Centers for Disease Control and Prevention

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

Updated May 11, 2023

Summary of Recent Changes

Updates as of May 11, 2023

- Updated COVID-19 testing language in coordination with updates to COVID-19 Testing: What You Need to Know
- Replaces COVID-19 Community Levels with COVID-19 hospital admission levels to guide prevention decisions. See the following for details on the reasons for this change.
  - MMWR: COVID-19 Surveillance After Expiration of the Public Health Emergency Declaration — United States, May 11, 2023
  - MMWR: Correlations and Timeliness of COVID-19 Surveillance Data Sources and Indicators — United States, October 1, 2020–March 22, 2023

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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 schools and ECE programs remain open and help their administrators support safe, in-person learning while reducing the spread of COVID-19. Based on COVID-19 hospital admission 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 the COVID-19 hospital admission levels and community or setting-specific context, such as availability of resources, health status of students, and age of population served. Enhanced prevention strategies also may be necessary in response to an outbreak in the K-12 or ECE setting. 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. Reasonable modifications or accommodations, when necessary, must be provided to ensure equal access to in-person learning for students with disabilities.

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 how to protect yourself and others and the CDC COVID-19 hospital admission levels, visit:

- COVID-19 by County
- How to Protect Yourself & Others
- Correlations and Timeliness of COVID-19 Surveillance Data Sources and Indicators — United States, October 1, 2020–March 22, 2023 | MMWR (cdc.gov)
- 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
- Summary of Guidance for Minimizing the Impact of COVID-19 on Individual Persons, Communities, and Health Care Systems — United States, August 2022

Strategies for Everyday Operations

Schools and ECE programs should 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 hospital admission levels, including low levels.

Staying Up to Date on Vaccinations

Schools, ECE programs, and health departments should promote equitable access to vaccination. Staying up to date on routine vaccinations is essential to prevent illness from many different infections. COVID-19 vaccination helps protect eligible people from getting severely ill with COVID-19. 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, and communities. Schools, ECE programs, and health departments can promote vaccination in many ways:

- Provide information about COVID-19 vaccines and other recommended vaccines. Ensure communication meets the needs of people with limited English proficiency who require language services and individuals with disabilities who require accessible formats.
- Encourage trust and confidence in COVID-19 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 who have symptoms of respiratory or gastrointestinal infections, such as cough, fever, sore throat, vomiting, or diarrhea, should stay home. Testing is recommended for people with symptoms of COVID-19 as soon as possible after symptoms begin. If a person with COVID-19 symptoms tests negative for COVID-19, they should consider getting tested for other respiratory illnesses that could be spread to others, such as flu. If tested using an antigen test, negative tests should be repeated following FDA recommendations . 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 COVID-19, to other people. For more information on staying home when sick with COVID-19, including recommendations for isolation and mask use for people who test positive or who are experiencing symptoms consistent with COVID-19, see Isolation and Precautions for People with COVID-19.

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 support workers caring for a sick family member and 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. Schools and ECE programs should ensure that employees and families are aware of and understand these policies and avoid language that penalizes or stigmatizes staying home when sick.

> **ECE Programs:** Prevention and Control of Infectious Diseases

Ventilation

Schools and ECE programs can optimize ventilation and maintain improvements to 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 Governor's Emergency Education Relief (GEER) Programs and the Department of Health and Humans Services' Head Start and Child Care American Rescue Plan can support improvements to ventilation; repairs, upgrades, and replacements in Heating, Ventilation, and Air Conditioning (HVAC) systems; purchase of MERV-13 air filters, portable air cleaners, and upper-room germicidal ultraviolet irradiation systems; as well as implementation of other public health protocols and CDC guidance. The Environmental Protection Agency's (EPA) Clean Air in Buildings Challenge [107 KB, 3 pages] 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. 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 [1.9 MB, 41 pages] . CDC does not provide recommendations for, or against, any manufacturer or product.

When COVID-19 hospital admission levels increase or in response to an outbreak, 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 hospital admission level is high.

