



# COMMONWEALTH of VIRGINIA

July 6, 2020

Dear Superintendents and Local School Leaders,

We know this continues to be an immensely difficult time for you and your communities as you take on the significant challenge of preparing for the 2020-2021 school year in the face of the persistent public health threat of COVID-19. Our current public education system is one predicated on rich and fulfilling in-person experiences that support the academic, social emotional, artistic, mental, and athletic growth and development of young people from preschool through adulthood. Schooling is uniquely challenged by a pandemic of this nature, the best mitigation strategies for which necessitate physical distancing, hygiene/cleaning, and health monitoring, potentially until vaccination is available.

The role of children in the transmission of SARS-CoV-2, which is the virus that causes COVID-19, remains somewhat unclear and we are learning more every day. Researchers agree that children are not contracting the new coronavirus at the same rate as adults. However, data has yet to show whether young children transmit the new coronavirus at a similar rate as adults.

Virginia was one of the first states to close schools statewide. Combined with the other community mitigation strategies in Virginia (e.g. stay at home order, gathering limitations, and face coverings in public places), school closures likely helped mitigate the spread of COVID-19 in our communities over the last few months. We have watched cases and hospitalizations rise around the country in recent weeks, and we are reminded of the importance of continuing to follow public health mitigation strategies in the Commonwealth in order to keep our transmission rates low to help protect Virginians. As Virginia enters Phase 3 of Forward Virginia and we prepare for the start of the school year, it remains clear that schools, working together with local health departments, have an important role in slowing the spread of diseases and protecting vulnerable students and staff.

We simultaneously recognize that school closures have a dramatic impact on student learning, the ability of parents to return to work, and the social emotional wellbeing of teachers, students, and parents alike. We share your urgent desire to get students back to the classroom as soon and as safely as possible.

Our most pressing priority is ensuring that students and staff have as safe and healthy learning environments as possible to return to this fall. **[The Phase Guidance for Virginia Schools](#) has been updated to reflect the latest science, and the best public health guidance and recommendations available intended to reduce, but not eliminate, the risk of transmission of COVID-19 in school settings.** There is a lot of information and misinformation circulating about the transmission of COVID-19, and we are committed to continuing to provide up to date information based on the latest research.

Measures such as physical distancing, hand washing, screening for symptoms, and the appropriate use of face coverings can help reduce the risk of disease transmission and are most effective when used consistently and in combination. Until there is a vaccine, these preventive actions are important even when transmission rates in a community are low. Employing these strategies, particularly when high compliance with recommendations is achieved, can help protect students and staff and may help avoid frequent, and potentially more disruptive, school dismissals and closures. As trusted partners in communities, schools are a vital partner in communicating the importance of these prevention strategies to students, families, faculty and staff.

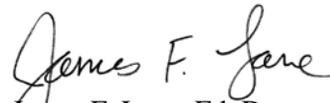
We recognize you now face the difficult task of considering that guidance in the context of your local school community and making decisions that also account for your unique facility, transportation, and technology assets and limitations, and address the needs of your diverse staff and student populations. This process leaves the final decisions about reopening squarely in the hands of local school boards. Local public health conditions, community concerns, and practical facility constraints have to be taken into account in these school reopening decisions, and we believe our local leaders are best positioned to do that thoughtfully. Our agencies stand ready to assist, provide resources and answer questions as you and your teams work through these decisions under evolving public health circumstances.

The ramifications of the school closures and partial in-person openings will likely reverberate through our families and communities for years to come. We ask that as school leaders, you also remain intentional about building resilience and addressing inequity as we recover, redesign and restart our education systems. We are immensely grateful for each of you as a local educational leader, and the tremendous dedication you and your teams have demonstrated in the face of great challenges. Thank you for your leadership and your commitment to creating safe, healthy learning environments for your students and staff under these extraordinary circumstances.

Sincerely,



M. Norman Oliver MD, MA  
State Health Commissioner



James F. Lane, Ed. D.  
Superintendent of Public Instruction



JULY 1, 2020

## PHASE GUIDANCE FOR VIRGINIA SCHOOLS

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The following guidance is intended to mitigate risk of COVID-19 transmission in public and private prek-12 school settings, while supporting the resumption of peer-to-peer learning and providing crucial support for parents and guardians returning to work. Schools, working together with local health departments, have an important role in slowing the spread of diseases and protecting vulnerable students and staff, to help ensure students have safe and healthy learning environments.

