Centers for Disease Control and Prevention

COVID-19

Operational Guidance for K-12 Schools and Early Care and Education Programs to Support Safe In-Person Learning

Updated May 27, 2022

Introduction

Schools and early care and education (ECE) programs are an important part of the infrastructure of communities as they provide safe, supportive learning environments for students and children and enable parents and caregivers to be at work. Schools and ECE programs like Head Start also provide critical services that help to mitigate health disparities, such as school lunch programs, and social, physical, behavioral, and mental health services. This guidance can help K-12 school and ECE program administrators support safe, in-person learning for K-12 schools, and keep ECE programs open, while managing the spread of COVID-19. Based on the COVID-19 Community Levels, this guidance provides flexibility so schools and ECE programs can adapt to changing local situations, including periods of increased community health impacts from COVID-19.

K-12 schools and ECE programs (e.g., center-based child care, family child care, Head Start, or other early learning, early intervention and preschool/pre-kindergarten programs delivered in schools, homes, or other settings) should put in place a core set of infectious disease prevention strategies as part of their normal operations. The addition and layering of COVID-19-specific prevention strategies should be tied to COVID-19 Community Levels. This 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.

Schools and ECE programs play critical roles in promoting equity in learning and health, particularly for groups disproportionately affected by COVID-19. People living in rural areas, people with disabilities, immigrants, and people who identify as American Indian/Alaska Native, Black or African American, and Hispanic or Latino have been disproportionately affected by COVID-19. These disparities have also emerged among children. School and ECE administrators and public health officials can promote equity in learning and health by demonstrating to families, teachers, and staff that comprehensive prevention strategies are in place to keep students, staff, families, and school communities safe and provide supportive environments for in-person learning.

Though this guidance is written for COVID-19 prevention, many of the layered prevention strategies described in this guidance can help prevent the spread of other infectious diseases, such as influenza (flu), respiratory syncytial virus (RSV), and norovirus, and support healthy learning environments for all. The next section describes everyday preventive actions that schools and ECE programs can take.

> For more information on CDC COVID-19 Community Levels, visit:
>
> - Science Brief: Indicators for Monitoring COVID-19 Community Levels and Making Public Health Recommendations
> - Indicators for Monitoring COVID-19 Community Levels and Implementing Prevention Strategies: Overview and Rationale
> - COVID-19 by County

Strategies for Everyday Operations

Schools and ECE programs can take a variety of actions every day to prevent the spread of infectious diseases, including the virus that causes COVID-19. The following set of strategies for everyday operations should be in place at all COVID-19 Community Levels, including low levels.

Staying Up To Date on Vaccinations

Staying up to date on routine vaccinations is essential to prevent illness from many different infections. Vaccines reduce the risk of infection by working with the body's natural defenses to help safely develop immunity to disease. For COVID-19, staying up to date with COVID-19 vaccinations is the leading public health strategy to prevent severe disease. Not only does it provide individual-level protection, but high vaccination coverage reduces the burden of COVID-19 on people, schools, healthcare systems, communities, and individuals who are not vaccinated or may not develop a strong immune response from the vaccines. Schools, ECE programs, and health departments can promote vaccination in many ways:

- Provide information about COVID-19 vaccines and other recommended vaccines taking into account the needs of persons with limited English proficiency who require language services, and individuals with disabilities who require accessible formats.
- Encourage evidence-based trust and confidence in vaccines.
- Establish supportive policies and practices that make getting vaccinated easy and convenient, for example a workplace vaccination program or providing paid time off for individuals to get vaccinated or assist family members receiving vaccinations.
- Make vaccinations available on-site by hosting school-located vaccination clinics, or connect eligible children, students, teachers, staff, and families to off-site vaccination locations.

Staying Home When Sick

People with symptoms of infectious diseases, including COVID-19, influenza, respiratory syncytial virus (RSV), and gastrointestinal infections should stay home and get tested for COVID-19. People who are at risk for getting very sick with COVID-19 who test positive should consult with a healthcare provider right away for possible treatment, even if their symptoms are mild. Staying home when sick can lower the risk of spreading infectious diseases, including the virus that causes COVID-19, to other people. For more information on staying home when sick with COVID-19, including recommendations for mask use for people experiencing symptoms consistent with COVID-19, see Quarantine and Isolation.

In accordance with applicable laws and regulations, schools and ECE programs should allow flexible, non-punitive, and supportive paid sick leave policies and practices. These policies should encourage sick workers to stay home without fear of retaliation, loss of pay, loss of employment, or other negative impacts. Schools should also provide excused absences for students who are sick, avoid policies that incentivize coming to school while sick, and support children who are learning at home if they are sick or in quarantine. Schools and ECE programs should ensure that employees are aware of and understand these policies and avoid language that penalizes or stigmatizes staying home when sick.

