Centers for Disease Control and Prevention

COVID-19

Frequently Asked Questions for K-12 and Early Care and Education (ECE) Settings: Information for School and ECE Administrators, Teachers, Staff, and Parents

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The following frequently asked questions (FAQs) for school and ECE administrators, teachers, staff, and parents provide more detail about CDC recommendations in these settings.

What Parents Need to Know

Parents: If you have a child in an early care and education (ECE) or childcare program, or in a K-12 school, here is what you need to know about CDC's COVID-19 Community Levels guidance. It's important to understand that putting this guidance into practice may vary, so always check with your child's school or ECE program for the latest information.

- Everyone aged 2 years or older should properly wear a well-fitting mask or respirator in indoor areas of public transportation (such as airplanes, trains, buses, ferries) and transportation hubs (such as airports, stations, and seaports), especially in locations that are crowded or poorly ventilated, such as airport jetways.
- Your child's school or ECE program should notify you if your child was potentially exposed to someone who has COVID-19. This could be by a phone call, email, or letter home.
- If your child has symptoms of COVID-19 or tested positive for COVID-19, they should follow isolation guidance.
- If your child was exposed to someone who has COVID-19, they should follow quarantine guidance.
- You can use CDC's quarantine and isolation calculator to help determine how long someone should isolate, quarantine, or take other steps to prevent spreading COVID-19. You should talk to your child's school or ECE program administrator for specific guidance in their school or ECE setting, including on when they can return.
- Some schools and ECE programs may offer regular testing for students and staff. Testing remains very important in reducing the risk of spreading COVID-19. Your child may be asked to participate in COVID-19 screening testing.
- Anyone may choose to wear a mask, including a child with a disability or who is at risk for getting very sick with COVID-19. If someone in your household is at risk for getting very sick with COVID-19, you may choose to have your child wear a mask indoors during times of low and medium COVID-19 Community Levels. Talk to your school or ECE program about what they are doing to prevent the spread of COVID-19 and what is needed to support your child.

Masks

Why is universal indoor masking no longer recommended for K-12 schools and early care and education (ECE) programs at low or medium COVID-19 Community Levels?

The Centers for Disease Control and Prevention (CDC) recommends using COVID-19 Community Levels to determine

which COVID-19 prevention strategies are needed, including masking, to reduce medically significant disease and preserve healthcare capacity. At low and medium COVID-19 Community Levels, masking is optional. When the COVID-19 Community Level is high, CDC recommends universal indoor masking in schools and ECE programs and other community settings.

In communities that are at a low COVID-19 Community Level, some people will choose to wear a mask based on personal risk and/or preference. They should be supported in their decision to do so. In addition, when the COVID-19 Community Level is medium, people at high risk of becoming very sick from COVID-19 should talk to a healthcare provider about wearing a mask and taking other precautions.

Schools and ECE programs should allow flexible, non-punitive, and supportive policies and practices around individual and setting-specific choices or reasonable accommodations. For more information about masks, including mask exceptions and mask recommendations for people with disabilities, please visit Your Guide to Masks.

CDC guidance is meant to supplement—not replace—any federal, state, tribal, local, or territorial health and safety laws, rules, and regulations with which schools and ECE programs must comply.

Should people who completed isolation for COVID-19 infection continue to wear a well-fitting mask for at least 10 days?

Yes, people who have completed at least 5 days of isolation should continue to properly wear a well-fitting mask when around others until at least a full 10 days has passed since their symptoms began (or, if they have no symptoms, the date they were tested). This is true regardless of whether an individual performs a test at the end of 5 days of isolation.

Are students still required to wear masks on school buses?

K-12 schools and early care and education settings should follow guidance for schools according to the COVID-19 Community Level in their area with respect to mask wearing on buses or vans.

Should masks be worn in school nurses' offices or other school-based or school-linked health programs?

CDC recommends masking at all times in school nurses' offices and other healthcare settings, regardless of vaccination status or the current COVID-19 Community Level.

During times when masking is used, what should we do during mealtimes?

