Operational Guidance for K-12 School and Early Care and Education Programs to Support Safe In-Person Learning;
Frequently Asked Questions for K-12 and Early Care and Education (ECE) Settings: Information for School and ECE Administrators, Teachers, Staff, and Parents;
and
Frequently Asked Questions for Directors of Overnight Camps

CDC has updated Operational Guidance for K-12 School and Early Care and Education Programs to Support Safe In-Person Learning to make it consistent with recommendations found in the COVID-19 Community Levels. The updated guidance includes recommendations for prevention strategies for everyday operations, as well as prevention strategies to add based on the COVID-19 Community Level (low, medium, or high) or when experiencing an outbreak in schools or early care and education (ECE) programs. The K-12 school and ECE program guidance can be adapted as needed to support changing local situations, including during periods of increased community health impacts as a result of COVID-19. CDC also released Frequently Asked Questions for K-12 and Early Care and Education (ECE) Settings: Information for School and ECE Administrators, Teachers, Staff, and Parents and Frequently Asked Questions for Directors of Overnight Camps. Day camp directors are encouraged to reference the K-12 school and ECE guidance in their planning.

TALKING POINTS

- As we work to minimize the impact COVID-19 has on our health, our healthcare systems, our educational system, our children, and our communities, CDC is re-focusing efforts to protect those who are most at risk for getting very sick with COVID-19 by updating setting specific-guidance for schools, early care and education programs, and camps to align with COVID-19 Community Levels.
- Within these setting-specific guidance updates, there are a variety of everyday preventive actions that K-12 schools, early care and education (ECE) programs, and day and overnight camps can do to help prevent the spread of COVID-19, flu, and other viruses. This layered approach includes:
    - Encouraging individuals to stay up to date on all vaccinations
    - Ensuring staff, students, and children stay home when sick
    - Optimizing/increasing ventilation
    - Promoting good hygiene: washing hands and covering coughs and sneezes
    - Routine cleaning and disinfection
- Additional COVID-19 prevention strategies can be implemented based on COVID-19 Community Levels. Some, like getting tested if you are exposed to COVID-19 or have symptoms of COVID-19 and isolating if you test positive for COVID are recommended even when COVID-19 Community Levels are low. Other prevention strategies, such as masking and implementing screening testing, can be layered on when COVID-19 Community Levels are high.

Q&A

What has changed in this guidance?

This Operational Guidance for K-12 School and Early Care and Education Programs to Support Safe In-Person Learning is now aligned with COVID-19 Community Levels. It replaces the current K-12 and ECE guidance documents.

Why was the K-12 and ECE guidance combined?

The combined guidance reflects where we are now in the pandemic, and the increased availability of tools and treatments for COVID-19. Young children and school-aged children remain at low risk for getting very sick with COVID-19, and vaccines for children ages 5 and older have become widely available. In addition, CDC's COVID-19 Community Levels apply equally to both K-12 schools and ECE programs, as do the benefits of everyday prevention measures, such as optimizing ventilation.

How does the updated guidance affect quarantine and isolation?

At all COVID-19 Community Levels, people with symptoms of COVID-19 and those who have tested positive for COVID-19 should follow guidance for isolation. People who have come into close contact with someone diagnosed with COVID-19 should follow the quarantine recommendations outlined on the COVID-19 Quarantine and Isolation webpage. People who cannot wear a mask, such as children under 2 years old, should isolate or quarantine for a full 10 days.

Because of the importance of access to learning and care, when determining quarantine policies, ECE programs should consider multiple factors, including education loss, the social and emotional well-being of children, and the needs of the families served when they cannot attend ECE programs in person. ECE programs should also consider the level of community transmission of COVID-19, presence of other people who are at higher risk for severe illness, and the ability to use additional prevention strategies, such as improved ventilation and placing children in small groups, i.e., cohorting.

How does this updated guidance affected Test-to-Stay?

