COVID-19

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K-12 Schools and Child Care Programs

FAQs for Administrators, Teachers, and Parents

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These FAQs for Administrators, Teachers and Parents serve as guidance for school administrators, teachers, and parents. State and local health officials and educational agencies may use these FAQs to support their stakeholders, as appropriate.

Administrators

Planning and Responding to COVID-19

What should administrators consider while planning and preparing for COVID-19 in the community or school? ∧

During the COVID-19 pandemic, states, tribes, localities, territories (STLTs), school districts, and federal school systems have been making decisions about when and how to safely open schools for in-person learning. Many STLTs, school districts, school administrators, partners, and members of the public have asked CDC how to determine when it is safe to open schools for in-person learning. There is no easy answer or single indicator, and many variables must be considered.

CDC has created the Indicators for Dynamic School Decision-Making to help school administrators make plans based on a school's unique situation. These indicators take into consideration the level of community transmission of COVID-19 and a school's ability to adhere to mitigation strategies. To identify the current level of community transmission, check your local health department's website ↗ . Keep in mind that the level of transmission of COVID-19 in any community might change rapidly.

As communities in the United States consider how to safely open K-12 schools for in-person learning and activities, and prevent school closures, CDC offers mitigation strategies that K-12 school administrators can use to help protect students, teachers, and staff and slow the spread of COVID-19. These updated Considerations for Schools are intended to aid school administrators as they consider how to protect the health, safety, and well-being of students, teachers, staff, their families, and communities by:

1. Promoting behaviors that reduce spread of COVID-19
2. Maintaining a healthy environment through cleaning and disinfection, ventilation, modification of spaces, and other strategies
3. Maintaining healthy operations through strategies such as: cohorting (maintaining consistent groups of students and staff to reduce mixing), hybrid schedules, virtual learning, or other mitigation measures
4. Preparing for when someone gets sick

What can staff and students do to prevent the spread of COVID-19? ⌃

Encourage students and staff to take everyday preventive actions to prevent the spread of respiratory illnesses such as COVID-19. These actions include staying home when sick, appropriately and consistently wearing masks, cleaning and disinfecting frequently touched surfaces, and washing hands often with soap and water for at least 20 seconds. If soap and water are not readily available, use an alcohol-based hand sanitizer with at least 60% alcohol. Always wash hands with soap and water if they are visibly dirty. Ensure proper monitoring of student hand sanitizer use, especially with young children and those with developmental or learning disabilities. Remember to ensure proper storage of sanitizer and other cleaning or disinfecting products to keep out of reach of children. These measures are important to prevent swallowing, injuries (e.g., splashes to eyes), or misuse of such products, which can lead to serious illness and outcomes, including death.

What is cohorting? ⌃

Cohorting (or podding) is one of many mitigation strategies that schools can use to limit mixing between students and staff and to limit the spread of COVID-19. A cohort or pod is a **distinct group that stays together throughout the entire school day** during in-person learning, or over the course of any pre-determined period of time, so that there is minimal or no interaction between groups. This practice can help prevent the spread of COVID-19 by limiting cross-over of students and teachers to the extent possible and can:

- Decrease opportunities for exposure or transmission of COVID-19
- Reduce the number of people touching shared surfaces
- Facilitate more efficient contact tracing if a person has COVID-19
- Allow for targeted testing, quarantine, and/or isolation of a single cohort instead of school-wide measures in the event of a positive case or cluster of cases

Implementation of cohorting can vary, depending on setting and resources. For example:

- Schools may keep cohorts of students together in one classroom and have teachers rotate between rooms
- Schools may adopt a hybrid approach, with some cohorts of students and teachers assigned to in-person learning and others assigned to online learning

When is COVID-19 testing needed for K-12 students or staff? ⌃

Schools should determine, in collaboration with state, tribal, local, and territorial health officials, whether to implement any testing strategy, and if so, how to best do so. In the case of K-12 schools operated by the federal government (e.g., K-12 schools for Department of Defense dependents), schools should also collaborate with the host nation, local military installation, and federal public health officials. School nurses and community pediatric healthcare providers should follow CDC's recommendations for testing, isolation, and quarantine for school-aged children outlined in the Information for Pediatric Healthcare Providers page when possible. More information on testing of K-12 school staff can be found in CDC's Strategies for Protecting K-12 School Staff from COVID-19.

CDC recommends that individuals with any signs or symptoms of COVID-19 be referred to a healthcare provider for evaluation and to determine whether testing is needed. Additionally, viral testing is recommended for close contacts of persons with COVID-19. All close contacts of persons with COVID-19 should consult with local public health officials or their healthcare provider to discuss their evaluation and testing as a close contact.

See Considerations for Testing in K-12 Schools for more information.

What are the considerations for students and staff who are at increased risk for severe illness from COVID-19? And for students or staff who have household members who are at increased risk for severe illness?

Some students and school staff (or their household members) may be at increased risk for severe illness from COVID-19. Schools may offer options for staff at increased risk for severe illness that limit their risk of exposure to COVID-19 (e.g., telework, modified job responsibilities). Schools may also offer options for students at increased risk that can limit their risk of exposure to COVID-19 (e.g., virtual learning opportunities). If a household includes someone who is at increased risk for severe illness, then **all household members should act as if they, themselves, are at increased risk. Thus, options to limit the risk of exposure can be offered for students and staff who have household members who are at increased risk.**

Schools should ensure that they protect the privacy of students, teachers, school staff, and families, in accordance with applicable privacy laws (e.g., Family Educational Rights and Privacy Act ⬀ (FERPA)**,** Americans with Disabilities Act ⬀). Schools may also consider planning for life events and circumstances that can affect students and staff. Administrators should review and update the school's emergency operations plan ⬀ in collaboration with the local health department ⬀ . Focus on the components or annexes of the plans that address infectious disease outbreaks. For more information on developing your emergency operations plan, see CDC's Operating Schools During COVID-19.

What is the difference between quarantine and isolation?

Quarantine and isolation 📕 are public health practices used to protect the public by preventing exposure to people who have or might have a contagious disease, such as COVID-19.

- Quarantine keeps someone who *might have been exposed* to the virus away from others.
- Isolation keeps someone who *is infected* with the virus away from others, even in their home.

View the video What's the difference between quarantine and isolation to learn more.

Quarantine prevents spreading COVID-19 in case the person who was exposed to the virus is actually infected. The person in quarantine should watch for symptoms of COVID-19, stay away from others, especially from people who are at increased risk for severe illness from COVID-19, follow directions from public health officials, get tested, and follow CDC guidance if symptoms develop. See CDC's guidelines for the appropriate duration of quarantine and check with the state or local health department for any additional guidance.

Isolation is used to separate people who are infected with the virus that causes COVID-19 from people who are not infected. People who are in isolation should stay home until it's safe for them to be around others. In the home, anyone sick or infected should separate themselves from others by staying in a separate room or area and using a separate bathroom, if possible. Anyone with COVID-19 or anyone who might have COVID-19 should wear a mask when around other people or animals, even at home.

Are children at risk for getting sick with COVID-19? ∧

Children can be infected with the virus that causes COVID-19, can get sick with COVID-19, and can spread COVID-19 to others. Children, like adults, who are infected can have no symptoms but can still spread the virus that causes COVID-19 to others.

Most children with COVID-19 have mild symptoms or have no symptoms at all. However, children can get severely ill or die from COVID-19. Children with underlying medical conditions are at increased risk of developing severe illness compared to other children.

CDC and partners are investigating a rare but serious medical condition associated with COVID-19 in children called Multisystem Inflammatory Syndrome in Children (MIS-C). We do not yet know what causes MIS-C and who is at increased risk for developing it. To learn more, visit MIS-C.

For more information, visit COVID-19 in Children and Teens.