When the COVID-19 Community Level is high, universal masking is recommended for all students, teachers, and staff. At low and medium COVID-19 Community Levels, some individuals may choose to mask based on individual risk for getting very sick with COVID-19. During such times—when masks need to be removed for meals—schools can do the following to the extent possible to reduce risk of spread of the virus that causes COVID-19:

- Improve ventilation or move mealtimes outdoors
- Reduce crowding
- Use cohorting (keeping people together in a small group and having each group stay together throughout an entire day, while minimizing contact between cohorts)

Close Contacts and Contact Tracing

Is physical distancing no longer recommended?

Based on the current phase of the pandemic, available data, and existing prevention measures, CDC's school and ECE guidance focuses on layering prevention strategies. That includes increasing ventilation and preventing crowding. At a high COVID-19 Community Level, schools can also add cohorting to limit the number of people who come in contact with each other as a way to minimize contacts across groups. Cohorting involves keeping people together in a small group and having each group stay together throughout an entire day, while minimizing contact between cohorts. When creating cohorts, schools should consider services for students with disabilities, English language learners, and other students who may receive services, and ensure equity, integration, and other requirements of applicable federal, state, local, tribal and territorial laws, including federal disability laws.

People who are immunocompromised or more likely to get very sick with COVID-19 may choose to wear a mask or respirator that offers greater protection and should talk with their healthcare provider about whether they should take other precautions.

Has the close contact definition changed?

The close contact definition—someone who was less than 6 feet away from an infected person for a cumulative total of 15 minutes or more over a 24-hour period—has not changed. Recommendations for close contacts to quarantine and test vary based on vaccination status or history of prior infection. All close contacts should properly wear a well-fitting mask when around others during the 10 days following their close contact, regardless of vaccination status. When universal masking is not in use, such as at low or medium COVID-19 Community Levels, the standard close contact definition will apply. However, using the standard close contact definition is not expected to cause additional burden for schools due to lower numbers of cases and therefore close contacts.

When universal masking is in use, the K-12 exception to the close contact definition can be applied. In the K–12 indoor classroom setting or a structured outdoor setting where mask use can be observed (i.e., holding class outdoors with educator supervision), the close contact definition excludes students who were between 3 to 6 feet of an infected student (laboratory-confirmed or a clinical diagnosis) if both the infected student and the exposed student(s) correctly and consistently wore well-fitting masks the entire time.

What is CDC's recommendation for contact tracing in schools and ECE programs?

Universal case investigation and contact tracing are no longer recommended for COVID-19. Instead of contact tracing, schools and ECE programs can use broad-based notification to provide timely notification via phone, email, or letter to families, students, teachers, caregivers, or staff about potential exposure once a case is identified. Schools and ECE programs should work with their local health departments to determine which strategies work best for them, in accordance with applicable laws and regulations, including those relating to privacy. K-12 schools that choose to implement contact tracing when universal masking is not in place should use the standard close contact definition to identify close contacts in indoor classrooms and structured outdoor settings as the K-12 exception will not apply.

Contact tracing should still be implemented, in accordance with applicable laws and regulations, including those relating to privacy, as part of Test to Stay (TTS) programs that allow those who would otherwise need to quarantine to remain in an educational setting for in-person learning.

Testing

What does this guidance change mean for K-12 settings using Test to Stay?

K-12 schools using Test to Stay (TTS) as an alternative to traditional at-home quarantine for close contacts who are not up to date with COVID-19 vaccines can continue to do so, resources allowing. To date, TTS has only been evaluated in K-12 schools, although some ECE programs are also using TTS.

Schools using these programs should continue contact tracing to quickly identify participants. Students eligible for and participating in TTS should properly wear a well-fitting mask, follow testing recommendations from their school and/or the relevant public health department, and monitor for COVID-19 symptoms for 10 days after the date of last close contact to reduce the risk of spreading COVID-19. Schools should work with their local health departments to determine which strategy would work best for them based on their population and level of resources.

