



Volume 1 – 2021

ED COVID-19 HANDBOOK

Strategies for Safely Reopening
Elementary and Secondary Schools



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The updates included in this Volume of the ED COVID-19 Handbook are based on the most recent Centers for Disease Control and Prevention (CDC) Guidance issued as of August 17, 2021. For the most recent CDC guidance issued after the release of this Volume – and how to consider the strategies included in this resource within the context of the most up to date guidance – please visit: <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/k-12-guidance.html>.

Summary of Changes in August 2021 Update:

- Added language on the importance of offering in-person learning, regardless of whether all of the prevention strategies identified in this document can be implemented at the school.
- Revised to emphasize the COVID-19 prevention strategies most important for in-person learning for K-12 schools.
- Updated to reflect that vaccination is the leading prevention strategy to end the COVID-19 pandemic and reflect that promoting vaccination can help schools safely return to in-person learning as well as extracurricular activities and sports.
- Updated to emphasize the need for localities to monitor community transmission, vaccination coverage, screening testing, and occurrence of outbreaks to guide decisions on the level of layered prevention strategies.
- Updated to align with guidance for fully vaccinated people and most recent mask guidance at the time of publication, which indicates that all people should wear masks in K-12 schools, regardless of vaccination status.

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Availability of Alternate Formats

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Introduction

President Biden committed to seeking the necessary resources to support the safe reopening and continued operation of schools. As stated in [Executive Order 14000, Supporting the Reopening and Continuing Operation of Schools and Early Childhood Education Providers](#), every student in America deserves a high-quality education in a safe environment. The Biden-Harris Administration believes strongly that returning to in-person learning as soon as possible is essential for all students and families, and has [taken decisive action](#) to support the safe reopening of schools for in-person instruction and to address the needs of students. In particular, updated guidance reflects the need for all students (age 2 and older), educators, staff, and visitors to K-12 schools to wear masks consistently and correctly, regardless of vaccination status.

The Administration recognizes the unique challenges students in underserved communities face, including students from low-income backgrounds, students of color, [LGBTQI+ students](#), English learners, students with disabilities, American Indian and Alaska Native students, students who are migratory, students in foster care, students in correctional facilities, and students experiencing homelessness. Such students are [less likely to have access](#) to the broadband, resources, and other supports required to participate in high-quality remote education. They also are more likely to rely on key school-supported resources, such as food programs, special education and related services, counseling, and after-school programs to meet basic developmental needs. For parents and guardians/caregivers (referenced collectively hereafter in this volume as “parents”) who have less-flexible jobs, staying at home to provide care for their children and aid with remote learning might be impracticable or impossible. While the pandemic has impacted all communities and students, it has had a particularly devastating impact on communities and people of color, as described in the Department’s Office for Civil Rights report [Education in a Pandemic: The Disparate Impacts of COVID-19 on America’s Students](#).

To fully reopen schools safely for in-person learning, schools need strong state and local public health measures that everyone follows. Achieving high levels of COVID-19 vaccination among eligible students as well as teachers, staff, and household members is one of the most critical strategies to help schools safely resume full operations. Vaccination is the leading public health prevention strategy to end the COVID-19 pandemic. People who are fully vaccinated against COVID-19 are at low risk of symptomatic or severe infection. In general, people are considered to be [fully vaccinated](#) two weeks after their second dose in a two-dose series (such as the Pfizer or Moderna vaccines) or two weeks after a single-dose vaccine (such as Johnson and Johnson’s Janssen vaccine). People 12 years and older are eligible for COVID-19 vaccination. The Centers for Disease Control and Prevention (CDC) also recommends that individuals who are moderately to [severely immunocompromised](#) and who have received two mRNA COVID-19 vaccine doses receive a third dose of mRNA COVID-19 vaccine at least 28 days after their second dose.