Hand Hygiene and Respiratory Etiquette

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, after using the restroom, 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

Schools and ECE programs should clean surfaces at least once a day to reduce the risk of germs spreading by touching surfaces. 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 Hospital Admission Levels and Associated Prevention Strategies

CDC's COVID-19 hospital admission levels help communities and individuals make decisions about what COVID-19 prevention strategies to use based on whether their community is classified as low, medium, or high. These levels take into account COVID-19 hospitalization admission rates. Recommendations outlined for the COVID-19 hospital admission levels are the same for schools and ECE programs as those for the community. Schools and ECE programs that serve students from multiple communities should follow prevention recommendations based on the COVID-19 hospital admission level of the community in which the school or ECE program is 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. School and ECE-specific indicators—such as rates of absenteeism among students and staff or presence of students or staff who are at risk of getting very sick with COVID-19—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 hospital admission level indicates an increase, particularly if the level is high or the school or ECE program is experiencing an outbreak, schools or ECE programs should consider adding layered prevention strategies, described below, to maintain safe, in-person learning and keep ECE programs safely open. Although most strategies are recommended to be added or increased at a high COVID-19 hospital admission level, schools might want to consider adding layers when at medium, such as those in the Considerations for Prioritizing Strategies section below, based on school and community characteristics.

When the COVID-19 hospital admission level moves to a lower category or after resolution of an outbreak, schools and ECE programs can consider removing prevention strategies one at a time, followed by close monitoring of COVID-19 transmission within the school or ECE and the COVID-19 hospital admission level of their community in the weeks that follow.

Masking

Wearing a well-fitting mask or respirator consistently and correctly reduces the risk of spreading the virus that causes COVID-19. At a high COVID-19 hospital admission level, universal indoor masking in schools and ECE programs is recommended, as it is in the community at-large. Policies for use of masks in school nurse offices should follow recommendations outlined in the Infection Control: Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) guidance. Recommendations for masking in nurses' offices may depend on factors such as COVID-19 hospital admission level, outbreak status, and patient access. People who have known or suspected exposure to COVID-19 should also wear a well-fitting mask or respirator around others for 10 days from their last exposure, regardless of vaccination status or history of prior infection.

Anyone who chooses to wear a mask or respirator should be supported in their decision to do so at any COVID-19 hospital admission level, including low. At a medium and high COVID-19 hospital admission level, people who are immunocompromised or at risk for getting very sick with COVID-19 should wear a mask or respirator that provides greater protection. 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 at any COVID-19 hospital admission level. 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 hospital admission level.

Schools with students at risk for getting very sick with COVID-19 must make reasonable modifications or accommodations when necessary to ensure that all students, including those with disabilities, are able to access in-person learning. Schools might need to require masking in settings such as classrooms or during activities to protect students with immunocompromising conditions or other conditions that increase their risk for getting very sick with COVID-19 in accordance with applicable federal, state, or local laws and policies. For more information and support, 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 children ages younger than 2 years 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 improving ventilation and avoiding crowding—when the COVID-19 hospital admission level is medium or high or in response to an outbreak. K-12 schools or 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

Schools and ECE programs can offer diagnostic testing for students and staff with symptoms of COVID-19 or who were exposed to someone with COVID-19 in the K-12 or ECE setting, or refer them to a community testing site, healthcare provider, or to use an at-home test. Each COVID-19 test with an emergency use authorization (EUA) has a minimum age requirement. Schools and ECE programs should only use tests that are appropriate for the person being tested. For more information on when someone should test, where to get tests, and what results mean, please visit COVID-19 Testing: What You Need to Know.

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.

CDC no longer recommends routine screening testing in K-12 schools. However, at a high COVID-19 hospital admission level, K-12 schools and ECE programs can consider implementing screening testing for students and staff for high-risk activities (for example, close contact sports, band, choir, theater); at key times in the year, for example before/after large events (such as prom, tournaments, group travel); and when returning from breaks (such as holidays, spring break, at the beginning of the school year). In any screening testing program, testing should include both vaccinated and unvaccinated people. Schools 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, can consider implementing screening testing at a medium or high COVID-19 hospital admission level. Nucleic acid amplification tests (NAATs) and antigen tests can be used for screening purposes; however, the school should consider the characteristics of different test types (including accessibility, accuracy and practicality) to determine which best suits their particular need. Schools and ECE programs that choose to rely on at-home antigen 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 positive results to the school or ECE program; and communicate with families the importance of following isolation guidance for anyone who tests positive. Communication strategies should take into account the needs of people with limited English proficiency who require language services, and individuals with disabilities who require accessible formats.

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.

Management of Cases and Exposures

Students or staff 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 or respirator while in the building and be sent home and encouraged to get tested if testing is unavailable at school. Symptomatic people who cannot wear a mask should be separated from others as much as possible; children should be supervised by a designated caregiver who is wearing a well-fitting mask or respirator until they leave school grounds.