Ventilation Systems

Schools and ECE programs can optimize ventilation and improve indoor air quality to reduce the risk of germs and contaminants spreading through the air. Funds provided through the U.S. Department of Education's Elementary and Secondary Schools Emergency Relief (ESSER) Programs and the and the Governor's Emergency Education Relief (GEER) Programs and the Department of Health and Humans Services' Head Start and Child Care American Rescue Plan funds can support improvements to ventilation; repairs, upgrades, and replacements in Heating, Ventilation, and Air Conditioning (HVAC) systems; purchase of MERV-13 air filters and portable air cleaners; as well as implementation of other public health protocols and CDC guidance. Ventilation recommendations for different types of buildings can be found in the American Society of Heating, Refrigerating, and Air-Conditioning Engineers (ASHRAE) schools and universities guidance . The Environmental Protection Agency's (EPA) Clean Air in Buildings Challenge provides specific steps schools and other buildings can take to improve indoor air quality and reduce the risk of airborne spread of viruses and other contaminants. CDC does not provide recommendations for, or against, any manufacturer or product.

Hand Hygiene and Respiratory Etiquette

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Washing hands can prevent the spread of infectious diseases. Schools and ECE programs should teach and reinforce proper handwashing to lower the risk of spreading viruses, including the virus that causes COVID-19. Schools and ECE programs should monitor and reinforce these behaviors, especially during key times in the day (for example, before and after eating and after recess) and should also provide adequate handwashing supplies, including soap and water. If washing hands is not possible, schools and ECE programs should provide hand sanitizer containing at least 60% alcohol. Hand sanitizers should be stored up, away, and out of sight of younger children and should be used only with adult supervision for children ages 5 years and younger.

Schools and ECE programs should teach and reinforce covering coughs and sneezes to help keep individuals from getting and spreading infectious diseases, including COVID-19.

Cleaning and Disinfection

Schools and ECE programs should clean surfaces at least once a day to reduce the risk of germs spreading by touching surfaces. If a facility has had a sick person or someone who tested positive for COVID-19 within the last 24 hours, the space should be cleaned and disinfected. For more information, see Cleaning and Disinfecting Your Facility. Additionally, ECE programs should follow recommended procedures for cleaning, sanitizing, and disinfection in their setting such as after diapering, feeding, and exposure to bodily fluids. See Caring for Our Children .

COVID-19 Community Levels and Associated Prevention Strategies

CDC's COVID-19 Community Levels help communities and individuals make decisions on what COVID-19 prevention strategies to use based on whether their community is classified as low, medium, or high. These levels factor in a combination of COVID-19 hospitalization rates, healthcare burden, and COVID-19 cases. COVID-19 Community Levels treat schools and ECE programs the same as other settings in their community. Schools and ECE programs should follow guidance based on the COVID-19 Community Level of the community in which they are located.

School and ECE program administrators should work with local health officials to consider other local conditions and factors when deciding to implement prevention strategies. For example, school and ECE-specific indicators—such as student and staffing levels or student and staff vaccination rates—can help with decision-making. Additional community-level indicators that might be considered for use in decision making about COVID-19 prevention are pediatric hospitalizations, results from wastewater surveillance, or other local information.

When the COVID-19 Community Level indicates an increase, particularly if the level is medium or high, schools or ECE programs should consider adding layered prevention strategies, described below, to maintain safe, in-person learning and keep schools and ECE programs safely open. Schools and ECE programs may choose to add layered prevention strategies at any COVID-19 Community Level, based on local or facility needs.

If a school or ECE program is experiencing a COVID-19 outbreak, they should consider adding prevention strategies regardless of the COVID-19 Community Level. For example, those with an existing screening testing program may increase the frequency of testing, regardless of the vaccination status of the population. They may also put in place prevention strategies recommended at medium and high COVID-19 Community Levels (for example, masks) even if the community the school or ECE program is located in is at a lower COVID-19 Community Level. Schools and ECE programs that are experiencing outbreaks should work with their state or local health department in accordance with state and local regulations. Health departments should provide timely outbreak response support to K-12 schools and ECEs.

With decreasing or low COVID-19 Community Levels, schools and ECE programs can consider removing prevention strategies one at a time, followed by close monitoring of the COVID-19 Community Level in the weeks that follow.

Masking

Wearing a well-fitting mask consistently and correctly reduces the risk of spreading the virus that causes COVID-19. Universal indoor mask use is recommended at a high COVID-19 Community Level.