Schools can [promote vaccinations](#) among teachers, staff, families, and students by providing information about COVID-19 vaccination, encouraging vaccine trust and confidence, and establishing supportive policies and practices that make getting vaccinated as easy and convenient as possible. The President [has called on](#) school districts nationwide to host at least one pop-up vaccination clinic over the coming weeks. To address this call to action, schools should, for example, consider partnering with state or local health authorities to serve as COVID-19 [vaccination sites](#), and work with local healthcare professionals and organizations, including school-based health centers. Offering vaccines on-site before, during, and after the school day and during school events can potentially decrease barriers to getting vaccinated against COVID-19. Additional information can be found in the [Back to School Toolkit](#) and the [Guide to On-Site Vaccination Clinics for School](#). In addition, the Administration is directing pharmacies in the [Federal Retail Pharmacy Program](#) to prioritize vaccinations for youth and to work with school districts across the country to host vaccination clinics at schools and colleges.

The CDC recommends that all people wear masks inside schools regardless of [vaccination](#) status. The CDC also recommends schools maintain physical distance to the maximum extent possible. Schools should communicate their strategies and any changes in plans to teachers, staff, and families, and directly to students, using accessible materials and communication channels, in a language (including non-English languages and American Sign Language (ASL)) and at a literacy level that is accessible for teachers, staff, students, and families. For example, schools could use social media platforms and other tools to quickly disseminate information, while taking care to ensure access for all. Consistent implementation of effective strategies for preventing the transmission of COVID-19 during all school-related activities is critical for reopening schools for in-person learning—and keeping them open for in-person learning. Schools and districts can utilize [American Rescue Plan \(ARP\) funds](#) to support this critical work.

It is essential that all schools and students receive the resources, including personal protective equipment (PPE), such as masks; technical assistance; and other supports necessary to plan and implement comprehensive prevention strategies and safely reopen schools for in-person learning. It is also essential that district and school leaders and educators consistently engage parents and community partners throughout the process—paying close attention to communities who have borne a disproportionate burden of COVID-19. School administrators can offer modified job responsibilities for staff and teachers at higher risk for severe illness who have not been vaccinated while protecting individual privacy. Additional information is available in the section of [CDC Guidance for COVID-19 Prevention in K-12 Schools](#) related to [school workers](#).

This is the first volume in the U.S. Department of Education (ED) COVID-19 Handbook, a series intended to support the education community as schools reopen for in-person learning. This series provides tools to aid educators in implementing CDC's [Guidance for COVID-19 Prevention in K-12 Schools](#). ED has also released [Volume 2: Roadmap to Reopening Safely and Meeting All Students' Needs](#) and [Volume 3: Strategies for Safe Operation and Addressing the Impact of COVID-19 on Higher Education](#). For schools that serve younger children, including Pre-K and Head Start programs, please consult [CDC'S COVID-19 Guidance for Operating Early Care and](#)

[Education/Child Care Programs](#). The U.S. Department of Health and Human Services also issued resources to support [early childhood education](#) and [child care](#) providers.

Other than statutory and regulatory requirements referenced in the document, the contents of this guidance do not have the force and effect of law and do not bind the public. This document is intended only to provide clarity to the public regarding existing requirements under the law or agency policies.

Summary of CDC Operational Strategies and Steps for Safe School Reopening

CDC recently updated its Guidance for COVID-19 Prevention in K-12 Schools and a related [scientific brief](#) regarding schools. The [CDC Guidance for COVID-19 Prevention in K-12 Schools](#) makes recommendations based on the best-available evidence, which indicates that K-12 schools can open safely for in-person instruction and remain open by implementing layered prevention strategies including:

1. [Promoting vaccination](#);
2. [Universal, consistent, and correct mask use](#);
3. [Physical distancing](#);
4. [Screening testing to promptly identify cases, clusters, and outbreaks](#);
5. [Ventilation](#);
6. [Handwashing and respiratory etiquette](#);
7. [Staying home when sick and getting tested](#);
8. [Contact tracing](#) in combination with isolation for infected individuals and quarantine for close contacts, as defined by the CDC; and
9. [Cleaning and disinfection](#).

While each of these strategies is important, emphasis should be placed on promoting vaccination, universal and correct indoor masking, and physical distancing, though schools should not exclude students from in-person learning to keep a minimum distance requirement. Students benefit from in-person learning, and safely returning to in-person instruction is a priority.