These recommendations should be implemented in accordance with [Forward Virginia Blueprint](#), any existing Executive Orders, [CDC Interim Guidance for Schools and Daycamps](#), [CDC Considerations for Schools](#), and in partnership with local and state public health officials. The school reopening phases are aligned with the existing Forward Virginia phases, through which the state will progress by monitoring public health data and key measures on disease transmission, healthcare capacity, testing capacity, public health capacity to trace contacts of cases, and other relevant factors. Community mitigation strategies (e.g. physical distancing, enhanced cleaning, etc.) will be necessary across all phases to decrease the spread of COVID-19.

This guidance document, which is aligned with the interim CDC guidance for schools, serves as a recommendation for Virginia schools to mitigate risks associated with COVID-19. Divisions should make decisions on implementing such guidance, and assuming additional risk, in consultation with local health departments and school board attorneys. Public health conditions and practical limitations may inform decisions to deviate from the guidance. Resources, such as the [CDC Guidance for Schools](#) may also be helpful to communities with no or minimal community transmission of COVID-19.

This document reflects current guidance and recommendations, and recommendations are intended to reduce, not eliminate, risk of transmission of COVID-19. Because COVID-19 is a novel disease, this literature is growing rapidly, and new information is emerging almost every day. This information is subject to change as more is learned about the prevention and control of COVID-19.

## GUIDING PRINCIPLES TO KEEP IN MIND

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Per the [Centers for Disease Control and Prevention](#), the more people a student or staff member interacts with and the longer the interaction, the higher risk of COVID-19 spread.

As such, different activities come with different levels of risk:

- **LOWEST RISK:** Students and teachers engage in virtual-only classes, activities, and events.
- **MORE RISK:** Small, in-person classes, activities, and events. Groups of students stay together and with the same teacher throughout/across school days and groups do not mix. Students remain at least six feet apart and do not share objects (e.g., hybrid virtual and in-person class structures, or staggered/rotated scheduling to accommodate smaller class sizes).
- **HIGHEST RISK:** Full sized, in-person classes, activities, and events. Students are not spaced apart, share classroom materials or supplies, and mix between classes and activities.

Therefore, schools should include mitigation strategies detailed in CDC guidance to promote behaviors that reduce spread, maintain healthy environments and operations, as well as prepare for when someone gets sick.

COVID-19 spreads when people are in relatively close proximity, through respiratory droplets generated through coughing, sneezing, or talking to an infected person. The most important preventive measures include masks/face coverings, physical distancing, monitoring for symptoms, handwashing, and cleaning frequently touched surfaces are most effective when used consistently and in combination.

## PHASE I

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### *Program Recommendations*

- ✓ Remote learning is still the dominant method of instruction.
- ✓ School divisions may elect to provide in-person instruction for students with disabilities in both extended school year services and school year special education services, including private placements, with physical distancing. Students will only attend such programs if the Individualized Education Program (IEP) team agrees it is appropriate and the parent consents. Virtual instruction may remain appropriate for certain students who may be challenged with adherence to the strict social distancing and safety guidelines as determined by the IEP team and the parents' consent.

- ✓ With the approval of the local division superintendent, or private school leader, accommodations may be offered for students to access the school building for critical instructional needs, such as accessing a secure assessment, if all health, safety and physical distancing measures are adhered to.
- ✓ Child care for working families may operate in schools but are subject to existing operational requirements for childcare programs and should be focused on providing programming/care to children of working families and limited to children in the local geographic area.
- ✓ Divisions should notify VDOE of their intent to provide in-person instruction or programming that varies from the phase guidance. This notification is only required when exceeding the recommended programmatic offerings, or deviating from the recommended health mitigation strategies in any phase.
- ✓ No athletics or extracurricular activities may be offered.
- ✓ Schools may provide student services such as school meal programs.

*Health, Safety and Physical Distancing Recommendations*

- ✓ Schools should follow operational guidance from the CDC, including enhanced physical distancing measures, physical distancing, and cleaning, disinfecting and other mitigation strategies.
- ✓ Physical distance should be created between children on school buses (e.g. seat children one per seat, every other row) limiting capacity as needed to optimize distance between passengers. In Phase I, limit bus capacity to 10 persons to the extent possible.
- ✓ The number of persons in a classroom should not exceed 10, and physical distancing of at least six feet should be maintained to the greatest extent possible.
- ✓ Other physical distancing precautions should include, but are not limited to:
  - Restrict mixing classes/groups of students.
  - Close communal spaces.
  - No large gatherings, assemblies, etc., per the Governor’s Executive Order.
  - No athletics or extracurricular activities.