Should a student quarantine if he/she was in close contact with another student with COVID-19, but both were wearing masks? ∧

Yes. A close contact of someone with COVID-19 should quarantine, even if they were wearing a mask. For more information on close contacts and who should quarantine, visit CDC's When to Quarantine page. CDC recommends community use of masks, specifically non-valved, multi-layer cloth masks, to prevent transmission of SARS-CoV-2 (the virus that causes COVID-19). Masks offer some protection to the wearer and also act as a barrier to prevent spreading the virus to others in case someone is unknowingly infected with the virus that causes COVID-19. How well masks prevent spread of COVID-19 likely depends on the type of fabric, the number of layers of fabric, and how the masks fit; CDC continues to study these factors. Therefore, the determination of close contact should be made regardless of whether the person with COVID-19 or the contact was wearing a mask. See Interim Guidance for Case Investigation and Contact Tracing in K-12 Schools for more information. Please note that research in this area is ongoing, and CDC will continue to evaluate and update its recommendations if, in the future, there is evidence to support a change.

What resources does CDC have for staff, students, and parents? ∧

Here are resources to share with the school community to help them understand COVID-19 and steps everyone can take to protect themselves:

- Health communication resources
- COVID-19 in Children and Teens
- Strategies for Protecting K-12 School Staff from COVID-19
- Handwashing resources that include health promotion materials, information on proper handwashing technique, and tips for families to help children develop good handwashing habits.
- Information on talking to children about COVID-19
- School Decision-Making Tool for Parents, Guardians, and Caregivers
- COVID-19 Parental Resources Kit
- Information on stigma and COVID-19
- Information for School Nurses and Other Healthcare Personnel (HCP) Working in Schools and Child Care Settings
- Where service or therapy animals are used, use guidance to protect the animal from COVID-19.

What should administrators do if a school experiences increased rates of absenteeism? ∧

If your school notices a substantial increase in the number of students or staff missing school due to illness, report this to your local health officials. Your school may also wish to coordinate with local and state education departments and community organizations to help re-engage families.

What steps should schools take if a student or staff member shows symptoms of COVID-19? ∧

Schools should establish procedures to ensure students and staff who are sick are isolated from others as soon as possible. Keep anyone with symptoms separate from other students and staff, except for a designated person or school nurse who is taking the child to be isolated and is wearing the recommended personal protective equipment, until they can go home or be picked up. If someone has emergency warning signs or other signs of serious or life-threatening illness, seek emergency medical care immediately. Notify the 911 operator that you are seeking care for someone who may have COVID-19. Anyone who has symptoms of COVID-19 should consult with their healthcare providers for evaluation and viral testing. See What to Do If a Student Becomes Sick at School and Symptom Screening in Schools for more information.

Available Quick Guides:

- A Student is Showing Signs of COVID-19 in My Classroom: What Do I Do? Quick Guide for Teachers 📄
- A Student is Showing Signs of COVID-19 and Needs to be Isolated: What Do I Do? Quick Guide for School Nurses or School COVID-19 POC(s) 📄
- My Child is Showing Signs of COVID-19 at School: What Do I Do? Quick Guide for Parents and Guardians 📄

What should administrators do if a student or staff member is confirmed to have COVID-19? ∧

CDC encourages collaboration between the K-12 school, the health department, and staff and families when a school employee or student case is identified, as well as during investigation of school-related exposures to COVID-19. Any case investigation and contact tracing support activities conducted by the K-12 schools should be undertaken in coordination and in agreement with the health department.

See What to Do If a Student Becomes Sick at School and Interim Guidance for Case Investigation and Contact Tracing in K-12 Schools for information about what to do when a student or staff member tests positive for COVID-19.

If children with asthma use breathing treatments or peak flow meters, do schools need to be concerned about aerosolizing the virus that causes COVID-19? ∧

During the COVID-19 pandemic, asthma treatments using inhalers with spacers

During the COVID-19 pandemic, asthma treatments using inhalers with spacers (with or without face mask, according to each student's individualized treatment plan) are preferred over nebulizer treatments whenever possible in the school setting. Use of asthma inhalers (with or without spacers or face masks) is not considered an aerosol-generating procedure.

Due to limited availability of data, it is unknown whether aerosols generated by nebulizer treatments are potentially infectious.[1] For more information, visit Aerosol Generating Procedures. During the COVID-19 pandemic, nebulizer treatments at school should be reserved for children who cannot use or do not have access to an inhaler (with or without spacer or face mask) or for children who are in significant respiratory distress while awaiting emergency transport.

Use of peak flow meters, including in the school setting, involves forceful exhalation. Based on limited available data,[1] forceful exhalation is not considered an aerosol-generating procedure. However, for some people with asthma, using a peak flow meter can trigger cough.

The U.S. Department of Labor's Occupational Safety and Health Administration (OSHA) has general information 🔴 ↗ on how to protect workers from potential exposures, according to their exposure risk, and standards for the selection and use of personal protective equipment (PPE) ↗ . CDC has additional information on using PPE. Staff should also be trained on how to administer nebulizer treatments and peak flow meters. For information about spirometry, visit Pulmonary Function Tests ↗ .

During the COVID-19 pandemic, if a nebulizer treatment or use of peak flow meter is necessary at school for a student, the number of people present in the room should be limited to the student and the staff member administering the treatment or peak flow meter. If appropriate, based on the student's age, level of maturity, and breathing status, the staff member could observe the student from a distance of 6 feet or greater or outside the room (within sight). Children receiving nebulized breathing treatment should not be left unattended. After the nebulizer treatment or use of peak flow meter, the room should undergo routine cleaning and disinfection. CDC has information on how to clean and disinfect and how to prevent asthma attacks triggered by cleaning and disinfecting activities. For more information on who is at increased risk for severe illness, CDC has more information for people with moderate to severe asthma and for people who are at increased risk for severe illness due to underlying medical conditions.

[1]Reference related to aerosol generating procedures:
Tran K, Cimon K, Severn M, Pessoa-Silva CL, Conly J (2012) Aerosol Generating Procedures and Risk of Transmission of Acute Respiratory Infections to Healthcare Workers: A Systematic Review. PLoS ONE 7(4); https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3338532/#!po=72.2222 ↗ .

If each child has his or her own spacer, can a school's metered dose inhaler be used by more than one student if the actuator is cleaned

Students should be permitted to use their personal inhaler, as needed, to the extent permitted by state law and school policies. When students need to use the school's stock inhaler, the inhaler should be used and cleaned according to the manufacturer's instructions. The American Lung Association's Model Policy for School Districts: Stock Bronchodilators 🅿 ☑ recommends using inhalers with disposable spacers/mouthpieces.

Additional strategies to further minimize cross-contamination include using spacers with one-way valves and not allowing the student to touch the inhaler (e.g., the student can touch the spacer, but only the school staff administering the inhaler can touch the inhaler). Limited data from healthcare settings 🅿 ☑ suggest wiping all surfaces of an inhaler with an alcohol-based wipe containing at least 70% alcohol after inhaler use, and then allowing these surfaces to air-dry can prevent bacterial cross-contamination. CDC is not aware of data on whether this can prevent viral cross-contamination or transmission in the school setting.

CDC is not aware of data regarding viral contamination of spacer devices. A study ☑ evaluating the persistence of SARS-CoV-2 (the virus that causes COVID-19) on plastic, stainless steel, and cardboard surfaces showed that the virus is able to remain viable for up to 72 hours on some surfaces, which highlights the importance of disinfecting surfaces. The American Lung Association's Model Policy for School Districts: Stock Bronchodilators 🅿 ☑ recommends using inhalers with disposable spacers or disposable mouthpieces.

Administrators and staff can remind parents and guardians of the importance of maintaining sufficient and non-expired personal medications, devices, and supplies given each student's individualized treatment plan. Administrators can also inform students, parents, and guardians that a school's metered dose inhaler might be used by more than one student, especially in an emergency. As it is not clear whether cleaning can prevent viral cross-contamination or transmission in the school setting, having personal medications available, if possible, is preferred.