Schools can partner with local health departments to provide necessary testing to students and families, as appropriate, and in compliance with applicable privacy laws, including the Family Educational Rights and Privacy Act (FERPA), Part B of the Individuals with Disabilities Education Act (IDEA), and the Protection of Pupil Rights Amendment (PPRA). Expanding screening testing can help reassure parents that it is safe to send their child to school, reassure educators it is safe to return in person, and identify cases. When a positive test result is reported, contact tracing, isolation (for people who test positive), and quarantine (for people who are [close contacts](#) to someone who tested positive) can limit secondary transmission in schools. District and school leaders should consider the following steps when developing reopening plans or plans to keep schools open and safe for students, educators, staff, and families:

- **Promote vaccination.** Vaccination is the leading public health prevention strategy to end the COVID-19 pandemic. Schools can support teachers, staff, students, and their families in getting vaccinated by [serving as a vaccination site](#), providing information about [vaccination locations](#) near school, and responding to questions and concerns using information sessions and other strategies described in CDC’s vaccination toolkits for [schools](#) and [health departments](#). They can also offer supportive sick leave options (e.g., paid sick leave) for employees to get vaccinated or who have side effects after vaccination or excused absences for students to get vaccinated or who have side effects after vaccination. Additional information can be found in the [Guide to On-Site Vaccination Clinics for School](#).
- **Continuously review and analyze community data and plan accordingly.** District and school leaders should review levels of vaccination coverage, community transmission, strain on health system capacity, and local guidelines to plan for in-person learning. [Tools and resources](#) on developing an Emergency Operations Plan are available from ED’s Readiness and Emergency Management Technical Assistance Center.
- **Require [universal indoor mask use](#), which means requiring all teachers, staff, students, and visitors to K-12 schools to wear a mask correctly and consistently while indoors, regardless of their vaccination status and transmission level.** Indoors, consistent and [correct](#) wearing of masks (covering the mouth and nose with a mask that fits to the face) that provide the necessary protection should be required, as permitted by applicable state and local laws and regulations, except for people who cannot safely wear a mask, as further described below. In addition, people who are not fully vaccinated should wear a mask outdoors if they are in crowded settings or during activities that involve close contact with others. Fully vaccinated people might choose to wear a mask in crowded outdoor settings if they or someone in their household is immunocompromised.

It is important to ensure all students and staff participating in in-person learning have access to and know how to correctly wear masks. Emerging evidence suggests that vaccinated people can transmit the virus, which is why CDC updated its guidance to indicate that all people should wear masks in K-12 schools regardless of their vaccination status. If it is helpful to [ensure that a mask fits well](#), wearing a cloth mask over a disposable mask is one option. Schools should require consistent and correct wearing of masks indoors for individuals regardless of vaccination status and identify and determine how best to support staff and students who cannot correctly wear masks or need accommodations (see “Masking Practices” section below). Schools should offer masks to those students who need them, such as students who either forgot to bring in their mask or whose families are unable to afford them.

The narrow subset of students with disabilities who cannot wear a mask because of their disability, or cannot safely wear a mask, can still attend school safely if other prevention strategies can be followed, including, for example, correct masking for

others who work or learn with them and physical distancing. Adaptations and alternatives, such as additional facial protections, can be considered for educators and other students and who work with or learn with such students, in addition to physical distancing. Public schools must provide a free appropriate public education (FAPE) as required by federal disability law in both in-person and remote learning environments. Additional considerations and examples for implementing universal masking are described below in greater detail in the “Safe Practices for In-Person Learning” section of this Handbook.

- **Plan the use of space to allow physical distancing.** Because of the importance of in-person learning, schools should implement physical distancing to the extent possible but should not exclude students from in-person learning to keep a minimum distance requirement. Schools should implement at least 3 feet of physical distancing between students in classrooms to the extent possible within their structures, combined with indoor mask wearing to reduce risk.

In general, CDC recommends people who are not fully vaccinated maintain physical distance of at least 6 feet from other people who are not in their household. However, several [studies](#) from the 2020-2021 school year show low COVID-19 transmission levels among students in schools that had less than 6 feet of physical distance when the school implemented and layered other prevention strategies, such as the use of masks.