## PHASE II

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### *Programmatic Recommendations*

- ✓ Extended school year and special education services that are allowed in Phase I may continue to operate.
- ✓ Emergency child care for working families which are allowed in Phase I may continue to operate.
- ✓ Summer camp in school settings may be offered to children of all ages. Programs should ideally be limited to children in the local geographic area.
- ✓ Schools may offer limited in-person instruction to preschool through third grade and English Learner students given the unique challenges of providing remote academic and physical emotional support to young learners and English language learners.
- ✓ Divisions should notify VDOE of their intent to provide in-person instruction or programming that varies from the phase guidance. This notification is only required when exceeding the recommended programmatic offerings, or deviating from the recommended health mitigation strategies in any phase.
- ✓ Schools may continue to ensure provision of student services such as school meal programs.
- ✓ Extracurricular activities (such as clubs) may be offered if physical distancing mitigation strategies can be implemented.
- ✓ Athletics should be limited to individual or team-based practice, skill-building drills or conditioning activities that allow maintenance of physical distancing at all times.
- ✓ It is not recommended that youth recreational/school sports competition take place in Phase II, unless physical distancing can be maintained at all times (e.g. individual swimmers showing up at scheduled times to have their event timed, etc). Competition that involves contact with other athletes should be avoided.
- ✓ If physically distanced competitions are taking place, the following conditions should also be met:
  - Outdoor recreational sports are allowable if 10 feet of physical distance can be maintained by all participants and spectators at all times and all shared items can be disinfected between uses. The total number of attendees (including both participants and spectators) cannot exceed the lesser of 50% of the occupancy load of the venue (if an occupancy load exists) or 50 persons.

- Indoor recreational sports (including practices and classes) may occur if 10 feet of physical distance can be maintained by all participants at all items and all shared items can be disinfected between uses. The total number of attendees (including participants, referees, coaches, etc.) cannot exceed the lesser of 30% of the occupancy load of the room in which the sport is being held or 50 persons. Spectators may not be present except parents or guardians who are supervising children. Spectators must wear face coverings consistent with any active Executive Orders and due to behaviors which may bring greater risk (e.g. cheering), it is recommended that spectators be separated by 10 feet of distance from other persons.

### *Health, Safety and Physical Distancing Recommendations*

- ✓ Schools should follow operational guidance from the CDC, including enhanced physical distancing measures, physical distancing, and cleaning, disinfecting and other mitigation strategies.
- ✓ [CDC](#) advises that individuals maintain six feet of distance to reduce the risk of COVID-19 transmission. The [World Health Organization](#) (WHO) advises that schools maintain a distance of at least one meter (approx. three feet) between everyone present at school, and is monitoring ongoing research. Additionally, the [American Academy of Pediatrics \(AAP\)](#) says spacing as close as three feet may have similar benefits if students wear cloth face coverings and do not have symptoms of illness. Physical distancing is not limited to distance between children; physical distancing between adults is a key mitigation measure. It will be important to continue to monitor the community context of COVID-19 prevalence into the fall and winter. In areas where the community transmission of COVID-19 is more substantial, distancing of at least 6 feet will need to be strongly considered; this guidance may be subject to change as we learn more.
- ✓ Therefore, in school settings, schools are encouraged to aim for six feet of physical distance *to the greatest extent possible* however, if six feet of distance is not feasible (inclusive of buildings and school buses), schools should implement a combination of face coverings and a minimum of three feet distance between everyone present.
- ✓ Physical distance should be created between children on school buses when possible (e.g. seat children one per seat, every other row and/or staggered, aisles and windows) limiting capacity as needed to optimize distance between passengers. If three to six feet of distance can not be maintained, wearing of face coverings is strongly encouraged and may help reduce disease transmission. Children (such as siblings) living together may sit together on the bus, and assign seating where possible. If possible given the age of students, weather conditions, etc., consider opening windows to improve ventilation.

- ✓ In addition to physical distancing described above, other physical distancing precautions should include, but are not limited to:
  - Restrict mixing classes/groups of students.
  - Close communal spaces.
  - Limited athletics and extracurricular activities.
  - Limit outdoor activities/recess to 50 people, with a priority on physical distancing and restricting mixing of classrooms.
  - No gatherings (assemblies, graduations, etc) of more than 50 people (indoor or outdoor). Indoor gatherings should be held only as necessary, and be limited in duration.