Schools and ECEs should develop mechanisms to ensure that people with COVID-19 isolate away from others and do not attend school until they have completed isolation. Once isolation has ended, people should wear a well-fitting mask or respirator around others through day 10. Testing is not required to determine the end of isolation or mask use after having COVID-19; however people can use the test-based strategy outlined in the isolation guidance to potentially shorten the duration of post-isolation mask use. If using the test-based strategy, people should continue to wear a well-fitting mask or respirator in the school or ECE setting until testing criteria have been met. People who are not able to wear a well-fitting mask or respirator should either isolate for 10 full days or follow the test-based strategy to determine when they can safely return to the school or ECE setting without a mask, while continuing to isolate until testing criteria have been met. If a person with COVID-19 has been inside a school or ECE facility within the last 24 hours, the space should be cleaned and disinfected. For more information, see Cleaning and Disinfecting Your Facility.

Quarantine is no longer recommended for people who are exposed to COVID-19 except in certain high-risk congregate settings such as correctional facilities, homeless shelters, and nursing homes. In schools and ECE settings, which are generally not considered high-risk congregate settings, people who were exposed to COVID-19 should follow recommendations to wear a well-fitting mask and get tested. K-12 school and ECE administrators can decide how to manage exposures based on the local context and benefits of preserving access to in-person learning. Accommodations may be necessary for exposed people who cannot wear a mask or have difficulty wearing a well-fitting mask. Schools and ECE programs can also consider recommending masking and/or testing for a classroom in which a student was recently exposed who is unable to consistently and correctly wear a mask.

Quarantine is a key component to Test to Stay programs. Since quarantine is no longer recommended for people who are exposed to COVID-19 except in certain high-risk congregate settings, Test to Stay (TTS) is no longer needed. If any school or ECE program chooses to continue requiring quarantine, they may also choose to continue TTS.

Responding to Outbreaks

If a school or ECE program is experiencing a COVID-19 outbreak they should consider adding prevention strategies regardless of the COVID-19 hospital admission level. Strategies that can help reduce transmission during an outbreak include wearing well-fitting masks or respirators, improving ventilation (for example moving school activities outdoors, opening windows and doors, using air filters), screening testing, and case investigation and contact tracing. Early identification of cases to ensure that they stay home and isolate is a critical component of outbreak response. Schools and ECE programs may also consider suspending high-risk activities to control a school- or program-associated outbreak. 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.

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 for participants and spectators, especially in crowded, indoor venues. 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 a high COVID-19 hospital admission level, 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 hospital admission 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, camps, 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, management of exposures, and recommendations under COVID-19 hospital admission 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. 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 interactions. Screening testing at all COVID-19 hospital admission levels can also be appropriate in these settings to reduce transmission and improve health outcomes for people who are at risk of getting very sick with COVID-19.

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 and ECE programs should balance the 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. Young children may have difficulty wearing a well-fitting mask consistently and correctly, and children ages under 2 years should not wear masks. For these reasons, layering additional prevention strategies—such as encouraging vaccination among staff and others around unvaccinated children, improved ventilation, and avoiding crowded spaces—should be used.
- **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 individual educational plan (IEP), Section 504 plan, or Individualized Family Service Plan (IFSP). Reasonable modifications or accommodations, 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. 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.
- **People at risk of getting very sick:** 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 and staff 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 hospital admission level is not high. School districts, schools, ECE programs, and classrooms may choose to implement masking requirements at any COVID-19 hospital admission 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.
- **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.
- **Availability of resources**: Availability of resources, such as funding, personnel, or testing materials, vary by community. Schools or ECE programs may consider prioritizing strategies for responding to an outbreak, or ramp strategies up as necessary. 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 [172 KB, 2 pages] 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 strategies may vary within the community. Schools and ECE programs should consider community context and acceptability when choosing prevention strategies.
- **Pediatric-specific considerations:** 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 the infection. When schools and ECE programs are considering increasing the use and number of prevention strategies when the COVID-19 hospital admission level is high, schools and ECE programs should take into account the extent to which students are at risk for getting very sick with COVID-19 or have family members at risk for getting very sick with COVID-19.

Previous Updates

Updates from Previous Content

As of October 5, 2022

- Updated recommendations for use of masks in school nurse offices to follow those outlined in the Infection Control: Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) guidance.

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