School leaders can work with educators, facility staff, and community leaders to identify sufficient safe space that allows for physical distancing, making adjustments as needed to classroom layouts. CDC provides a resource showing possible [ways to set up a classroom](#) to facilitate physical distancing. School leaders should conduct a [school walk-through](#) to identify any classrooms or spaces where additional changes might be needed when preparing to reopen for in-person learning. School leaders can also identify other safe spaces in the community that might be available and suitable for instruction to maintain physical distancing, such as libraries and community recreational centers.

Educators should be provided additional collaboration and planning time before the school reopening to redesign their classroom space and develop and coordinate new routines among staff to support physical distancing to the extent possible. In addition to collaborating with teachers and paraprofessionals, school leaders can identify opportunities to establish or expand partnerships, for example, with community-based organizations to provide adult supervision for sections of classes that need to meet in different rooms while differentiating such roles from educators’ positions (see “Physical Distancing Practices” section below).

- **Establish a screening [testing](#) program in accordance with applicable law including, but not limited to, the Protection of Pupil Rights Amendment (PPRA) (20 U.S.C. 1232h).** Screening testing can help promptly identify and isolate cases to reduce the risk to in-person education. Screening testing is especially important in areas with [substantial or](#)

[high community](#) transmission levels, in areas with low vaccination coverage, and in schools where one or more of the other prevention strategies is not implemented. If available, saliva tests and nasal tests that use a short swab may be more easily implemented and accepted in schools. CDC guidance states that vaccinated people do not need to participate in a screening testing program.

Testing post-exposure is considered diagnostic testing and is different from screening testing, which is intended to identify unvaccinated people with COVID-19 who are asymptomatic and do not have known, suspected, or reported exposure to SARS-CoV-2. Screening helps to identify unknown cases so that measures can be taken to prevent further transmission.

CDC identifies four categories of community transmission of COVID-19 as defined at the [CDC COVID-19 Data Tracker](#)—low (blue), moderate (yellow), substantial (orange), or high (red)—based on two metrics: (1) total new cases per 100,000 persons in the past 7 days and (2) percentage of positive tests in the past 7 days.¹ If the two indicators suggest different transmission levels, the higher level is selected. School and district leaders can refer to the [CDC COVID-19 Data Tracker](#) for county-level data.

CDC's guidance then advises on how to use the thresholds determined by these metrics to design a screening testing program (see Table 1 of the [Guidance for COVID-19 Prevention in K-12 Schools](#)):

- At **low (blue) levels (i.e., 0-9 new cases per 100,000 persons in the past 7 days and <5% of positive tests in the past 7 days)**: Students do not need to participate in screening testing, and screening testing is not needed for low- and intermediate-risk sports or activities.² CDC recommends schools offer screening testing at least once per week for (a) teachers and staff who are not fully vaccinated and (b) participants in high-risk sports and activities who are not fully vaccinated. See the section below on “Safety Considerations Related to Music, Arts, and Athletics Programs” for more information.
- At **moderate (yellow) levels (i.e., 10-49 new cases per 100,000 persons in the past 7 days and 5-7.9% of positive tests in the past 7 days)**: CDC recommends schools offer screening testing at least once per week for (a) students who are not fully vaccinated; (b) teachers and staff who are not fully vaccinated; and (c) participants in sports and activities who are not fully vaccinated, regardless of the level of risk of the sport or activity.

¹ The total number of new cases per 100,000 people can be calculated by adding the number of new cases in the county (or other community type) in the last 7 days divided by the population in the county (or other community type) and multiplying by 100,000.

² Examples of low-risk sports are diving and golf; intermediate-risk sport examples are baseball and cross country; high-risk sport examples are football and wrestling. High-risk extracurricular activities are those in which increased exhalation occurs, such as activities that involve singing, shouting, band, or exercise, especially when conducted indoors.