School staff who administer asthma medication to students should use good hand hygiene, including washing hands with soap and water for at least 20 seconds before and after administration. If soap and water are not available and hands are not visibly dirty, staff should use an alcohol-based hand sanitizer that contains at least 60% alcohol.

People with moderate to severe asthma may be at higher risk of getting very sick from COVID-19. CDC has more information on COVID-19 for schools and healthcare providers (including school nurses).

CDC has additional information about asthma (non-COVID related) for health professionals and schools here: https://www.cdc.gov/asthma/info.html.

If a school is considering limiting students to the local geographic area due to a phased opening, would children displaced due to homelessness be prohibited from attending their home school? ∧

No. Per policy on Education for Homeless Children and Youths ⬀ , students experiencing homelessness should receive equal access to free, appropriate public education as provided to other students. Residency requirements should not be a barrier to the enrollment, attendance, or success in school for children and youths experiencing homelessness.

How do administrators handle areas and activities that often have large numbers of students and staff (e.g., cafeterias, hallways, bathrooms, and assemblies)? ∧

The CDC considerations for schools recommends several strategies for addressing areas and activities that typically have a large number of students. For example, schools can limit use of cafeterias or dining halls if distancing of 6 feet or more apart is difficult. Meals can be served in classrooms if distancing at least 6 feet apart is feasible. Each student and staff member should have a designated, separate place to store masks when not in use during eating or drinking. To reduce crowding in hallways, schools may stagger schedules or use physical markers or guides (e.g., creating "one-way routes" in hallways). Staggering arrival and dismissal times may also allow for smaller numbers of students in hallways at once. Alternating days of in-person attendance (e.g., half of the students attend on alternating days or weeks) can also be used to reduce crowding in common spaces, including in bathrooms and on buses. Assemblies and large gatherings should be avoided as much as possible, but especially when community spread of COVID-19 is substantial. Schools should implement strategies to address areas and consider canceling activities that typically have a large number of students.

What should administrators do about student locker use?

To help reduce risk of COVID-19 among student and staff, school administrators should consider suspending or limiting locker use by students throughout the day. If locker use must continue, try to avoid the mixing of students in common locker areas by staggering classes or maintaining the same group of students (cohorts) and distancing students at least 6 feet apart (i.e., leaving empty lockers). Shared lockers are a common practice in many schools and present increased risk of close proximity, sharing of objects between students, and touching of high-touch surfaces. Schools should consider eliminating shared lockers or staggering assigned locker access times before, during, and after school. For elementary school settings, schools may consider separate bins, storage units, or cubbies where each student can store materials.

Lockers, especially shared lockers, are frequently touched surfaces and should be cleaned and disinfected at least daily. Regular cleaning and disinfecting are key to limiting exposure to germs and maintaining a safe environment during the COVID-19 pandemic. Work with your teachers and staff to decide which aspects of locker or storage bin cleaning and disinfection will be handled by teachers or teaching staff, and which aspects will be handled by custodial staff.

Access to learning materials through virtual platforms (e.g., e-books or digital handouts) may reduce the need to carry materials to and from school, thus decreasing student need for locker storage during the school day. Work with teachers and staff to come up with a plan to reduce the need to carry material to and from school. For information on how to disinfect electronics, visit Cleaning and Disinfecting Facilities.

How should classrooms be cleaned and disinfected? ⌃

Cleaning and disinfecting are integral to reducing the spread of COVID-19. A study ↗ evaluating the persistence of SARS-CoV-2 (the virus that causes COVID-19) on plastic, stainless steel, and cardboard surfaces showed that the virus is able to remain viable for up to 72 hours on some surfaces, which highlights the importance of disinfecting surfaces. Administrators should work with teachers and staff to decide which aspects of cleaning and disinfection will be handled by teachers, teaching staff, and custodial staff. School administrators should ensure that adequate supplies are accessible for teachers and staff and work with teachers and staff to discuss obstacles to more frequent cleaning and disinfecting and ways to overcome those obstacles.

Clean and disinfect frequently touched surfaces and objects in the classroom such as door handles, desks, chairs, cabinets, lockers, bookshelves, shared computer keyboards and mice, trash bins, light switches, pencil sharpeners, sinks and surrounding areas, countertops, books and other shared learning materials. Users should select disinfectants from List N: EPA-approved ↗ disinfectant list, ensure safe and correct use, wear appropriate protection as recommended by the manufacturer, and follow directions on product packaging. For example, correct use of disinfecting wipes often involves leaving a surface visibly wet for a period of time and then allowing it to air dry. Ensure correct storage of cleaning and disinfection products ↗, including storing products securely away from children.

Create a schedule to clean and disinfect frequently touched surfaces at least daily or in between uses as much as possible. Limit the use of shared objects when possible or clean between uses. Cleaning and disinfection products should not be used near children, and staff should ensure that there is adequate ventilation when using these products to prevent children or themselves from inhaling toxic fumes. Special considerations should be made for people with asthma, and they should not be present when cleaning and disinfecting is happening as this can trigger asthma exacerbations. There are safer products and steps that can lower the risk of asthma attacks. Follow directions on the product packaging. To avoid using the product near students, consider the best times to clean and disinfect to avoid students coming into contact with the products. Some possible times to clean may include in the morning before students arrive, between classes if students change rooms, before and after food service, before students return from recess or breaks, and after students leave for the day. Consider the CDC guidance for Cleaning, Disinfection, and Hand Hygiene in Schools: A Toolkit for School Administrators when preparing to clean and disinfect your classroom.

Ensure proper monitoring of student use, especially young children or those with developmental or learning disabilities, when they use hand sanitizer, and remember to ensure storage, when not in use, of sanitizer and other cleaning or disinfecting products to keep out of reach of children. These measures are important to prevent swallowing, injuries (e.g., splashes to eyes), or misuse of such products, which can lead to serious illness and outcomes, including death.

How should administrators manage club activities (e.g., robotics competitions, academic bowls)? ⌃

CDC's Indicators for Dynamic School Decision Making can be used to determine whether and how to hold extracurricular activities with the necessary mitigation strategies in place.

Create plans that use the general principles necessary for lowering the risk of COVID-19 transmission for all activities within the school. The more people a student or staff member interacts with and the longer that interaction, the higher the risk of transmission of COVID-19. As with the classroom setting, encourage physical distancing of at least 6 feet apart and proper mask use; limit the use of shared objects; promote good hand hygiene and respiratory etiquette (e.g., covering coughs and sneezes with a tissue, throwing used tissues in the trash, and washing hands immediately); and clean and disinfect frequently touched surfaces and shared objects. Keep students grouped in cohorts as much as possible and try to avoid mixing these groups. Look for ways to continue the educational components of special activities while following these principles.

For competitions, coordinate with other participating schools or districts as well as event organizers to explore options for modifying traditional competition processes to better follow the key principles and strategies for reducing COVID-19 transmission. This may involve shifting competitions to be virtual only or modifying competition environments to reduce contact between teams from different cohorts or schools. Review CDC's considerations for gatherings and events.

How should administrators manage student community service? ⌃

Decisions about restarting or continuing in-person extracurricular community service activities should be made in collaboration with local health officials and community partners based on a number of factors, including the level of community transmission. Additional information for community partners on how to support the needs of their local community, such as in-person extracurricular community service, while reducing the spread of COVID-19 is available.

For community service and volunteer hours, explore options for students to make a meaningful impact without having to physically be present in an environment that may put them at increased risk of getting or spreading COVID-19 (e.g., organizing an online fundraiser). Consider the general principles for reducing transmission risk in deciding whether to have in-person volunteer or community service activities, keeping in mind the context of COVID-19 in your community. Higher levels of community spread will require more stringent risk reduction strategies.