Should schools continue to do COVID-19 testing?

Testing remains an important layer of prevention that schools can use to reduce the risk of spreading COVID-19. At all COVID-19 Community Levels, schools should use diagnostic testing for people with symptoms of COVID-19 or for people who have had close contact with someone who has COVID-19. This can be done through the use of point-of-care, at-home, or laboratory-based testing. Schools and ECE programs can consider offering home test kits if someone comes to school with symptoms of COVID-19 or develops symptoms at school, that can be used to test at home or at school in accordance with CLIA requirements.

Additionally, maintaining screening testing infrastructure during a low COVID-19 Community Level will allow for scaling it up when the COVID-19 Community Levels are medium or high. When the COVID-19 Community Level is low, schools can consider implementing screening testing for:

- High-risk activities such as indoor sports and extracurricular activities
- Returning from breaks (for example, holidays, spring break, or at the beginning of the school year)
- For those faculty, staff, or individuals serving vulnerable students (such as those with complex medical conditions)

Schools and ECE programs should consider the varying minimum age for using Emergency Use Authorized (EUA) COVID-19 tests. For more information on EUA COVID-19 tests, visit:

- In Vitro Diagnostics EUAs – Molecular Diagnostic Tests for SARS-CoV-2
- In Vitro Diagnostics EUAs – Antigen Diagnostic Tests for SARS-CoV-2
- At-Home OTC COVID-19 Diagnostic Tests

Note: Linking to these sites does not constitute an endorsement by HHS or any of its employees of the sponsors or the information and products presented on the sites.

COVID-19 testing resources for ECE programs:

- Pre-K and ECE programs are eligible to request testing support directly through Operation Expanded Testing.
- For ECE programs that are co-located with K-12 schools: In March 2021, the Administration announced the availability of $10 billion to support screening testing and mitigation strategies and assist K-12 schools in opening and remaining open for in-person instruction (Biden Administration to Invest More Than $12 Billion to Expand COVID-19 Testing). This funding was awarded through the Centers for Disease Control and Prevention (CDC) Epidemiology and Laboratory Capacity (ELC) cooperative agreement with guidance that explained the intent of the funding. Pre-K and ECE programs that are co-located with K-12 schools can be supported under this program as well.

People at Risk for Getting Very Sick With COVID-19

How should parents of children with immunocompromising conditions or other conditions that increase their risk for becoming very sick from COVID-19 approach COVID-19 prevention

strategies?

Parents of children who are at risk for getting very sick with COVID-19, including those with immunocompromising conditions or other conditions that increase their risk for getting very sick with COVID-19, may choose to have their child wear a mask during times of low and medium COVID-19 Community Levels. In addition, schools with students at risk for becoming very sick from COVID-19 should make reasonable modifications to ensure that all students, including those with disabilities, are able to access in-person learning. Schools may be required, based on federal, state, or local policies, to enforce some degree of masking to ensure that students with immunocompromising conditions or other conditions that increase their risk for getting very sick with COVID-19 can access in-person learning. For more information, visit the U.S. Department of Education's Disability Rights. Students with immunocompromising conditions or other conditions or disabilities that increase risk for becoming very sick from COVID-19 should not be placed into separate classrooms from other students in order to maintain masking.

Schools may also implement additional layered prevention strategies to protect people at risk of becoming very sick from COVID-19. Prevention strategies can include improved ventilation, reduced crowding, screening testing, and avoiding higher-risk activities. School administrators should be supportive of these prevention strategies and should work with children and their families to understand their individual needs and provide access to required services. They should adjust strategies as needed and communicate with caregivers about what strategies are being implemented. This may mean individualized, reasonable accommodations when necessary to ensure equal access to in-person learning for students who are at risk for getting very sick with COVID-19. For help with COVID-19 vaccinations and testing for people with disabilities, parents and caregivers can call the Disability Information and Access Line.

What protections are there for teachers, caregivers, and staff who are immunocompromised or more likely to get very sick from COVID-19?