- At **substantial (orange) levels (i.e., 50-99 new cases per 100,000 persons in the past 7 days and 8-9.9% of positive tests in the past 7 days)**: CDC recommends schools offer screening testing at least once per week for (a) students who are not fully vaccinated; (b) teachers and staff who are not fully vaccinated; and (c) participants in low- and intermediate-risk sports and activities who are not fully vaccinated. CDC recommends screening testing twice per week for participants in high-risk sports or activities.
- At **high (red) levels (i.e., ≥100 new cases per 100,000 persons in the past 7 days and ≥10% of positive tests in the past 7 days)**: CDC recommends schools offer screening testing at least once per week for (a) students who are not fully vaccinated; (b) teachers and staff who are not fully vaccinated; and (c) participants in low- and intermediate-risk sports and activities who are not fully vaccinated. CDC recommends that high-risk sports or activities be cancelled or held virtually to protect in-person learning, unless all participants are fully vaccinated.
- **Collaborate with local public health officials in compliance with applicable privacy laws, including the Family Educational Rights and Privacy Act (FERPA)(20 U.S.C. 1232g), the Individuals with Disabilities Education Act (IDEA) (20 U.S.C. 1400 et seq.), and PPRA**, on such matters as supporting screening testing³ and diagnostic testing (i.e., for those with symptoms or who have had close contact with someone who tests positive for COVID-19) for students, educators, and staff. For students, teachers, and staff who receive a positive test or diagnosis of COVID-19, collaborations with public health officials are necessary to conduct [case investigation and contact tracing](#) and identify close contacts for referrals to diagnostic testing and quarantine. Collaboration with local public health officials should also include approaches to promoting vaccination in the school and community.
- **Improve [ventilation](#)** to the greatest extent possible, including, minimally, by opening windows and doors and using fans where safe and feasible. Schools can use HVAC settings and exhaust fans to maximize safety and provide portable carbon dioxide monitors to verify how well air is circulating in classrooms and other spaces. Tools from [CDC](#) or the [Environmental Protection Agency \(EPA\)](#) can help. For example, districts and schools can schedule incremental checkpoints to ensure plans for updating ventilation are going according to schedule and increase the frequency of changing ventilation filters. In addition, the [Council of the Great City Schools](#) has developed recommendations on ventilation and improving air quality and created a checklist that might be useful to schools. The New York City Department of Education also has a [school building ventilation survey](#) that is publicly available and can be used or modified

³ Screening testing identifies infected people, including those with or without symptoms (or before development of symptoms) who may be contagious, so that measures can be taken to prevent further transmission.

by other school districts. ED released additional information on [improving ventilation](#) in schools, colleges, and universities to prevent COVID-19, including how ARP education funds can support this critical work.

- **Determine the format for sports, other extracurricular activities, and school events** based on CDC guidance and additional information below on supporting student access to a well-rounded education, ensuring all students have access to these opportunities on a nondiscriminatory basis, and recognizing that in-person instruction should be prioritized. Some activities—specifically, those that require close contact among participants—pose a higher risk than others that involve the least physical contact or respiratory exertion. Please see the section below on “Safety Considerations Related to Music, Arts, and Athletics Programs.” CDC recommends that schools use screening testing, as described above, to promote safety in such activities and to keep schools safe for in-person learning.

Safe Practices for In-Person Learning

The recommendations in this section complement existing CDC guidance and provide additional details about implementing the principles outlined above. District and school leaders and educators should consider the following practices as they provide continuity of instruction, including in-person learning to the greatest extent safely feasible.

Promoting Vaccination

Vaccination is the leading strategy for ending the COVID-19 pandemic. Schools should encourage teachers, staff, students, and families, including extended family members who have frequent contact with students, to get vaccinated as soon as they can. The [Back to School Toolkit](#) has resources for school districts, educators, staff, parents, and school supporters who want to help increase confidence in and uptake of COVID-19 vaccines in their school communities. Schools should partner with state or local health authorities to serve as COVID-19 [vaccination sites](#), and work with local healthcare professionals and organizations, including school-based health centers. Offering vaccines on-site before, during, and after the school day and during school events, such as performances or games, can potentially decrease barriers to getting vaccinated against COVID-19. Schools may also use ARP funds under the U.S. Department of the Treasury’s Coronavirus State and Local Fiscal Recovery Funds and ED’s Education Stabilization Fund to provide incentives to students to get the COVID-19 vaccination. For additional information, please see [frequently asked questions](#) on this topic. In addition, the Administration is directing pharmacies in the [Federal Retail Pharmacy Program](#) to prioritize vaccinations for youth and to work with school districts across the country to host vaccination clinics at schools and colleges.

