

K-12 Schools and Early Care and Education (ECE) Program Operational Guidance

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.

Recommendations for All COVID-19 Community Levels

- Everyone who is eligible for a COVID-19 vaccine, should stay [up-to-date](#) on vaccination.
- Schools and ECE programs should take [additional steps](#) to increase outdoor air intake and improve air filtration.
- Anyone with COVID-19 symptoms, regardless of vaccination status, should be tested for COVID-19.
 - If a rapid antigen test is negative, a symptomatic person should seek confirmatory PCR testing.
 - If confirmatory testing is negative, they can return to school as long as they meet return-to-school requirements (e.g., 24-hours fever-free without the use of fever-reducing medication).
 - If confirmatory testing is positive, the symptomatic person has COVID-19 and should complete at-home isolation.
- Anyone who tests positive by viral test (antigen or PCR) for COVID-19, regardless of vaccination status, should complete [at-home isolation](#).
 - Individuals who are unable to mask through day 10 should isolate at home for a full 10 days. They may return early if they meet the criteria for “Removing Your Mask” in the isolation guidance.
- Anyone with a known or suspected [exposure to COVID-19](#) should 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. They should also get tested at least 5 full days after their last exposure, even if they don’t develop symptoms.
 - For students who are unable to mask, primarily in ECE programs, other prevention strategies should be considered – such as encouraging vaccination for those who are eligible, improving ventilation, increasing physical distancing between students, and testing.
- Schools and ECE programs should teach and reinforce proper handwashing to lower the risk of spreading viruses. Hand hygiene should be monitored and reinforced during key times in the day (e.g., before and after eating and after recess).
- Schools and ECE programs should teach and reinforce covering coughs and sneezes to help keep individuals from getting and spreading infectious diseases.
- 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](#). 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.

Recommendations by COVID-19 Community Level or During Outbreaks

Masking

Wearing a well-fitted 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 and when experiencing a COVID-19 outbreak. 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.

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.

Masking is recommended at all times in healthcare settings, including school nurses' offices, regardless of the current COVID-19 Community Level.

Schools can also choose to implement universal masking at any 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.

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 high COVID-19 Community Level, K-12 schools and ECE programs can consider implementing screening testing for students and staff participating in 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); when returning from breaks (such as, holidays, spring break, at the beginning of the school year). Screening testing may also be utilized during outbreaks.

Schools serving students who are at risk for getting very sick with COVID-19, such as those with moderate or severe immunocompromised or complex medical conditions, can consider implementing screening testing at a medium or high COVID-19 Community Level.

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.

Schools and ECE programs may consider temporarily stopping these activities to control a school or program-associated outbreak, or during periods of high COVID-19 Community Level.

Document Updates:

Date	Pg	Update
08/17/2022	1	Clarified isolation duration for individuals unable to mask
08/17/2022	1	Updated recommendations for close contacts
08/17/2022	2	Added masking recommendation for school nurse's offices
08/17/2022	2	Updated indications for use of screening testing
08/17/2022	2	Removed cohorting recommendation
09/01/2022	1	Added additional clarification about close contacts who are unable to mask