*\* Please note that for public health disease investigations, VDH will continue to use the standard definition of close contact, i.e. being within 6 feet of a person with COVID-19 for 15 minutes or more. Per CDC guidance, the use of face coverings are not a factor in the assessment of close contact.*

### PHASE III

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#### *Programmatic Recommendations*

- ✓ In-person instruction may be offered for all students, however physical distancing measures should be implemented.
- ✓ Remote learning exceptions and teleworking should be options for students and staff who are at a higher risk of severe illness ([as defined by the CDC](#)).
- ✓ Mitigation strategies may impact operations and capacity limits. A multi-faceted instructional approach may need to be planned for Phase III.

#### *Health, Safety and Physical Distancing Recommendations*

- ✓ Divisions should notify VDOE of their intent to deviate from the recommended health mitigation strategies in this phase through the Phase III health plan submission form.
- ✓ Physical distancing and other measures will remain important prevention strategies. Additional operational requirements will include measures such as gathering limits (consistent with any existing Executive Order) and other mitigation strategies. Schools should follow all guidance from the CDC to the greatest extent possible.
- ✓ [CDC](#) advises that individuals maintain six feet of distance to reduce the risk of COVID-19 transmission. The [World Health Organization](#) (WHO) advises that schools maintain a

distance of at least one meter (approx. three feet) between everyone present at school, and is monitoring ongoing research. Additionally, the [American Academy of Pediatrics \(AAP\)](#) says spacing as close as three feet may have similar benefits if students wear cloth face coverings and do not have symptoms of illness. Physical distancing is not limited to distance between children; physical distancing between adults is a key mitigation measure. In areas where the community transmission of COVID-19 is more substantial, distancing of at least 6 feet will need to be strongly considered; this guidance may be subject to change as we learn more.

- ✓ Therefore, in school settings, schools are encouraged to aim for six feet of physical distance to the greatest extent possible; however, if six feet of distance is not feasible (inclusive of buildings and school buses), schools should implement a combination of face coverings and a minimum of three feet distance between everyone present.
- ✓ Physical distance should be created between children on school buses when possible (e.g. seat children one per seat, every other row, and/or staggered, aisles and windows) limiting capacity as needed to optimize distance between passengers. If three to six feet of distance can not be maintained, wearing of face coverings is strongly encouraged and may help reduce disease transmission. Children (such as siblings) living together may sit together on the bus, and assign seating where possible. If possible given the age of students, weather conditions, etc. consider opening windows to improve ventilation.
  - In addition to physical distancing, other distancing precautions should include, but are not limited to:
    - Consider restricting mixing classes/groups of students.
    - Consider closing or staggering the use of communal spaces.
    - Consider limiting the size of groups participating in outdoor activities/recess, with a priority on physical distancing and limiting mixing of classrooms.
    - Large school gatherings are not encouraged and limited to 250 people, per the large group gathering limitation in Phase III of Forward Virginia.
    - For school athletics, indoor and outdoor recreational sports may occur if ten feet of physical distancing can be maintained by all instructors, participants, and spectators, with the exception of incidental contact or contact between members of the same household. This applies during instruction, practice, and during competitive events. Competition that involves close contact with other athletes must be avoided.

- For school athletics, the total number of attendees (including both participants and spectators) cannot exceed the lesser of 50% of the occupancy load on the certificate of occupancy, if applicable, or 250 persons. For sports played on a field, attendees are limited to 250 persons per field.
- This guidance is in alignment with the [Forward Virginia Phase III Guidance for Recreational Sports](#).

*\* Please note that for public health disease investigations, VDH will continue to use the standard definition of close contact, i.e. being within 6 feet of a person with COVID-19 for 15 minutes or more. Per CDC guidance, the use of face coverings are not a factor in the assessment of close contact.*

### BEYOND PHASE III

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- ✓ School divisions will return to a “new-normal” for instructional and extracurricular operations in consultation with public health officials.
- ✓ Some restrictions may still be recommended at such a time.
- ✓ Additional guidance will be forthcoming as public health data, safety precautions, and guidance evolve.