School and health professionals can be trusted sources to explain the safety, efficacy, and benefits of COVID-19 vaccines. COVID-19 vaccines may be administered to most people with underlying medical conditions. CDC has [additional information](#) on COVID-19 vaccination for

people with underlying medical conditions. Federal and state disability laws may require an individualized approach for working with children and youth with disabilities consistent with the child's Individualized Family Service Plan (IFSP), Individualized Education Program (IEP), or Section 504 plan. Administrators should consider adaptations and alternatives to prevention strategies when serving [people with disabilities](#), while maintaining efforts to protect all children and staff from COVID-19, and ensuring all students receive FAPE.

Everyone, including those who are vaccinated, who has been a close contact of someone who tests positive for COVID-19 should be tested. Those who are not fully vaccinated should [quarantine](#) and be tested immediately and again 5-7 days after last exposure or immediately if symptoms develop. Those who are fully vaccinated should be tested 3-5 days after exposure. Provided they have no symptoms, **vaccinated people do not need to quarantine** if they are in close contact with a person who tests positive for COVID-19, so being vaccinated can support students' continued participation in in-person learning and school-based activities.

Masking Practices

Universal indoor masking is an effective prevention strategy to protect teachers, staff, students, and visitors. [CDC recommends that all people over age 2 who enter a K-12 school wear a mask](#) indoors, regardless of vaccination status. CDC also recommends that unvaccinated people wear masks in crowded outdoor settings or during activities that involve sustained close contact. Fully vaccinated people might choose to wear a mask in crowded outdoor settings if they or someone in their household is immunocompromised. Wearing a mask [protects both self and others](#). As further described in the section below on Transportation Considerations, CDC issued an order requiring wearing masks on all public conveyances, including on school buses.

Masks should meet one of the following criteria:

- [CDC mask recommendations](#)
- [NIOSH Workplace Performance and Workplace Performance Plus masks](#)

However, masks should not be worn by children younger than 2 years old; by [someone who cannot wear a mask safely](#), such as the narrow subset of students with disabilities who cannot wear a mask or safely wear a mask because of their disability, consistent with CDC guidelines; or in a situation when wearing a mask would create a risk to workplace health or safety as determined by the [workplace risk assessment](#). In these instances, parents, educators, and school leaders must keep in mind their responsibilities under federal disability law and should also consider [adjusting strategies](#) as needed as recommended by CDC, consulting with healthcare professionals for individual advice about the child wearing a mask. If a student typically works with a Direct Service Provider (DSP), school administrators should review the [DSP guidance](#) and ensure that DSPs who enter the school building are aware of and following all prevention strategies.

For students or educators who are deaf or hard of hearing, emerging readers, students with speech disabilities, or English learners, it may be helpful for all staff and other students to wear masks that include a clear panel (while still sealing to a wearer's face and distinct from a face shield). Districts and schools can use federal relief funding to provide these masks for educators, staff, and students. For example, under [Boston Public Schools' Collective Bargaining Agreement](#), staff are provided masks with clear panels for speech therapy sessions, working with students who are deaf or hard of hearing, other special education and related services, reading instruction, English learner services, and world language classes.

If it is not feasible to wear a typical mask while communicating with some people, including those who are deaf or hard of hearing or students with disabilities who receive speech language pathology services, a practitioner should wear a mask that covers his or her nose and mouth and has a clear panel (described above). However, the use of a face shield without the use of a mask is not recommended; face shields have performed poorly in experiments simulating respiratory transmission of infection by aerosols and have not been demonstrated to be effective for preventing transmission of the virus that causes COVID-19.⁴ For school nurses or other adults who might come into contact with a sick student, face shields or other protective equipment for the eyes should be considered *in addition to* masks that cover the mouth and nose. Face shields should be cleaned and disinfected regularly, for example, by cleaning them daily if reused daily, and replacing as needed.

