported in your school.
 - A close contact is someone who was within 6 feet of a person who tested positive for COVID-19 for at least 15 minutes over a 24-hour period, during that person’s infectious period.
 - The infectious period starts two days before symptom onset date (or positive test date for people who do not have symptoms), and typically ends 10 days after symptom onset date (or positive test date for people who do not have symptoms).
- Schools **must** notify DC Health if:
 - A school is notified that a staff member (including contractors), volunteer, or visitor **tested positive for COVID-19** (not before results come back)
 - OR**
 - a school is notified that a student **tested positive for COVID-19** (not before results come back)
 - AND**
 - the person was in the building or participated in school activities **during their infectious period**.
- Notify DC Health by submitting an online form on the DC Health COVID-19 Reporting Requirements website: dchealth.dc.gov/page/covid-19-reporting-requirements.
 - Submit a Non-Healthcare Facility COVID-19 Consult Form.
 - DC Health must be notified on the same day the case was reported to the school, preferably as soon as possible after the school was notified.
- An investigator from DC Health will follow-up within 24 hours to all appropriately submitted

notifications. Please note this time may increase if cases of COVID-19 increase in the District.

Building Considerations

Schools that are reopening after a prolonged facility shutdown should perform necessary maintenance to all ventilation and water systems and features (e.g. sink faucets, drinking fountains, decorative fountains) so that they are ready for use and occupancy and are adequately maintained throughout the operating period.

- Consider making the following improvements to improve building ventilation:
 - Increase circulation of outdoor air as much as possible, for example by opening windows and doors.
 - Do not open windows and doors if doing so poses a safety or health risk (e.g., risk of falling, triggering asthma symptoms) to students using the facility.
 - Verify ventilation systems operate properly and provide acceptable indoor air quality for the current occupancy level for each space.
 - Improve central air filtration to the highest compatible with the filter rack, and seal edges of the filter to limit bypass.
 - Increase ventilation rates.
 - Check filters to verify they are within service life and appropriately installed.
 - Keep systems running longer hours, 24/7 if possible, to enhance air exchanges in the building space.
 - Consult with a specialist to see what works for your building
 - If activities are indoors, increase circulation of outdoor air as much as possible by opening windows or exterior doors if possible.
- More details on recommended improvements to ventilation in school buildings can be found at www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/schools.html.
- Flush water systems to clear out stagnant water and replace it with fresh water. This will remove any metals (e.g. lead) that may have leached into the water and minimize the risk of [Legionnaires' disease](#) and other diseases associated with water.
 - Further details on steps for this process can be found on the CDC website at cdc.gov/coronavirus/2019-ncov/php/building-water-system.html.

Special Considerations for Residential Schools

Schools with a residential component (i.e. boarding schools) should implement all of the above safety measures in the residential setting.

Additionally, the following safety measures are recommended:

- No more than two students per residential room with a strong preference of one student per residential room;
- Compliance with quarantine and testing per DC Health Travel guidance;
- Designation of private rooms with dedicated bathrooms for isolation of any students that may test positive for COVID-19;
- Designation of private rooms with dedicated bathrooms for quarantining of any close contacts of confirmed cases of COVID-19 (this area should be separate from the isolation area);
- Testing access for students showing symptoms of COVID-19 or with known exposure to individuals with COVID-19;
- Appropriate and easy access to medical services for COVID-19-related and non-COVID-19 related conditions; and
- Plan and capability to restrict or eliminate in person activities rapidly in the case of significant community transmission or identified outbreak of COVID-19, including indications and procedures for closure of residential halls and dormitories.

Process to Review Reopening Plans

All LEAs and private, parochial and independent schools are required to submit a plan to the Office of the State Superintendent of Education (OSSE) that describes how they will safely reopen schools in accordance with this health and safety guidance. OSSE will designate clear timelines and intervals for plan submission and ensure a complete review of reopening plans for all DC public and public charter LEAs and private, parochial and independent schools. As needed, individual plan reviews will include follow-up actions on areas of concern. Plans must be made publicly available at least ten days prior to reopening.

The guidelines above will continue to be updated as the health emergency evolves. Please visit coronavirus.dc.gov regularly for the most current information.