Anyone who chooses to wear a mask should be supported in their decision to do so at any COVID-19 Community Level, including low. At a medium COVID-19 Community Level, people who are immunocompromised or at risk for getting very sick with COVID-19 should talk to their healthcare provider about the need to wear a mask and take other precautions (for example, avoiding high-risk activities). Since wearing masks or respirators can prevent spread of COVID-19, people who have a household or social contact with someone at risk for getting very sick with COVID-19 (for example, a student with a sibling who is at risk) may also choose to wear a mask when the COVID-19 Community Level is medium. Schools and ECE programs should consider flexible, non-punitive policies and practices to support individuals who choose to wear masks regardless of the COVID-19 Community Level.

At a high COVID-19 Community Level, universal indoor masking in schools and ECE programs is recommended, as it is in the community at-large. When the COVID-19 Community Level is high, people at risk for getting very sick with COVID-19 should also wear masks or respirators that provide greater protection, such as N95s or KN95s.

Schools with students at risk for getting very sick with COVID-19 must make reasonable modifications when necessary to ensure that all students, including those with disabilities, are able to access in-person learning. Schools might need to require masking, based on federal, state, or local laws and policies, 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 webpage. Students with immunocompromising conditions or other conditions or disabilities that increase risk for getting very sick with COVID-19 should not be placed into separate classrooms or otherwise segregated from other students.

Because mask use is not recommended for those younger than 2 years old and may be difficult for very young children or for some children with disabilities who cannot safely wear a mask, ECE programs and K-12 schools may need to consider other prevention strategies—such as cohorting and avoiding crowding—when the COVID-19 Community Level is high. A critical prevention strategy is promoting vaccination among those who are eligible (for example, caregivers) because the risk for people who have not been vaccinated is lower when the people around them have been vaccinated. ECE programs may choose to implement universal indoor mask use to meet the needs of the families they serve, which could include people at risk for getting very sick with COVID-19.

For more information about masks please visit Types of Masks and Respirators.

Testing

Diagnostic Testing

Diagnostic testing is intended to identify current infection in individuals and should be performed on anyone that has signs and symptoms consistent with COVID-19 and/or following recent known or suspected exposure to the virus that causes COVID-19. Schools and ECE programs can promote and offer diagnostic testing for people with symptoms of COVID-19 or who came into close contact with someone with COVID-19. If people who have COVID-19 are identified early and isolate at home, schools and ECE programs can help prevent the spread of COVID-19. Choice of viral tests can include laboratory-based testing, point-of-care rapid testing, or self-testing. Schools and ECE programs should consider the varying minimum age for using Emergency Use Authorized (EUA) COVID-19 tests.

> For more information on COVID-19 tests, visit:
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> - 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

In addition to diagnostic testing offered by schools where feasible, people should be encouraged to test at home or in the community (for example, at a testing site or healthcare provider office) if they have symptoms or have had close contact with someone with COVID-19. Anyone who tests positive or has symptoms should follow CDC recommendations for isolation to stay home from their school or ECE program. People who come into close contact with someone with COVID-19 should follow CDC recommendations to quarantine, get tested, and wear a well-fitting mask. Recommendations for close contacts depend on vaccination status or history of prior infection. Those who come to school or an ECE program with symptoms or develop

symptoms while at school or an ECE program should be asked to wear a well-fitting mask while in the building and be sent home and encouraged to get tested if testing is unavailable at school. 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 Clinical Laboratory Improvement Amendments (CLIA) requirements.

Screening Testing

Screening testing identifies people with COVID-19 who do not have symptoms or known or suspected exposures, so that steps can be taken to prevent further spread of COVID-19.

At medium and high COVID-19 Community Levels, consider implementing screening testing in schools and ECE programs. Maintaining screening testing infrastructure during a low COVID-19 Community Level, even at a reduced volume, will help by more easily allowing for testing to scale up when the COVID-19 Community Levels are medium or high. Schools can also consider implementing screening testing for high-risk activities such as indoor sports and extracurricular activities, returning from breaks (for example, holidays, spring break, at the beginning of the school year), and for those serving students who are at risk for getting very sick with COVID-19, such as those with moderate or severe immunocompromise or complex medical conditions. The type of test used can vary and includes at-home testing (self-testing), point-of-care rapid testing, or laboratory testing. Schools and ECE programs that choose to rely on at-home test kits for screening testing should ensure equal access and availability to the tests; establish accessible systems that are in place for ensuring timely reporting of results to the school or ECE program; and communicate with families the importance of remaining at home if they receive a positive test. Communication strategies should take into account the needs of persons with limited English proficiency who require language services, and individuals with disabilities who require accessible formats.

