# Facility Closure Letter Template

**[DATE]**

Dear Students, Parents/Guardians, Staff, and Faculty,

This letter is to inform you that **[NAME OF SCHOOL]** has met the criteria to suspend all in‐person learning and activity for **[NUMBER]** days for students, staff, and faculty. This guidance is based on existing research, public health recommendations, current policies, and input from the impacted facility. This decision was not made lightly; many factors were considered, and mitigation steps have been implemented. This is the best option to reduce transmission of COVID-19 and keep everyone safe, which is our top priority.

This temporary facility closure starts **[MM/DD/YYYY]** and continues through **[MM/DD/YYYY]** for all children/students and staff/faculty from the following building(s): **[LIST AFFECTED BUILDING(S)].** This includes a suspension of all other in‐person participation in school, childcare, sports, extracurricular activities, before and after school programs, work, etc., for everyone from the affected buildings(s).

Individuals who worked or had classes in the affected buildings between **[MM/DD/YYYY]** and **[MM/DD/YYYY]** should stay home and avoid all activities outside the home except to seek medical attention if needed. The estimated return to in‐person activity for these individuals is **[MM/DD/YYYY].** Please contact your school at **[(XXX) XXX-XXXX]** for specific questions related to virtual learning and additional support services (if available).

*Exemptions:* If you were fully vaccinated (>2 weeks after the final dose) as of **[FIRST DATE OF POSSIBLE EXPOSURE]** or had COVID-19 in the past three months (tested positive in the past 90 days with a viral COVID‐19 test) and recovered, you do not need to quarantine unless you develop symptoms. You should, however, get tested for COVID-19 infection 3-5 days after **[LAST DATE OF POSSIBLE EXPOSURE]** and wear your mask until you receive a negative viral test result or until **[14 DAYS AFTER LAST POSSIBLE EXPOSURE]** if you do not get tested; persons who tested positive for COVID-19 in the past three months and recovered should be tested using an antigen test. Keep watching for symptoms for 14 days. If symptoms develop, isolate at home, call your health care provider for evaluation, and get tested.

**[INSERT ANY TESTING RECOMMENDATION DETERMINED WITH LOCAL HEALTH JURISDICTION]**

We encourage you to watch for all symptoms of COVID‐19. COVID-19 symptoms could include any of the following:

* Fever (defined as subjective or 100.4°F or higher)
* Cough
* Loss of sense of taste and/or smell
* Shortness of breath
* Fatigue
* Headache
* Muscle or body aches
* Sore throat
* Congestion or runny nose
* Nausea or vomiting
* Diarrhea (defined as two or more loose stools in 24 hours)

If you/your child develop(s) any of the above symptoms, you/your child and all unvaccinated household members should stay home, contact a provider for medical evaluation and testing, and notify childcare/school/work/etc.

Find additional COVID-19 information at **[Local County Health Dept. COVID-19 WEBSITE].**

If you have any questions, please contact **[NAME AND CONTACT INFORMATION FOR SCHOOL COVID-19 COORDINATOR].**

Thank you,

**[NAME OF PERSON SIGNING LETTER]**