## PUBLIC HEALTH GUIDANCE FOR ALL PHASES

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Schools should be prepared for COVID-19 outbreaks in their local communities and for individual exposure events to occur in their facilities, regardless of the level of community transmission. Schools should implement several strategies to encourage behaviors that reduce the spread of COVID-19, based on [Interim Guidance for Administrators of US K-12 Schools and Child Care Programs](#) and follow all [CDC Considerations for Schools](#) guidance for reopening schools and [CDC Activities and Initiatives Supporting the COVID-19 Response and the President's Plan for Opening America Up Again](#). Other helpful resources are available on the VDH and DOE websites.

This includes, but is not limited to, the following:

- ✓ Implement strategies to prioritize the health of staff and students, mitigate disease transmission, and maintain healthy environments.
- ✓ Provide remote learning exceptions and teleworking options for students and staff who are at a higher risk of severe illness.
- ✓ Schools should strongly encourage families, faculty and staff to self-monitor their signs/symptoms and stay home when ill.
  - CDC does not currently recommend universal symptom screenings (screening all students grades K-12) be conducted by schools (*this is an update as of July 23, 2020*).
  - Parents or caregivers should be strongly encouraged to monitor their children for signs of infectious illness every day.
  - Students who are sick should not attend school in-person.
  - If a school chooses to conduct daily health screenings for staff and students, these should be done safely and respectfully, in accordance with privacy laws. Encourage symptomatic individuals to stay home and seek care as appropriate. Health screenings can be achieved via different methods; a school should decide what works best for their community (e.g. via apps or screening questionnaires). Sample school health screening tools can be found on the [DOE website](#).
  - School staff (as well as bus drivers) should observe students throughout the day and refer students or faculty/staff who may be symptomatic to the school healthcare point of contact.
- ✓ Public health has case investigation, contact tracing, and outbreak response guidance for school settings. This guidance is available on the [VDH website](#).

- ✓ **Face coverings for students:** Students should use cloth face coverings, when at least six feet of physical distancing cannot be maintained, as is medically and developmentally appropriate. The AAP states that “if not developmentally feasible, which may be the case for younger students, and wearing face coverings cannot be done safely (eg, the face covering makes wearers touch their face more than they otherwise would), schools may choose to not require their use when physical distancing measures can be effectively implemented. School staff and older students (middle or high school) may be able to wear cloth face coverings safely and consistently and should be encouraged to do so.”
- ✓ **Face coverings for staff:** Staff should use cloth face coverings when at least six feet of physical distancing cannot be maintained, as is medically appropriate.
- ✓ During meetings or gatherings or in narrow hallways or other settings where physical distancing may not be easy to maintain, a face covering would be prudent to wear. Other considerations such as speaking loudly, singing, etc should be considered and may require additional distance.
- ✓ The use of cloth face coverings by teachers may inadvertently impede the education process for some populations. In these situations, schools should consider options on a case by case basis, and optimize physical distancing and other mitigation strategies where possible. Examples include students who are deaf or hard of hearing, students receiving speech/language services, young students in early education programs, and English-language learners. Although there are products (eg, face coverings with clear panels in the front) to facilitate their use among these populations, these may not be available in all settings.
- ✓ Divisions should also follow the *Emergency Regulations to Control, Prevent and Mitigate the Spread of COVID-19* if/when applicable.

## LOCAL DIVISION PLANS

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### *Health Plans Required of All Public and Private Schools*

Before entering Phase III, every school in Virginia, public or private, is required to submit to the VDOE a plan outlining their strategies for mitigating public health risk of COVID-19; [per an Order of Public Health Emergency from the State Health Commissioner](#). The Virginia Council for Private Education (VCPE) will receive plans submitted by private schools accredited through a VCPE Approved State Recognized Accrediting Association. All private schools must submit health plans, regardless of affiliation with VCPE.

Links to a plan template and online submission forms are on the VDOE website.

### *Notification of Public Division's Intent to Vary from Phased Guidance*

As part of the public health plan submissions in Phase III, public school divisions should notify VDOE if they intend to vary from the phase guidance by deviating from the recommended health mitigation strategies.

### *2020-2021 Instructional Plans Required of All Public Schools*

Additionally, public school divisions are required to submit a plan to the VDOE outlining the provision of new instruction to all students in the 2020-2021 academic year, regardless of phase or the operational status of the school at the time. This plan must also include strategies to address learning lost due to spring 2020 school closures and plans for fully remote instruction should public health conditions require it. School divisions must also post instructional plans on their websites for public viewing.

Links to a plan template and online submission forms are on the VDOE website.