How should administrators handle drills (e.g., shelter-in-place, lockdowns, evacuations, or active shooter)?

Conducting emergency drills at school is critical for ensuring the safety of all students and staff. In many states, these drills are required by law. However, these drills can result in close proximity between people. Administrators should work with teachers, safety personnel (e.g., local safety officials), and non-instructional support staff (counselors, psychologists) to identify the most reasonable and practical approach to emergency drills. CDC recommends the use of masks in public settings (including schools) and particularly when it is hard to maintain the recommended 6 feet of physical space between people, such as might occur during school emergency drills. Where feasible, schools may consider practicing drills with smaller groups of students or cohorts and staggering/alternating drill practice. Additional information is available for fire safety considerations for schools ⬈ during the COVID-19 pandemic.

How should administrators handle recess for younger students?

Elementary schools may reduce the number of children at recess or using the playground at one time by staggering groups of students or classes. Consider creating different play areas for designated activities to further reduce interactions between students. Limit use of shared objects (e.g., exercise equipment, games, toys) as much as possible. When shared object use is necessary, it is important to clean and disinfect items between each student's use. See CDC's Guidance for Administrators in Parks and Recreational Facilities for more information.

How should administrators handle music, choir, band, and performing arts classes and extracurricular activities? ∧

Administrators should make decisions about restarting or continuing in-person performing arts classes and extracurricular activities in collaboration with local health officials based on a number of factors, including the level of community transmission.

Singing or playing wind instruments generates respiratory droplets and aerosols that may contain the virus that causes COVID-19, if the person singing or playing is infected. Some general considerations may include practicing in small groups (i.e., cohorts, pods) with the same 5-10 students always rehearsing together, reinforcing use of masks by all students and staff when not playing an instrument that requires the use of their mouth (unless class is outdoors and distance can be maintained), maintaining social distancing, installing transparent shields or other physical barriers where possible to separate individual students and staff, eliminating shared items, and maintaining adequate ventilation in rehearsal spaces.

For band, some additional considerations include the use of "bell covers" for the openings of brass instruments and specially designed bags with hand openings for woodwind instruments. For theatre and dance, some additional considerations include rehearsing and holding performances outdoors and refraining from using props, costumes, and wigs. Some of the guiding principles for youth sports and playing sports may also be relevant to extracurricular dance activities.

How should administrators handle physical education (PE)? ⌃

PE teachers should consider the guiding principles for youth sports and playing sports when planning physical education classes. Additionally, understanding how COVID-19 spreads should be taken into consideration.

In general, reduce class sizes or the number of students in a PE course at a given time. Consider offering PE to individual cohorts and use staggered/alternative schedules to help provide PE for all students. Use of outdoor space, as weather permits, can help facilitate physical distance of at least 6 feet between students during physical activity. Consider student risk based on the sports, games, and activities to be played and the way equipment is shared among students. When possible, avoid activities that require close physical proximity or physical contact. For example, you may prioritize lower-risk activities (e.g., running outdoors in which physical distancing can be maintained), rather than higher-risk activities (e.g., wrestling in which physical distancing cannot be maintained), when designing and implementing instructional plans.

Limit use of shared objects (e.g., exercise equipment, games, toys, manipulatives) as much as possible. When shared object use is necessary, it is important to clean and disinfect items between each student's use. Practice good hand hygiene and respiratory etiquette (e.g., covering coughs and sneezes with a tissue, throwing used tissues in the trash, and washing hands immediately) before, during, and after PE. Encourage everyone to regularly wash their hands with soap and water for at least 20 seconds. If soap and water are not readily available, use hand sanitizer that contains at least 60% alcohol. Encourage all students to wash their hands or use hand sanitizer before and after PE.

Administrators can encourage and model the use of masks. Masks may be challenging for students (especially younger students) to wear while playing sports (particularly higher intensity sports), but should be worn by coaches, youth sports staff, officials, parents, and spectators as much as possible. Wearing masks is most important when physical distancing is difficult. Remind students to not touch the mask and to wash their hands frequently. Information should be provided to all participants on the proper use, removal, and washing of masks. Masks should not be placed on children younger than 2 years old, anyone who has trouble breathing or is unconscious or incapacitated or otherwise unable to remove the mask without assistance. For more information, visit CDC's Considerations for Wearing Masks.

What should administrators do to protect school staff from COVID-19? ⌃

CDC has developed Strategies for Protecting K-12 School Staff from COVID-19 to help you make decisions to protect your staff.

How should schools handle case investigation and contact tracing? ⌃

See Interim Guidance for Case Investigation and Contact Tracing in K-12 Schools for details. CDC encourages collaboration between the K-12 school and health department when a school employee or student case is identified, and during investigation of school-related exposures to COVID-19. Any case investigation and contact tracing support activities conducted by the K-12 schools should be undertaken in coordination and agreement with the health department.

Allowable contact tracing activities among minors may vary greatly by jurisdiction, based on state, tribal, local, and territorial law. Some jurisdictions allow for individuals as young as 12 to answer medical and public health-related questions, while others require permission by the parent, caregiver, or guardian for all minors. K-12 schools should consult with public health officials and legal counsel to determine how best to conduct case investigations and contact tracing involving minors, as well as necessary permissions. According to state, tribal, local, and territorial legal parameters, some K-12 schools and health departments may need to obtain consent from parents, caregivers, or guardians for activities conducted with some or all minors, and students with disabilities.

Work with your local health department ⧉ to develop a case investigation and contact tracing plan. See Interim Guidance for Case Investigation and Contact Tracing in K-12 Schools for more details.

Opening Schools for In-Person Learning

What should administrators consider regarding water resources when opening schools for in-person learning after school buildings were closed for an extended period of time? ⌃

The temporary shutdown or reduced operation of schools and reductions in normal water use can create hazards for returning students and staff. To minimize the risk of lead or copper exposure, Legionnaire's disease, and other diseases associated with water, take steps such as flushing plumbing to ensure that all water systems and features (e.g., sink faucets, drinking fountains, showers, decorative fountains) are safe to use after a prolonged facility shutdown, and follow EPA's 3Ts (Training, Testing, and Taking Action) ☑ for reducing lead in drinking water. It may be necessary to conduct ongoing regular flushing after opening. For additional resources, refer to EPA's Information on Maintaining or Restoring Water Quality in Buildings with Low or No Use ☑ . Drinking fountains, if in use, should be cleaned and sanitized prior to reopening. For further information on drinking fountains, please see below.

Additionally, emergency operations plans ☑ and specific COVID-19 plans should be reviewed and updated.

How should schools manage ventilation when open for in-person learning? ⌃

Ventilation recommendations are included in CDC's Considerations for Operating Schools during COVID-19.

Consider ventilation system modifications or improvements and other steps to increase the delivery of clean air and dilute potential contaminants in the school. Obtain consultation from experienced heating, ventilation, and air conditioning (HVAC) professionals when considering changes to HVAC systems and equipment. Review ASHRAE guidelines for schools and universities ☒ ☑ for further information on ventilation recommendations for different types of buildings and building readiness for occupancy. Not all steps are applicable for all scenarios.

How should schools manage drinking (water) fountains when open for in-person learning? ∧

As drinking fountains are high-touch surfaces, they should be cleaned and disinfected frequently, at least daily, if in use. More frequent cleaning and disinfection may be required based on level of use, for all high-touch surfaces. Schools can consider closing drinking fountains and other water stations if the school can ensure that students and staff have alternative water access. Schools can encourage staff and students to bring their own water bottles to minimize use and touching of water fountains or consider installing no-touch activation methods for water fountains. For more information on the importance of water access in schools, visit CDC's School Nutrition page.