For more information about testing, see Overview of Testing for SARS-CoV-2, the virus that causes COVID-19 and What to Know About COVID-19 Testing in Schools.

Screening testing should be done in a way that ensures the ability to maintain confidentiality of results and protect privacy. Consistent with state legal requirements and Family Educational Rights and Privacy Act (FERPA), K-12 schools and ECE programs should obtain parental consent for minor students and assent/consent from students themselves, when applicable.

Test to Stay Programs

Test to Stay (TTS) programs are an alternative to traditional at-home quarantine for close contacts who are not up to date with COVID-19 vaccines. Test to Stay combines contact tracing and frequent testing to allow those who have been exposed to attend school in person. CDC continues to recommend TTS as an important strategy schools should consider in order to support in-person learning. TTS strategies have not yet been evaluated by CDC in ECE programs.

Students eligible for and participating in TTS should wear a well-fitting mask, follow testing recommendations from their school, 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 jurisdictions to determine which TTS strategies would work best for them based on their population and level of resources to reduce the risk of transmission.

Cohorting

Cohorting is the practice of keeping people together in a small group and having each group stay together throughout the day, while minimizing contact between cohorts. In areas with a high COVID-19 Community Levels, this can be used to limit the number of people who come in contact with each other. It is important to ensure any use of cohorting for learning is designed to support inclusion of English language learners, students with disabilities consistent with their Individualized Education Program (IEP) or 504 plans, and other underserved students, and not result in segregation. In areas with high COVID-19 Community Levels, schools and ECE programs can also discourage crowding indoors to reduce the risk of spreading COVID-19.

Ventilation Improvements

Schools and ECE programs can take additional steps to increase outdoor air intake and improve air filtration. For example, safely opening windows and doors, including on school buses and ECE transportation vehicles, and using portable air cleaners with HEPA filters are strategies to improve ventilation. Schools and ECE programs may also consider holding some

activities outside if feasible when the COVID-19 Community Level is high.

Case Investigation and Contact Tracing

Although universal case investigation and contact tracing are not routinely recommended for health departments as part of COVID-19 response, they can be useful strategies in response to a school or ECE outbreak . If case investigation and contact tracing are done in school or ECE settings, investigations should focus on people who started having symptoms or tested positive for COVID-19 in the last 5 days. Schools and ECE programs should ensure that people identified with COVID-19 are provided with information about isolation and treatment. Notification of close contacts should focus on those who were exposed in the last 5 days. Health departments can aid with outbreak investigations and help decide if case investigation and contact tracing are needed.

Case investigation and contact tracing are important components of Test to Stay (TTS) programs. Schools that implement TTS strategies should continue to conduct contact tracing to allow those identified as close contacts and would otherwise need to quarantine at home to remain in an educational setting for in-person learning.

Schools and ECE programs that are not conducting contact tracing should use other methods to inform people who might have been in close contact with someone with COVID-19 in the school environment of their potential exposure and the actions they should take to remain safe and reduce transmission. Timely notification to all students, children, and staff in a classroom, cohort, or other school-based group with a potential exposure could include a phone call, email, or letter.

Quarantine

Quarantine is a strategy used to prevent transmission of COVID-19 by keeping people who have been in close contact with someone with COVID-19 apart from others. Recommendations for close contacts to quarantine, wear a well-fitting mask, and get tested will vary depending on vaccination status and history of prior COVID-19 infection. Regardless of the current COVID-19 Community Level, people who have come into close contact with someone with COVID-19 should follow the recommendations outlined on the COVID-19 Quarantine and Isolation webpage. This includes in K-12 schools and ECE settings. K-12 schools may consider TTS, which can keep those who would otherwise need to quarantine in in-person learning.

For children not yet eligible for COVID-19 vaccination who cannot wear a mask, or may have difficulty consistently wearing a well-fitting mask, it is safest to quarantine for a full 10 days. For more information, see Isolation and Quarantine in Early Care and Education Programs.

Considerations for High-Risk Activities

Due to increased and forceful exhalation that occurs during physical activity, some sports can put players, coaches, trainers, and others at increased risk for getting and spreading the virus that causes COVID-19. Close contact sports and indoor sports are particularly risky. Similar risks may exist for other extracurricular activities, such as band, choir, theater, and other school clubs that meet indoors and entail increased exhalation. At all COVID-19 Community Levels, schools and ECE programs can consider implementing screening testing for high-risk activities such as indoor sports and extracurricular activities. Schools and ECE programs may consider temporarily stopping these activities to control a school or program associated outbreak, or during periods of high COVD-19 Community Levels. ECE programs may also consider layering prevention strategies, such as masking, when close contact occurs, such as during feeding and diapering young children and infants.