Policies and procedures addressing issues related to workers who are at risk for getting very sick with COVID-19 should be made in consultation with occupational safety and health and human resource professionals, keeping in mind Equal Employment Opportunity concerns and guidance. In accordance with applicable laws and regulations, employers should provide a supportive work environment for workers coping with job stress, seeking to build and maintain resilience, and managing workplace fatigue.

Workers who are at risk for getting very sick with COVID-19 should talk to their healthcare provider about the need to wear a well-fitting mask or mask or respirator with greater degree of protection and take other precautions during times of medium or high COVID-19 Community Levels. School administrators should be supportive of workers who take extra precautions to protect themselves.

Special Considerations

How does CDC guidance affect children in ECE settings?

ECE settings should follow the recommended prevention strategies outlined by the COVID-19 Community Levels. Critical prevention strategies include vaccination among all those around young children and improving ventilation in indoor spaces. During times of medium COVID-19 Community Levels, people ages two and older who are at risk for getting very sick with COVID-19 should talk to a healthcare provider about wearing a well-fitting mask and taking other precautions. At a high COVID-19 Community Level, universal indoor masking for everyone ages two and older is recommended.

Rates of severe disease in young children are low, and many children have some immunity from prior infection. However, most students served by ECE programs are not yet eligible for vaccinations. In addition, very young children may have difficulty wearing a well-fitting mask consistently and correctly, and children under two years old should not wear masks. Additional layered prevention strategies—such as improved ventilation and avoiding crowding — may need to be

considered during times of medium or high COVID-19 Community Levels. ECE programs may choose to implement universal indoor mask use to meet the needs of the families they serve, which could include people who are at risk for getting very sick with COVID-19.

ECE programs should continue to follow CDC's guidance for Quarantine and Isolation. For children who are not yet eligible for COVID-19 vaccination, and who cannot wear a mask or who may have difficulty consistently and correctly wearing a well-fitting mask, it is safest to continue quarantine until the end of day 10.

Does CDC's new guidance apply to youth camps?

Yes. Like K-12 schools and ECE programs, camps should follow the recommended prevention strategies outlined by the COVID-19 Community Levels. Strategies such as promoting vaccination, diagnostic testing, and screening testing are particularly important for camps to consider.

Are there any special considerations for shared housing, such as residential dorms for K-12 schools, overnight camps, or overnight childcare?

While shared housing is considered a congregate setting, it is considered a lower risk congregate setting due to the lower risk of severe health outcomes (such as hospitalizations and death) in children and young adults. Therefore, CDC recommends shared housing facilities for children follow the general population guidance for isolation, quarantine, and other prevention strategies per the COVID-19 Community Levels.

In circumstances where the student or camper population may be at high risk of becoming very sick with COVID-19, schools, camps, and overnight childcare programs may opt to follow isolation and quarantine guidance for high-risk congregate settings, which includes recommendations of a 10-day period for both isolation and quarantine. Schools and camps should balance the potential risk of following that guidance with the impact these actions would have on student well-being, such as the ability to participate in in-person activities, food service access, and social interaction.

Directors of overnight camps can find additional details on the Frequently Asked Questions for Directors of Overnight Camps webpage.

Are there any considerations for reduced class sizes and virtual learning in K-12 schools?

Reduced class sizes and remote (virtual) learning are not included as part of the recommended prevention strategies to reduce transmission, as preserving in-person learning is a priority. The decision to move to remote (virtual) learning should be considered only after other recommended prevention strategies have been added and will vary from school to school based on local context and needs.

Does CDC endorse the use of Do-It-Yourself (DIY) air cleaners (for example, home-made box fan filters or Corsi-Rosenthal boxes) for schools and ECE programs?

When COVID-19 Community Levels are medium or high, schools and ECE programs can take additional steps to increase outdoor air intake (for example, by safely opening windows and doors) and improve air filtration (for example, by using portable air cleaners with HEPA filters). CDC recommends using commercially available air cleaners whenever possible, especially ones that have been tested by third-party laboratories for effectiveness and air flow.

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