When should schools close for in-person learning or cancel in-person activities? ∧

School districts and school administrators should work with local health authorities when deciding to open, close, or reopen schools for in-person learning. CDC recommends the use of 3 core indicators, including two measures of community burden and one self-assessed measure of school implementation of key mitigation strategies. Local health officials can also assist school administrators in making decisions about cancellation of school events or other in-person activities. See CDC's Indicators for Dynamic School Decision-Making for more information. A school might also need to implement short-term building closure protocols if/when an infected person has been on campus during their infectious period and has close contact with others. Additional information on operating schools during COVID-19 is available.

If administrators are making decisions for a school dismissal, what else should be considered? ∧

In the event of a school dismissal due to COVID-19, extracurricular group activities and large events, such as performances, field trips, and sporting events should also be cancelled. This may require close coordination with other partners and organizations (e.g., high school athletics associations, music associations, parent-teacher associations). In addition, discourage students and staff from gathering or socializing in-person outside school to prevent spread of COVID-19.

Ensure continuity of meal programs for students in the event of a closure. Consider ways to distribute food to students who receive free or reduced cost meals. Check with the US Department of Agriculture's Food and Nutrition Service ⬈ website for additional information. If there is community spread of COVID-19, design strategies to avoid distribution in settings where people might gather in a group or crowd. Consider options such as "grab-and-go" bagged lunches or meal delivery.

Are schools expected to screen all students and staff for symptoms of COVID-19? ∧

CDC does not currently recommend universal in-person symptom screenings (screening all students grades K-12) be conducted by schools because symptoms of COVID-19 can be similar to those of many other infectious and chronic diseases, and because some people with the virus that causes COVID-19 are asymptomatic. Refer to Screening K-12 Students for Symptoms of COVID-19: Limitations and Considerations for more information.

Parents, guardians, and caregivers are encouraged to monitor their children for signs of infectious illness every day. Students who have symptoms or who have had a close contact or potential exposure to someone with COVID-19 should not attend school in-person. Staff should self-screen prior to being onsite. Depending on the school policy, parents, guardians, or caregivers, and staff may be asked to report this information to the school's designated point of contact.

Teachers

What can teachers do to protect themselves and their students? ⌃

Teachers and students are in close contact for much of the day with in-person learning, and schools can become a place where respiratory diseases like COVID-19 can quickly spread. Teachers can protect themselves and their students by practicing and promoting behaviors that reduce the spread of COVID-19 during the school year. Teachers should stay home if they have any symptoms of COVID-19, such as fever, cough, shortness of breath, body aches, headache, and loss of taste or smell. If teachers have symptoms, they should reach out to their healthcare provider for evaluation and testing. Teachers should also stay home if they have been in close contact with someone with COVID-19. Encourage parents to keep students at home if the student is sick.

How can teachers stay as safe as possible, and keep their families safe, if the school returns to in-person learning? ⌃

Individual decisions about returning to in-person teaching should be discussed with healthcare provider(s), families, and school administrators. Healthcare providers can help teachers better understand their personal level of risk. Evidence shows that risk of severe illness from COVID-19 among adults increases with age and for those with certain underlying medical conditions (e.g., obesity, diabetes). More detailed information about factors linked to increased risk is available on CDC's webpages for people at increased risk. In addition to considering their own personal risk of severe disease, teachers should consider the risk level of their household members. If a household includes someone who is at increased risk for severe illness, then **all household members should act as if they, themselves, are at higher risk**.

If COVID-19 is spreading within communities, schools—like other group settings—can be a place where transmission or spread can occur. Children can spread the virus to others. To lower transmission risks in an in-person learning setting, schools should implement several mitigation strategies at the same time (also known as "layered mitigation strategies"). School plans for opening for in-person learning should include multiple mitigation strategies: use of masks, social distancing, hand hygiene, cleaning and disinfection, and contract tracing. In addition, teachers and staff, and their families, should take precautions to prevent getting sick outside of school.

What if I, as a teacher, am not comfortable returning to school in-person? ∧

If you are concerned about your personal risk level or the risk level of a member of your household, talk with your healthcare provider and your school administrators about available options. CDC's considerations for schools guidance encourages school administrators to implement protections for staff and students at increased risk for severe illness from COVID-19, as well as for staff and students who have household members who are at increased risk for severe illness. If a household includes someone who is at increased risk for severe illness, then **all household members should act as if they, themselves, are at higher risk**. Options may include flexible sick leave policies, alternate work options (e.g., work from home or virtual instruction), and reducing the number of students in a classroom.

How should teachers talk to students about COVID-19? ∧

Teachers play an important role in helping children and youth make sense of what they have heard about COVID-19. Some students may be unaware of the risks of COVID-19 or be misinformed. Some students may have experienced loss of a loved one from COVID-19 or other traumas. Students may worry about themselves, their family, and friends getting ill with COVID-19. Encouraging students to share their concerns with trusted adults and being able to link students to necessary resources for mental health and well-being will be critical. Specific to COVID-19, CDC has created recommendations to help adults have conversations with children about COVID-19. This resource includes information on ways to avoid getting and spreading COVID-19.

What are CDC's recommendations for school openings, re-openings, and keeping schools open for in-person learning during the pandemic? ∧

CDC has published considerations for schools that outline key strategies for reducing the spread of COVID-19 in schools. These fall into four broad categories:

- Promoting behaviors that reduce spread of COVID-19
- Maintaining healthy environments
- Maintaining healthy operations
- Preparing for when someone gets sick

These considerations are meant to supplement public health and safety laws, rules, and regulations with which schools must comply. These considerations are offered as recommendations for ways schools can lower risk for students and staff. CDC's Indicators can aid in decision-making regarding opening schools for in-person learning and keeping them open.

Are children at risk for getting sick with COVID-19? ∧

Children can be infected with the virus that causes COVID-19, can get sick with COVID-19, and can spread COVID-19 to others. Children, like adults, who are infected but have no symptoms, can still spread the virus to others.

Most children with the virus that causes COVID-19 have mild symptoms or have no symptoms at all. However, children can get severely ill or die from COVID-19. Children with underlying medical conditions are at increased risk of developing severe illness compared to other children.

CDC and partners are investigating a rare but serious medical condition associated with COVID-19 in children called Multisystem Inflammatory Syndrome in Children (MIS-C). We do not yet know what causes MIS-C and who is at increased risk for developing it. To learn more, visit MIS-C.

For more information, visit COVID-19 in Children and Teens.

Promoting Behaviors that Reduce Spread

Should teachers wear a mask even while at least 6 feet away from others?   ∧

Yes. CDC recommends the consistent and correct use of masks to help reduce the spread of COVID-19 in all public settings, including schools. CDC provides additional guidance for the use of masks in schools.

Some teachers and teaching staff may consider use of clear masks that cover the nose and wrap securely around the face. If used, clear masks should not cause any breathing difficulties or overheating for the wearer. You may consider using a clear mask if:

- You interact with students or staff who are deaf or hard of hearing
- You teach young students who are learning to read
- You teach students who are English learners
- You teach students who have disabilities

Clear masks are not face shields. CDC does not recommend the use of face shields for normal everyday activities nor are they a substitute for masks. For more information, visit Considerations for Wearing Masks.

Can teachers wear a face shield instead of a mask?   ∧

CDC does not recommend the use of face shields for normal everyday activities or as a substitute for masks. Face shields alone likely do not reduce the spread of the virus that causes COVID-19. For more information on using face shields and on considerations for people who may have difficulty wearing a mask, visit Other Types of Face Protection. To learn more about alternative work options for individuals who cannot wear a mask, visit our School Considerations page.

Should students wear masks? ⌃

Yes. CDC recommends that all people 2 years of age and older wear a mask in public settings and when around people who don't live in their household, especially when other social distancing measures are difficult to maintain. When used consistently and correctly, along with other important mitigation strategies, masks can help slow the spread of the virus that causes COVID-19.

Transmission risk would be lowest in an environment where all students and staff wear masks. However, when all-day use is not possible by all students (such as younger students), it is still important to remember that **masks are most essential** in times when distancing at least 6 feet apart is difficult. When thinking about a school day, these may include times such as entering and leaving school, transitioning between classes, or participating in activities.