This updated guidance does not affect the Test-to-Stay practices being implemented in K-12 settings across the country.

Test-to-Stay is another valuable tool in a layered prevention strategy that includes promoting vaccination of eligible students and staff, testing, ventilation, handwashing, and staying home when sick.

Schools may consider the use of TTS to minimize the impact of quarantine and limit school absences after a COVID-19 exposure in the K-12 school setting.

What does the updated guidance mean for staff, students, and children at risk for getting very sick with COVID-19, including people with disabilities?

People at risk for getting very sick with COVID-19—including those with disabilities—may choose to wear a mask at any COVID-19 Community Level. Some people may choose to wear a mask if they have a family member at risk for getting very sick with COVID-19. School administrators should be supportive of mask-wearing and other personal prevention measures. In addition, they should work with children who are immunocompromised or who have other conditions that increase their risk for getting very sick with COVID-19 and their families to understand their individual needs, provide access to required services, and adjust strategies as needed. Reasonable modifications, when necessary, must be provided to ensure equal access to in-person learning for students with disabilities.

People at risk for getting very sick with COVID-19 who test positive for COVID-19 should contact their healthcare providers to see if they may benefit from treatment.

Does this guidance apply to Institutions of Higher Education (IHEs)?

This operational guidance is for K-12 schools and Early Care and Education (ECE) programs. IHEs should follow the COVID-19 Community Levels to determine what prevention steps to put in place.

What input did CDC get from partners on this updated guidance?

CDC often engages with organizations and groups that are impacted by guidance and recommendations issued by the agency. We do so to ensure our recommendations address the concerns of those who will implement them and that they are feasible to implement. These partners include federal, state, tribal, local, and territorial jurisdictions, and other external educational and public health partners.

Partner engagement results in beneficial feedback that we consider in our guidance and other documents to ensure usefulness, clarity, and usability.

CDC has engaged with many partners through multiple channels throughout the COVID-19 response. For example, CDC has presented on school-related issues to a variety of partners: early care programs/educators; public health organizations; state, tribal, local, and territorial (STLT) health departments and partner organizations; parent organizations; healthcare providers; and various NGOs; among others. We've spoken on multiple Department of Education listening sessions and partner calls. CDC's weekly all-STLT call routinely includes nearly 2,000 participants representing public health and education professionals at all levels. Participants ask questions related to schools nearly every week. CDC participates with key leaders around the country in the State and Territory Alliance for Testing (STAT) network calls organized by Brown University to hear the issues that leaders are struggling with related to K-12 schools. Through weekly calls with public health and education organizations, we maintain an open, ongoing dialogue about the issues that are most concerning to those working to keep schools safe and open for in-person learning. We take the issues we hear about from our public health and education partners into account when developing our guidance and Frequently Asked Questions.

CDC encourages our partners to reach out to CDC to provide information on how CDC can best support them during this pandemic.

Along with the guidance, CDC is releasing answers to address a set of frequently asked questions that we have received from jurisdictions and other partners throughout the guidance development process. These FAQs allow us to answer the most frequently asked questions about K-12 schools and ECE programs.

Why is this guidance being updated?

We are in a different place than we were a year or two ago. High-quality masks, and effective vaccines, boosters, and tests are widely available. We have also developed effective treatments for COVID-19 available to children who are hospitalized or at high risk for severe COVID-19, and adults.

The COVID-19 Community Levels are relevant to all community settings, including schools and ECE programs. This guidance provides more context to help school and ECE administrators implement the strategies recommended in the COVID-19 Community Levels.

Why is CDC no longer recommending people stay 6 feet apart?

