



Coronavirus Disease 2019 (COVID-19)

Schools and Day Camps




As communities consider a gradual scale up of activities towards pre-COVID-19 operating practices in centers for learning, such as K-12 schools and summer day camps, CDC offers the following recommendations to keep communities safe while resuming peer-to-peer learning and providing crucial support for parents and guardians returning to work. These recommendations depend on community monitoring to prevent COVID-19 from spreading. Communities with low levels of COVID-19 spread and those with confidence that the incidence of infection is genuinely low (e.g., communities that remain in low transmission or that have entered Step 2 or 3) may put in place the practices described below as part of a gradual scale up of operations. All decisions about following these recommendations should be made in collaboration with [local health officials](#) and other state and local authorities who can help assess the current level of mitigation needed based on levels of COVID-19 community transmission and the capacities of the local public health and healthcare systems, among other relevant factors. CDC is releasing this interim guidance, laid out in a series of three steps, to inform a gradual scale up of operations. The scope and nature of community mitigation suggested decreases from Step 1 to Step 3. Some amount of community mitigation is necessary across all steps until a vaccine or therapeutic drug becomes widely available.

Scaling Up Operations

- **In all Steps:**
- Establish and maintain communication with local and state authorities to determine current mitigation levels in your community.
- Protect and support staff and students who are at [higher risk for severe illness](#), such as providing options for telework and virtual learning.
- Follow CDC's [Guidance for Schools and Childcare Programs](#).
- Provide teachers and staff from higher transmission areas (earlier Step areas) telework and other options as feasible to eliminate travel to schools and camps in lower transmission (later Step) areas and vice versa.
- Encourage any other external community organizations that use the facilities also follow this guidance.
- **Step 1:** Schools that are currently closed, remain closed. E-learning or distance learning opportunities should be provided for all students. Support provision of student services such as school meal programs, as feasible. Camps should be restricted to children of essential workers and for children who live in the local geographic area only.
- **Step 2:** Remain open with **enhanced** social distancing measures and for children who live in the local geographic area only.
- **Step 3:** Remain open with distancing measures. Restrict attendance to those from limited transmission areas (other Step 3 areas) only.

Safety Actions

Promote healthy hygiene practices (Steps 1-3)



- Teach and reinforce [washing hands](#) and covering coughs and sneezes among children and staff.
- Teach and reinforce use of face coverings among all staff. Face coverings may be challenging for students (especially younger students) to wear in all-day settings such as school. Face coverings should be worn by staff and encouraged in students (particularly older students) if feasible and are most essential in times when physical distancing is difficult. Information should be provided to staff and students on [proper use, removal, and washing of cloth face coverings](#). Face coverings are not recommended for babies or children under the age of 2, or for anyone who has trouble breathing, or is unconscious, incapacitated or otherwise unable to remove the covering without assistance. Cloth face coverings are meant to protect other people in case the wearer is unknowingly infected (many people carry COVID-19 but do not have symptoms). Cloth face coverings are not surgical masks, respirators, or personal protective equipment.
- Have adequate supplies to support healthy hygiene behaviors, including soap, hand sanitizer with at least 60 percent alcohol (for staff and older children who can safely use hand sanitizer), paper towels, tissues, and no-touch trash cans.
- Post signs on how to [stop the spread](#)  of COVID-19, [properly wash hands](#), [promote everyday protective measures](#) , and [properly wear a face covering](#) .

Intensify cleaning, disinfection, and ventilation (Steps 1–3)

- [Clean and disinfect](#) frequently touched surfaces within the school and on school buses at least daily (for example, playground equipment, door handles, sink handles, drinking fountains) as well as shared objects (for example, toys, games, art supplies) between uses.
- To clean and disinfect school buses, see [guidance for bus transit operators](#).
- Ensure [safe and correct application](#) of disinfectants and keep products away from children.
- Ensure ventilation systems operate properly and increase circulation of outdoor air as much as possible such as by opening windows and doors. Do not open windows and doors if they pose a safety or health risk (e.g., allowing pollens in or exacerbating asthma symptoms) risk to children using the facility.
- [Take steps](#) to ensure that all water systems and features (for example, drinking fountains, decorative fountains) are safe to use after a prolonged facility shutdown to minimize the risk of [Legionnaires' disease](#) and other diseases associated with water.

Promote social distancing

- **Step 1 and 2**
 - Ensure that student and staff groupings are as static as possible by having the same group of children stay with the same staff (all day for young children, and as much as possible for older children).
 - Restrict mixing between groups.
 - Cancel all field trips, inter-group events, and extracurricular activities (Step 1).
 - Limit gatherings, events, and extracurricular activities to those that can maintain social distancing, support proper hand hygiene, and restrict attendance of those from higher transmission areas (Step 2; Note: restricting attendance from those in Step 1 areas).
 - Restrict nonessential visitors, volunteers, and activities involving other groups at the same time.
 - Space seating/desks to at least 6 feet apart.
 - Turn desks to face in the same direction (rather than facing each other), or have students sit on only one side of tables, spaced apart.
 - Close communal use spaces such as dining halls and playgrounds if possible; otherwise stagger use and [disinfect](#) in between use.