The current CDC guidance on masks suggests that schools teach and reinforce the use of masks, but it also acknowledges that wearing masks may not be possible in every situation for all people. Masks should NOT be worn by children under the age of 2 or anyone who has trouble breathing, is unconscious, incapacitated, or otherwise unable to remove the mask without assistance. In some situations, wearing a mask may exacerbate a physical or mental health condition, lead to a medical emergency, or introduce significant safety concerns. Adaptations and alternatives should be considered to increase the feasibility of wearing a mask or to reduce the risk of COVID-19 spreading if it is not possible to wear one. Any concerns about wearing a mask should be discussed with a healthcare provider who can provide advice about wearing a mask.

How should students' masks be stored and washed? ⌃

When masks are not being worn for short times during the school day (e.g., when eating), it is important to store masks in a clean, convenient location designated for each student, that is separate from other students. Each day, students can be instructed to bring clean, individually labeled containers or paper bags that can be placed in each student's designated location for use when needed. Individually labeled containers or paper bags can be added to the list of school supplies for parents/guardians and can be part of each student's daily routine. Masks should be washed after every day of use and should be changed if visibly soiled. Parents or guardians can be encouraged to send an extra clean mask with students to school every day. It is important to always remove masks correctly and perform proper handwashing after handling or touching a used mask. Schools will want to consider how to encourage mask use and modify mask policies when needed for students with special healthcare needs. The goal is to not inhibit students' education or well-being.

What should teachers do to lower the risk of COVID-19 transmission in school? ∧

In addition to wearing a mask, teachers can practice and model social distancing by staying at least 6 feet away from students or other staff and participating in meetings or professional development virtually, rather than in-person, as much as possible. Teachers should also teach and model regularly washing hands with soap and water for 20 seconds or using hand sanitizer with 60% alcohol, and using respiratory etiquette (e.g., covering coughs and sneezes with a tissue, throwing used tissues in the trash, and washing hands immediately). Teachers can also make sure that frequently touched surfaces in their classrooms are regularly cleaned and disinfected.

Maintaining Healthy Environments

Are there ideal teacher/student ratios for going back to in-person school during the pandemic? ∧

CDC does not include specific teacher/student ratios in its COVID-19 considerations for schools due to varying size and occupancy in classrooms and other physical spaces within a school. CDC recommends spacing seating or desks at least 6 feet apart, when feasible, and using markers on the ground to ensure physical distance of at least 6 feet between students at all times. If, in certain situations, 6 feet of space is not possible, focus on maximizing the space between students, consistently and correctly wearing masks, and have a discussion with your school administrators and other staff members about maximizing unused spaces to keep students at least 6 feet apart.

Strategies such as cohorting (i.e., pods) or staggered/alternative schedules (e.g., establishing specific days or weeks to attend school in-person) may be used to reduce class size sufficiently to increase the space between students. Talk to your school administrators about implementing these strategies at your school.

How should teachers set up their classrooms?   ⌃

Teachers are encouraged to design their classrooms using key features, such as arranging desks and workspaces at least 6 feet apart. Physical distancing in the classroom should be implemented to the extent possible along with additional mitigation strategies, such as minimizing the use of shared objects, cleaning and disinfecting high-touch surfaces, and encouraging healthy hand hygiene, respiratory etiquette, and proper mask use.

Classroom layouts with desks or rectangular tables arranged in rows with all seats facing forward maximizes the number of students that can be in a classroom. If possible, teachers should avoid using circular desk arrangements or tables with students sitting across from each other. For elementary students, teachers can position carpet squares, mats, or other visual cues, such as tape markings and directional arrows, throughout the classroom or area for on-the-floor seating. In unexpected circumstances, if it is not possible to place students at least 6 feet apart and facing forward, consider how teachers can put as much space as possible between students and have a discussion with administrators their concerns and identify ways to ensure 6 feet spacing. Classrooms can also feature posters or other reminders about handwashing and social distancing with consistent verbal reminders, modeling, and lesson plan activities to reinforce the concepts. Visit CDC's Schools and Child Care page for printable posters and graphics on how to set up classrooms.

Please visit CDC's How Do I Set Up My Classroom ⬛ guide for specific examples and more details.

How should teachers handle classes that require close contact or   ⌃
group work (e.g., science labs, cooperative learning, hands-on
activities)?

Consider ways to limit the number of people with whom a student or staff member interacts, limit the length of that interaction to lower risk for COVID-19 transmission, and still attempt to maintain 6 feet of distance between individuals if possible. Consider ways to shift collaborative projects to online or virtual environments. If group work is necessary, consider creating static pre-assigned groups so the same group of students work together over the course of the grading period.

How should teachers handle the use of shared materials (e.g., models, lab equipment)? ︿

To lower risk for COVID-19 transmission, limit the use of shared objects (e.g., gym or physical education equipment, toys, games, computers, lab models, lab equipment) and clean between use or as frequently as possible. Avoid sharing items that are difficult to clean or disinfect such as electronic devices, pencils, classroom staplers, whiteboard markers and erasers, books, games, art supplies (e.g., markers, crayons, scissors), and other learning aids.

Ensure adequate supplies to minimize sharing of frequently touched materials to the extent possible (e.g., assigning each student their own art supplies or equipment) or limit use of supplies and equipment to one group of students at a time and clean and disinfect between use. Teachers are encouraged to use digital learning materials when possible.

Clean and disinfect frequently touched shared materials between use or as frequently as possible. Users should select disinfectants from List N: EPA-approved ☑ disinfectant list, ensure safe and correct use, wear appropriate protection as recommended by the manufacturer, and follow directions on product packaging. Special considerations should be made for people with asthma and they should not be present when cleaning and disinfecting is happening as this can trigger asthma exacerbations. Follow directions on the product packaging. For example, correct use of disinfecting wipes involves leaving a surface visibly wet for a period of time and then allowing it to air dry. Ensure correct storage of cleaning and disinfection products ☑ , including storing products securely away from children.

Should my students share textbooks or workbooks? ︿

The use of shared materials, including textbooks, should be avoided as much as possible. In schools that typically use shared textbooks, teachers should explore ways to make written content available in other ways (e.g., online versions or individual printed copies). If textbooks must be shared, students should wash their hands with soap and water for at least 20 seconds or use hand sanitizer containing at least 60% alcohol before use and immediately following use. Additional information on disinfecting books and other collections is provided by the Northeast Document Conservation Center ☑ .

What should teachers do about student locker use?   ∧

Lockers, especially shared lockers, are frequently touched surfaces and should be cleaned and disinfected at least daily. Regular cleaning and disinfecting are key to limiting exposure to germs and maintaining a safe environment during the COVID-19 pandemic. Work with school administrators to decide which aspects of locker or storage bin cleaning and disinfection will be handled by teachers or teaching staff, and which aspects will be handled by custodial staff.

Access to learning materials through virtual platforms (e.g., e-books or digital handouts) may reduce the need to carry materials to-and-from school thus decreasing student need for locker storage during the school day. Review curriculum content or activities to determine what can be completed at school during in-person learning and does not require at-home materials. This may require shifts in instructional plans. Be prepared to provide materials for students that do not have access to virtual learning platforms.

How should the classroom be cleaned and disinfected?   ∧

Cleaning and disinfecting are integral to reducing the spread of the virus that causes COVID-19. A study ↗ evaluating the persistence of SARS-CoV-2 (the virus that causes COVID-19) on plastic, stainless steel, and cardboard surfaces showed that the virus is able to remain viable for up to 72 hours on some surfaces, which highlights the importance of disinfecting surfaces. Work with school administrators to decide which aspects of cleaning and disinfection will be handled by teachers or teaching staff and which aspects will be handled by custodial staff. School administrators should work with teachers to discuss obstacles to more frequent cleaning and disinfecting and ways to overcome those obstacles.