Considerations for K-12 Residential Dorms and Overnight Child Care

While shared housing, such as K-12 residential dorms or overnight child care, is considered a congregate setting, it is considered a low-risk congregate setting due to the lower risk of severe health outcomes (such as hospitalizations and death) for children and young adults. Therefore, CDC recommends shared housing facilities follow the general population guidance for isolation, quarantine, and recommendations under COVID-19 Community Levels.

In specific circumstances where the student population may be at risk for getting very sick with COVID-19, schools may opt to follow isolation and quarantine guidance for high-risk congregate settings, which includes recommendations of a 10-day period for isolation and quarantine. Schools and ECE programs should balance the potential benefits of following that

guidance with the impact these actions would have on student well-being, such as the ability to participate in in-person instruction, food service access, and social interaction.

Considerations for Prioritizing Strategies

Schools and ECE programs, with help from local health departments, should consider local context when selecting strategies to prioritize for implementation. Schools should balance risk of COVID-19 with educational, social, and mental health outcomes when deciding which prevention strategies to put in place. Additional factors to consider include:

- **Age of population served:** Layered prevention strategies that are most suitable for young children should be given special consideration. For instance, the majority of children served by ECEs are not yet eligible for vaccines. Young children may also have difficulty wearing a well-fitting mask consistently and correctly, and children under 2 years old should not wear masks. For these reasons, additional layered prevention strategies—such as encouraging vaccination among staff and others around young children, improved ventilation, cohorting, and avoiding crowded spaces—should be considered first.
- **Availability of resources**: Availability of resources, such as funding, personnel, or testing materials, vary by community. For example, some schools or ECE programs may lack personnel to conduct school- or ECE-based testing or resources to optimize ventilation to improve air quality. Schools or ECE programs may choose to put in place other strategies instead, reserve these strategies for responding to an outbreak, or put them in place when other strategies are not adequate. Alternatively, they may choose to focus resources on select, at-risk sites within the school or ECE program (such as recommending masking and testing for a classroom in which a student was recently diagnosed with COVID-19). Schools and ECE programs should work with local, state, and federal agencies to identify additional resources to implement strategies, including those provided to schools and ECE programs through the American Rescue Plan.
- **Communities served:** The feasibility and acceptability of certain prevention measures may vary within the community. Schools and ECE programs may choose prevention strategies in consultation with their communities.
- **Pediatric-specific healthcare capacity:** Schools and ECE programs should work closely with local health departments to stay updated on the latest science about COVID-19, its impact on the local healthcare and hospital system, and any changes to recommended prevention strategies. While children are at lower risk for getting very sick with COVID-19, some children may still be hospitalized as a result of infection. When schools and ECE programs are considering increasing the use and number of prevention strategies when the COVID-19 Community Level is high, schools and ECE programs may consider the extent to which students or staff are at risk for getting very sick with COVID-19 or have family members at risk for getting very sick with COVID-19.
- **Equity:** Equity at both the individual and school levels should be considered in all decision-making. Care should be taken so that decisions related to layered prevention strategies and learning options do not disproportionately affect any group of people. For instance, at the health department and school or ECE level, decisions to put in place strategies such as screening testing and contact tracing should be made in a way as to ensure that the same resources are provided to all within the district and community.
- **Students with disabilities:** Federal and state disability laws require an individualized approach for working with children and youth with disabilities consistent with the child's IEP, Section 504 plan, or Individualized Family Service Plan (IFSP). Reasonable modifications, when necessary, must be provided to ensure equal access to in-person learning for students with disabilities. Administrators should consider additional prevention strategies to accommodate the health and safety of students with disabilities and protect their civil rights and equal access to safe in-person learning. Schools and ECE programs should also consider the needs of people who are at risk for getting very sick with COVID-19 or who have family members at risk for getting very sick with COVID-19. Some students may need additional protections to ensure they can remain safely in the classroom. In addition, people who spend time indoors with individuals at risk for getting very sick with COVID-19 should consider taking extra precautions (for example, wearing a mask) even when the COVID-19 Community Level is not high. School districts, schools, ECE programs, and classrooms may choose to implement masking requirements at any COVID-19 Community Level depending on their community's needs – and especially keeping in mind those for whom these prevention strategies provide critical protection for in-person learning. The U.S. Department of Education provides guidance and resources for schools and ECE programs to ensure students with disabilities continue to receive the services and supports they are entitled to so that they have successful in-person educational experiences.

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