- If a cafeteria or group dining room is typically used, serve meals in classrooms instead. Serve individually plated meals and hold activities in separate classrooms and ensure the safety of children with [food allergies](#)  .
- Stagger arrival and drop-off times or locations, or put in place other protocols to limit close contact with parents or caregivers as much as possible.
- Create social distance between children on school buses (for example, seating children one child per seat, every other row) where possible.
- **Step 3**
 - Consider keeping classes together to include the same group of children each day, and consider keeping the same child
 - care providers with the same group each day.
 - Allow minimal mixing between groups. Limit gatherings, events, and extracurricular activities to those that can maintain social distancing, support proper hand hygiene, and restrict attendance of those from higher transmission areas (Step 1 or 2 areas).
 - Continue to space out seating and bedding (head-to-toe positioning) to 6 feet apart, if possible.
 - Consider keeping communal use spaces closed, such as game rooms or dining halls, if possible; if this is not possible, stagger use and [disinfect](#) in between uses.
 - Consider continuing to plate each child's meal, to limit the use of shared serving utensils and ensure the safety of children with [food allergies](#)  .
 - Consider limiting nonessential visitors, volunteers, and activities involving other groups. Restrict attendance of those from higher transmission areas (Step 1 or 2 areas).
 - Consider staggering arrival and drop-off times or locations, or put in place other protocols to limit close contact with parents or caregivers as much as possible.

Limit sharing (Steps 1-3)

- Keep each child's belongings separated from others' and in individually labeled containers, cubbies, or areas and taken home each day and cleaned, if possible.
- Ensure adequate supplies to minimize sharing of high touch materials to the extent possible (art supplies, equipment etc. assigned to a single student/camper) or limit use of supplies and equipment by one group of children at a time and clean and disinfect between use.
- If food is offered at any event, have pre-packaged boxes or bags for each attendee instead of a buffet or family-style meal. Avoid sharing of foods and utensils.
- Avoid sharing electronic devices, toys, books, and other games or learning aids.

Train all staff (Steps 1-3)

- Train all teachers and staff in the above safety actions. Consider conducting the training virtually, or, if in-person, ensure that social distancing is maintained.

Check for signs and symptoms (Steps 1-3)

- If feasible, conduct daily health checks (e.g. temperature screening and/or [symptoms checking](#)) of staff and students safely, respectfully, as well as in accordance with any applicable privacy laws or regulations. Confidentiality should be maintained.
- School and camp administrators may use examples of screening methods in CDC's supplemental [Guidance for Child](#)

Care Programs that Remain Open as a guide for screening children and CDC's General Business FAQs for screening staff.

- Encourage staff to stay home if they are sick and encourage parents to keep sick children home.

Plan for when a staff member, child, or visitor becomes sick (Steps 1–3)

- Work with school administrators, nurses, and other healthcare providers to identify an isolation room or area to separate anyone who exhibits COVID-like symptoms. School nurses and other healthcare providers should use [Standard and Transmission-Based Precautions](#) when caring for sick people. See: [What Healthcare Personnel Should Know About Caring for Patients with Confirmed or Possible COVID-19 Infection](#).
- Establish procedures for safely transporting anyone sick home or to a healthcare facility.
- Notify local health officials, staff, and families immediately of a possible case while maintaining confidentiality consistent with the [Americans with Disabilities Act \(ADA\)](#) [↗](#) and other applicable federal and state privacy laws.
- Close off areas used by a sick person and do not use before cleaning and disinfection. Wait 24 hours before you [clean and disinfect](#). If it is not possible to wait 24 hours is, wait as long as possible. [Ensure safe and correct application](#) of disinfectants and keep disinfectant products away from children.
- Advise sick staff members and children not to return until they have met CDC [criteria to discontinue home isolation](#).
- Inform those who have had [close contact](#) to a person diagnosed with COVID-19 to stay home and self-monitor for symptoms and to follow [CDC guidance](#) if symptoms develop. If a person does not have symptoms follow appropriate CDC guidance for [home isolation](#).

Maintain healthy operations (Steps 1–3)

- Implement flexible sick leave policies and practices, if feasible.
- Monitor staff absenteeism and have a roster of trained back-up staff.
- Monitor health clinic traffic. School nurses and other healthcare providers play an important role in monitoring health clinic traffic and the types of illnesses and symptoms among students.
- Designate a staff person to be responsible for responding to COVID-19 concerns. Employees should know who this person is and how to contact them.
- Create a communication system for staff and families for self-reporting of [symptoms and notification of exposures and closures](#).
- [Support coping and resilience](#) among employees and children.

Closing

Steps 1–3

- Check [state](#) and [local](#) [↗](#) health department notices daily about transmission in the area and adjust operations accordingly.

In the event a person diagnosed with COVID-19 is determined to have been in the building and poses a risk to the community, programs may consider closing for a short time (1-2 days) for cleaning and disinfection.