Clean and disinfect frequently touched surfaces and objects in the classroom such as door handles, desks, chairs, cabinets, lockers, bookshelves, shared computer keyboards and mice, trash bins, light switches, pencil sharpener handles, sinks and surrounding areas, countertops, books and other shared learning materials. Users should select disinfectants from List N: EPA-approved ↗ disinfectant list, ensure safe and correct use, wear appropriate protection as recommended by the manufacturer, and follow directions on product packaging. For example, correct use of disinfecting wipes often involves leaving a surface visibly wet for a period of time and then allowing it to air dry. Ensure correct storage of cleaning and disinfection products ↗ , including storing products securely away from children.

Create a schedule to clean and disinfect frequently touched surfaces at least daily or in between use as much as possible. Limit the use of shared objects when possible or clean between use. Cleaning products should not be used near children and staff should ensure that there is adequate ventilation when using these products to prevent children or themselves from inhaling toxic fumes. Special considerations should be made for people with asthma and they should not be

present when cleaning and disinfecting is happening as this can trigger asthma exacerbations. There are safer products and steps that can lower the risk of asthma attacks. Always follow directions on the product packaging. To avoid using the product near students, consider the best times to clean and disinfect to avoid students coming into contact with the products. Some possible times to clean may include in the morning before students arrive, between classes if students change rooms, before and after food service, before students return from recess or breaks, and after students leave for the day. Consider the CDC guidance for Cleaning, Disinfection, and Hand Hygiene in Schools: A Toolkit for School Administrators when preparing to clean and disinfect your classroom. For information on how to disinfect electronics, visit Cleaning and Disinfecting Facilities.

Remember to supervise of all students, especially young children or those with developmental or learning disabilities, when they use hand sanitizer, and remember to ensure storage, when not in use, of sanitizer and other cleaning or disinfecting products to keep out of reach of children. These measures are important to prevent swallowing, injuries (e.g., splashes to eyes), or misuse of such products, which can lead to serious illness and outcomes, including death.

Maintaining Healthy Operations

Does CDC recommend testing all students and staff for COVID-19? ⌃

CDC does not recommend universal testing of all students and staff. The CDC Interim Considerations for K-12 School Administrators for SARS-CoV-2 Testing advises that schools in collaboration with public health officials should determine whether testing is appropriate, and if so, how that should be done. School administrators are encouraged to review SARS-CoV-2 Testing Strategy: Considerations for Non-Healthcare Workplaces when considering testing of all school employees. School nurses and community pediatric healthcare providers should follow CDC's recommendations for testing, isolation, and quarantine for school-aged children outlined in the Information for Pediatric Healthcare Providers page.

What is cohorting?

Cohorting (or podding) is a strategy that schools can use to limit mixing between students and staff as one of many mitigations strategies to limit the spread of COVID-19. A cohort or pod is a **distinct group that stays together throughout the entire school day** during in-person learning, or over the course of any pre-determined period of time, so that there is minimal or no interaction between groups. This practice can help prevent the spread of COVID-19 by limiting cross-over of students and teachers to the extent possible and can:

- Decrease opportunities for exposure or transmission of COVID-19
- Reduce the number of people touching shared surfaces
- Facilitate more efficient contact tracing if a person has COVID-19
- Allow for targeted testing, quarantine, and/or isolation of a single cohort instead of school-wide measures in the event of a positive case or cluster of cases

Implementation of cohorting can vary, depending on setting and resources. For example:

- Schools may keep cohorts of students together in one classroom and have teachers rotate between rooms
- Schools may adopt a hybrid approach, with some cohorts of students and teachers assigned to in-person learning and others assigned to online learning

How should teachers handle physical education (PE)?   ∧

Teachers can consider some of the guiding principles for youth sports when planning physical education (PE) classes. Additionally, understanding how COVID-19 spreads should be taken into consideration.

In general, reduce class sizes or the number of students in PE at a given time. Consider offering PE to individual cohorts and use staggered/alternative schedules to help provide PE for all students. Use of outdoor space, as weather permits, can help facilitate physical distance of at least 6 feet between students during physical activity. Consider student risk based on the sports, games, and activities to be played and the way equipment is shared among students. When possible, avoid activities that require close physical proximity or physical contact. For example, prioritize lower-risk activities (e.g., running outdoors in which physical distancing can be maintained) rather than higher-risk activities (e.g., wrestling in which physical distancing cannot be maintained), when designing and implementing instructional plans.

Limit use of shared objects (e.g., exercise equipment, games, toys, manipulatives) as much as possible. When shared object use is necessary, it is important to clean and disinfect items between each student's use. Practice good hand hygiene and respiratory etiquette (e.g., covering coughs and sneezes with a tissue, throwing used tissues in the trash, and washing hands immediately) before, during, and after PE. Regularly wash hands with soap and water for at least 20 seconds and encourage students and colleagues to do this as well. If soap and water are not readily available, use hand sanitizer that contains at least 60% alcohol. Encourage all students to wash their hands or use hand sanitizer before and after PE.

Teach and model the use of masks. Masks may be challenging for students (especially younger students) to wear while playing sports, particularly higher intensity sports. Wearing masks is most important when physical distancing is difficult. Remind students not to touch the mask and to wash their hands frequently. Information should be provided to all participants on the proper use, removal, and washing of masks. Masks should not be placed on children younger than 2 years old, anyone who has trouble breathing or is unconscious or incapacitated or otherwise unable to remove the mask without assistance. For more information, visit Considerations for Wearing Masks.

How should teachers handle music, choir, band, and performing arts classes and activities? ⌃

Make decisions about restarting performing arts classes and extracurricular activities in collaboration with local health officials based on a number of factors, including the level of community transmission.

Singing or playing certain wind instruments generates respiratory droplets and aerosols that may contain the virus that causes COVID-19 if the person playing is infected. Some general considerations may include practicing in small groups of cohorts (i.e., pods) with the same 5-10 students always rehearsing together, reinforcing use of masks by all students when not playing an instrument that requires the use of their mouth (unless class is outdoors and distance can be maintained), maintaining social distancing, installing transparent shields or other physical barriers where possible to separate individual students, eliminating shared items, and maintaining adequate ventilation in rehearsal spaces. For band, some additional considerations include the use of "bell covers" for the openings of brass instruments and specially designed bags with hand openings for woodwind instruments. For theatre and dance, some additional considerations include rehearsing and holding performances outdoors and refraining from using props, costumes, and wigs. Some of the guiding principles for youth sports and playing sports may also be relevant to dance activities.

How should teachers manage the school garden? ⌃

School gardens are an excellent tool for learning and have been shown to positively affect social and emotional skills. Activities held outdoors, weather-permitting, can enable physical distancing. In addition to ensuring physical distancing and good hand hygiene practices, it is important to plan for cleaning and disinfecting of frequently touched surfaces (e.g., gate latches, lock on the tool shed) and objects between each person's use (e.g., garden tools) before and after use of a garden and before and after harvest.

Continue to use proper food safety practices when handling food, including washing hands for 20 seconds with soap and water, before, during, and after preparing or eating food, and encourage students not to share produce they have harvested from the garden. While there is currently no evidence that food is associated with spreading the virus that causes COVID-19, it is possible that a person can get COVID-19 by touching a surface or object, including food or food packaging, that has the virus on it and then touching their own mouth, nose, or possibly their eyes. However, this is not thought to be the main way the virus spreads. Additional considerations for food services in the school setting is available under the "Maintaining healthy environments" section of CDC's guidance on school operations.

Avoid over-crowding at the garden by coordinating schedules between student cohorts or pods, community organizations, or volunteers that help with garden maintenance. Consider offering virtual or online lessons about gardening. See Considerations for Outdoor Learning Gardens and Community Gardens for more information.