Students benefit from in-person learning, and safely returning to in-person instruction continues to be a priority. Physical distancing remains one of the things people can do to prevent COVID-19. To prevent the spread of COVID-19, greater physical distances are more important when there is inadequate ventilation and in crowded indoor settings, especially in communities with high levels of circulating virus. Physical distancing may also be more important in settings in which other preventative measures, such as masking, aren't in place or followed consistently by everyone. Maintaining a distance of 3' when everyone in K-12 is masked will decrease the risk of COVID transmission. Taking multiple prevention steps—like staying up to date on vaccines, improving ventilation, and wearing masks when recommended—can help protect you and your community from the impact of COVID-19. These measures prevent severe illness, especially in individuals at high risk for getting very sick, and alleviate strain on the healthcare system. Please note that given the potential negative impacts of not being in-person, inability to fully distance should not prohibit in-person learning.

How do I know if my school or classroom has adequate ventilation?

To learn more about your school or classroom's approach to ventilation and COVID-19 safety strategies, consider asking the following questions:

- What prevention strategies are you currently using to keep my child safe in school?
- How and when are you updating your protocols for COVID-19?

- Are you using outdoor spaces for learning, extracurricular activities, or mealtime?
- What are you doing to keep students safe when they are eating meals?

Find more FAQs about COVID-19 prevention in schools.

Good ventilation is important, especially in areas where students may not be able to wear masks.

There are several ways schools can improve ventilation. These include:

- Moving classes outside when weather permits.
- Opening multiple doors.
- Using child-safe fans.
- Making changes to the heating, ventilation, and air conditioning (HVAC) or air filtration systems.
- Keeping the ventilation system running all day—especially whenever students are gathering.

Ventilation is recommended for schools at all COVID-19 Community Levels. Schools can use ventilation techniques year-round to help reduce transmission of COVID-19 and other respiratory illnesses. CDC's new Interactive Ventilation Tool for Schools can help schools estimate how much they are improving air quality and reducing the number of virus particles in classrooms. Based on modeling data from the National Institute of Standards and Technology, CDC's ventilation tool shows how simple methods including running HEPA air purifiers, increasing the use of outdoor air in HVAC systems when possible, and running exhaust fans, can reduce virus particles. Schools can use other tools, such as holding large gatherings and lunches outside, opening bus windows, and using techniques like ultraviolet germicidal irradiation (UVGI) to disinfect the air. Learn about how to use CDC building recommendations in your setting at Ventilation in Schools and Childcare Programs.

Ventilation does not have to be costly. While CDC supports schools modernizing systems when possible, expensive upgrades are not the only way to improve indoor air quality. Low-cost methods are available including using exhaust fans, using HEPA air purifiers, holding activities outside, and bringing in as much outdoor air as possible.

Improving indoor air quality in schools not only helps keep COVID-19 cases low, but also helps protect teachers, staff and students from other respiratory illnesses.

Should schools continue to do COVID-19 testing?

Testing remains an important layer of prevention that schools can use to reduce risk of spread. 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)

Those in K-12 settings may also use Test-to-Stay (TTS), a practice comprised of contact tracing and serial testing (testing that is sequentially repeated) to allow school-associated close contacts who are not fully vaccinated to continue in-person learning during their quarantine period.

While implementation of TTS may vary, contact tracing and testing as well as masking of contacts during their in-school quarantine period are integral to minimize risk of transmission. Schools may consider the use of TTS to minimize the impact of quarantine and limit school absences after a SARS-CoV-2 exposure in the K-12 school setting.

When to Wear a Well-Fitting Mask

Find your CDC community risk level for guidance on masking in indoor spaces.

- bit.ly/CDCCOVIDbyCounty

During isolation and quarantine.

- bit.ly/MDHHSIsolationQuarantine

When you are in a congregate setting.

- Long term care, health care or correctional facility.

You may also wish to wear a mask in these settings:

If you, or those around you, are at high risk for infection or severe disease.

- Immunocompromised or have other medical conditions that increase risk.
- Unvaccinated.

If you feel the risk of exposure is high.

- Crowded settings; a potential for unvaccinated individuals.

If you feel more comfortable wearing a mask.

Please be respectful of others' choices.