How should teachers manage service animals or class pets? ⌃

ADA regulations generally require a public entity to modify its policies, practices, or procedures to permit the use of a service animal by an individual with a disability. Service animals should be permitted in the classroom unless otherwise provided under the ADA. For more information, visit Frequently Asked Questions about Service Animals and the ADA ⧉ and the ADA's Service Animals and Individuals with Disabilities under the Americans with Disabilities Act 📄 ⧉ legal brief.

Do not allow pets that are at higher risk for infection with the virus that causes COVID-19 in the classroom —- this includes cats, dogs, ferrets, hamsters, and rabbits. While dogs are at risk for infection, service dogs must be allowed in the classroom with their handler, in accordance with the Americans with Disabilities Act. Administrators should refer to the American Veterinary Association (AVMA) services, emotional support and therapy animals ⧉ page and CDC's Guidance for Handlers of Service and Therapy Animals when making decisions about allowing therapy animals in the **classroom on a case-by-case basis.** When service or therapy animals are used in the classroom, follow guidance to protect these animals from COVID-19. View additional information on animals and COVID-19.

What should teachers do if they have had close contact with someone who has COVID-19? ⌃

Anyone who has been in close contact with someone who has COVID-19 needs to quarantine and consult with their healthcare provider for potential testing and evaluation as a close contact. You should **stay home and monitor your health** for 14 days after your last contact with a person who has COVID-19 unless other guidance is given by the state or local health department. Watch for fever (a temperature of 100.4°F or higher), cough, shortness of breath, or other symptoms of COVID-19 and stay away from others, especially people who are at increased risk for getting very sick from COVID-19. People who have had close contact with someone with COVID-19 should quarantine regardless of whether the person with COVID-19 or the contact was wearing a mask.

What should teachers do if a student starts having symptoms consistent with COVID-19 while in the classroom? ∧

If a student in the classroom starts having symptoms consistent with COVID-19, follow the school protocol that may include escorting the student to the isolation area and notifying the COVID-19 designated point of contact. Consider how to help the school by letting the COVID-19 point of contact know with whom the student with symptoms came into contact within the classroom. See What to Do If a Student Becomes Sick at School for additional guidance.

If a student in the class starts having symptoms consistent with COVID-19 or tests positive for COVID-19, will everyone in my class, including the teacher, need to quarantine? ∧

Anyone who has been in close contact with someone who has COVID-19 should quarantine unless they had COVID-19 with a positive test result in the previous 3 months. Schools are encouraged to work with their local health officials to determine who has been in close contact with that person.

Note: People who have had close contact with someone infected with COVID-19 should quarantine regardless of whether the person with COVID-19 or the contact was wearing a mask.

Teachers may be asked to switch their entire class to virtual learning with little or no advanced notice. Work with school administrators to come up with a plan on how to make a relatively quick switch to virtual or remote learning in advance. With these plans, make sure there are new policies and procedures (e.g., virtual learning log-in instructions, virtual learning grading policies) for students to follow while participating in virtual or remote learning.

Will teachers be notified if a student or colleague tests positive for COVID-19? ∧

School administrators should notify local health officials, staff, and families, in accordance with all relevant laws and regulations (e.g., the Americans with Disabilities Act and FERPA) when a student or staff member reports having tested positive for COVID-19. If this occurs, an administrator can share general information about an exposure without providing the specific identity of the person who had COVID-19. Work with administration to ensure that everyone understands the process that will be used when a student or staff member is identified as having COVID-19.

School administrators should work with local health officials to conduct appropriate contact tracing. Teachers should be alerted if they are believed to have been in close contact with the individual who tested positive. View What to Do If a Student Becomes Sick at School for additional guidance.

What happens if a student or staff member is exposed to COVID-19 ∧ outside the school setting?

If a student or staff member has been identified as a close contact of someone with COVID-19, that student or staff member should be tested for COVID-19 and stay at home for a period of 14 days after their last contact with the person who has COVID-19 unless other guidance is given by the state or local health department. Review the CDC quarantine guidance for more information.

For teachers, this means that there will likely be times when students must be out of the school for an extended period. It is likely that, during some part of this timeframe, many students will feel healthy and symptom-free. When one or more students are not able to attend school in-person, consider how to provide make-up materials to them (e.g., hardcopy student packets) or if it is possible to convert classroom lessons to online learning so they can keep up from home. If teachers convert to virtual learning for some students, make sure that there are new policies and procedures and provide appropriate accommodations, modifications, and assistance for students to follow while participating in virtual learning. Work with school's administration to ensure that students can work from home or develop a policy so students can make up work without penalty.

Parents and Guardians

How can parents and guardians know if a child's school is closed?   ∧

Look for information from the school district via phone, email, or website—depending on the school's communication plan. Social media and local media outlets may provide updates since they often monitor this information. Whether a child is attending school virtually, in-person, or both, CDC's School Decision-Making Tool for Parents, Caregivers, and Guardians and Back-to-School Planning Checklists offer additional guidance and support.

Are children at risk for getting sick from COVID-19?   ∧

Children can be infected with the virus that causes COVID-19, can get sick with COVID-19, and can spread COVID-19 to others. Children, like adults, who are infected but have no symptoms can still spread the virus to others.

Most children with COVID-19 have mild symptoms or have no symptoms at all. However, children can get severely ill or die from COVID-19. Children with underlying medical conditions are at increased risk of developing severe illness compared to other children.

CDC and partners are investigating a rare but serious medical condition associated with COVID-19 in children called Multisystem Inflammatory Syndrome in Children (MIS-C). We do not yet know what causes MIS-C and who is at increased risk for developing it. To learn more, visit MIS-C.

For more information, visit COVID-19 in Children and Teens.

How should parents and guardians talk to children about COVID-19?   ∧

As public conversations around COVID-19 increase, children may worry about themselves, their family, and friends getting ill with COVID-19. Parents and guardians play an important role in helping children make sense of what they hear in a way that is honest, accurate, and minimizes anxiety or fear. CDC has created a COVID-19 parental resources kit and guidance to help adults have conversations with children about COVID-19, outlining ways they can avoid getting and spreading COVID-19.

Should parents and guardians screen children for COVID-19?   ∧

Parents and guardians are encouraged to monitor their children for signs of infectious illness every day. Students who have symptoms or who have had a close contact or potential exposure to someone with COVID-19 should not attend school in-person. If a child has symptoms of COVID-19, reach out to their healthcare provider to discuss testing. If a child has signs of severe or life-threatening illness, seek emergency care immediately and advise emergency care providers that you think the child may have COVID-19. Depending on the school policy, parents or guardians, and staff may be asked to report this information to the school's designated point of contact.

For more information, visit COVID-19 in Children and Teens.

What should parents and guardians do if their child begins showing   ∧
signs of COVID-19 at school?

If a child is sick or shows signs of illness, do not send them to school. If a child begins having symptoms of COVID-19 while at school, parents and guardians can follow the steps outlined in CDC's quick guide for parents – My Child is Showing Signs of COVID-19 at School: What Do I Do? 📄 If a child tests positive for or is suspected of having COVID-19, the parent or guardian should notify the school. A child can return to in-person school only after:

- It has been at least 10 days since symptoms started and;
- Overall symptoms have improved and;
- The child has no fever for at least 24 hours (without fever-reducing medication).

These are minimum requirements for returning to in-person school. Local public health officials or host nations for internationals schools may have different requirements which should be followed accordingly.

Will parents be notified if a student or school staff member tests positive for COVID-19? ⌃

School administrators should notify local health officials, staff, and families, in accordance with all relevant laws and regulations (e.g., the Americans with Disabilities Act and FERPA) when a student or staff member reports having tested positive for COVID-19. If this occurs, an administrator can share general information with the parent or guardian about an exposure without providing the specific identity of the person who had COVID-19. The parent or guardian should be alerted if their child is believed to have been in close contact with the individual who tested positive.