To support educators, staff, and students in consistently and effectively wearing masks, school leaders and educators should consider posting signs in classrooms and throughout the school building on simple rules for the [correct wearing of masks](#). For example, signs could read:

- Wash or sanitize your hands before putting on a mask and after taking one off;
- Do not touch masks while wearing them;
- Wear your mask over both your nose and mouth;
- Do not wear masks when they are wet, as that could make it difficult to breathe;
- Do not share or swap masks (and label masks to prevent accidental swapping); and
- Place used masks in [indicate location of receptacle].

CDC has [examples of posters](#) that educators can use. These posters must be provided in common languages, as appropriate, and should use visual cues that are representative of the

⁴ William G. Lindsley, Françoise M. Blachere, Brandon F. Law, Donald H. Beezhold & John D. Noti (2021). [Efficacy of face masks, neck gaiters and face shields for reducing the expulsion of simulated cough-generated aerosols](#). *Aerosol Science and Technology*, DOI: [10.1080/02786826.2020.1862409](#).

diversity of the school community to adequately communicate the recommendations. In addition, this information must be provided in alternative formats such as Braille or large print to students who are blind or have a visual impairment, or students with reading disabilities who cannot access signage (for example by making announcements over the schools' public address system). Also, this information must be made accessible to students who are deaf or hard of hearing and who cannot hear auditory announcements. This information can be reinforced through school newspapers, daily announcements, and role modeling.

Students and staff should wash masks after each day of use, or if they become soiled. However, some students might not have masks or be able to wash them daily. Schools should develop policies for how to appropriately address instances when student are not wearing masks or are not wearing masks correctly. For example, *no disciplinary action should be taken for students who do not bring a mask to school*. Schools should offer masks to those students who need them, such as students who either forgot to bring in their mask or whose families are unable to afford them. Schools should carefully consider appropriate responses to students with disabilities whose disability may impact their ability to wear a mask, thus ensuring that students with disabilities continue to receive FAPE. For example, if a student's difficulty wearing a mask is related to an emotional disturbance or sensory disability, the school's response should be different from a response for a student without a disability. Additional resources have been and will continue to be provided to help support districts and schools in creating safe and inclusive learning environments for all students, including students with disabilities, consistent with applicable legal requirements, such as through the [ED COVID-19 Handbook Volume 2](#).

School leaders should establish protocols for how and when masks should be removed and where removed masks should be placed (for example, in a container or bag) under conditions of physical distancing during meals. They should discourage or prohibit group mask breaks indoors that are not part of these protocols. However, school leaders should establish safe protocols for students who require a break from their face covering or mask, such as students who require a "sensory break," allowing temporary removal in a well-ventilated, ideally outdoor, space away from peers. It is important that these mask protocols be consistent with federal disability law as described above. Any [mask removal](#) should be consistent with CDC recommendations, including by handling the mask only by the ear loops; not touching eyes, nose, or mouth when removing the mask; and washing hands after removing it.

Physical Distancing Practices

Physical distancing and wearing masks continue to be particularly effective prevention strategies. Because of the importance of in-person learning, schools should implement physical distancing to the extent possible but should not exclude students from in-person learning to keep a minimum distance requirement. In general, CDC recommends people who are not fully vaccinated maintain physical distance of at least 6 feet from other people who are not in their household. However, several [studies](#) from the 2020-2021 school year showed low levels of COVID-19 transmission among students in schools that had less than 6 feet of physical distance

between students when schools implemented a layered approach to prevention, such as using masks.

CDC recommends schools maintain at least 3 feet of physical distance between students in classrooms, combined with universal indoor mask wearing for all people in K-12 schools. The [CDC Guidance for COVID-19 Prevention in K-12 Schools](#) recommends the following for physical distancing in schools:

- To the greatest extent possible, ensure distancing of at least 3 feet apart in classrooms between students, in addition to mask use by all people. If 3 feet of distance cannot be maintained between students indoors, it is especially important for all people to wear a mask and for schools to layer multiple other prevention strategies such as screening testing, cohorting,⁵ improved ventilation, handwashing and covering coughs and sneezes, staying home when sick, and regular cleaning to help reduce transmission risk. There is an exception to the definition of a [close contact](#) for exposure between students in K-12 indoor classroom settings. The exception excludes students who were within 3 to 6 feet of an infected student (laboratory-confirmed or a clinically compatible illness) if both the infected student and the exposed student(s) correctly and consistently wore well-fitting masks the entire time. This exception does not apply to teachers, staff, or other adults in the indoor classroom setting.
- To the greatest extent feasible while ensuring all students can attend in-person learning, CDC recommends maintaining a distance of at least 6 feet specifically in situations between students and adults (teachers and staff) who are not fully vaccinated and between adults who are not fully vaccinated.
- Limit contact between cohorts of students, particularly in schools, such as elementary schools, where many students are not yet fully vaccinated.
- Eliminate or decrease nonessential in-person interactions among teachers and staff who are not fully vaccinated.

There are a number of creative strategies that can be used to maximize the physical distance between students if schools are facing challenges in maintaining appropriate physical distance while facilitating in-person learning. For example, if enough space is not available in a classroom, classes or groups of students within a class may meet in the auditorium, other spaces within a school, or in local convention centers or office space, if such spaces are available and safe for student use. At the same time, CDC emphasizes that schools should not exclude students from in-person learning to keep a minimum distance requirement.

⁵ See Cohorting/Podding and Staffing Considerations for Physical Distancing section below.

There are a number of strategies schools and educators can consider to increase distancing as educators and students move about **the classroom**, including:

- Reducing the number of students in each classroom.
- Turning desks to face in the same direction, placing them in large circles (rather than having them closely face each other), or having students sit on only one side of tables, allowing for appropriate space in each of these scenarios and placing tape or markings on classroom floors to indicate where desks should be placed to maintain the necessary physical distance.
- Creating a seating chart and maintaining the same assigned seats throughout the day, to the greatest extent possible.
- Removing nonessential furniture from classrooms to increase the distance between student desks.
- Modifying learning stations and activities so there are fewer students per group.
- Implementing procedures for turning in assignments in a manner that minimizes contact in the classroom (for example, collecting assignments electronically or in a bin as students exit the classroom).

School leaders can support these efforts by implementing strategies to increase the physical distance between students **in indoor common areas** (e.g., outside the classroom) by:

- Using non-classroom space (e.g., cafeterias and auditoriums) for instruction to allow for greater physical distancing and having classes outdoors where practical (where heaters or fans could be provided if needed).
- Providing physical guides, such as tape on floors and signs on walls, to ensure that, to the extent feasible, staff remain at least 6 feet from children in lines and at other times in common areas.
- Creating “one-way routes,” or designating areas of the hallway and stairways (i.e., lanes) as flow paths to keep students separated when passing.
- Reconfiguring bell schedules to streamline foot traffic and maintain practicable physical distancing.
- Staggering class changes as needed (e.g., by hall, odd/even room numbers, grade/discipline) to decrease the number of students in hallways at one time, providing

additional time for transitions, and quickly and efficiently transitioning students in and out of the classroom.

- Staggering the use of communal places, such as cafeterias, to make it easier for students who are not fully vaccinated to maximize physical distance as much as possible while moving through the food service line or at tables while eating (making sure to wash, rinse, and sanitize any surfaces that come into contact with food between uses). Students should wear masks when moving through the food service line. As feasible, having students eat meals outdoors, weather permitting, or in their classrooms while maximizing physical distance. Given very low risk of transmission from surfaces and shared objects, there is no need to limit food service approaches to single use items and packaged meals. Staff should wear masks during meal preparation and service, and during breaks, except when eating or drinking. Ensure appropriate training for staff to support cleaning surfaces before and after meals and disposing of liquids and leftover food items. Ensure [access to potable water](#) during meals, regardless of where they are served. Refer to additional CDC information related to [food service and school meals](#).
- Working with educators to coordinate assigned restroom times to ensure multiple classes do not use the restroom at the same time while still allowing individual students access to the bathroom as requested.
- Eliminating the use of lockers to the greatest extent feasible. When students can be kept in one room throughout the school day, cubbies or baskets can be used as a replacement for lockers.
- Painting, taping, or chalking 6-foot spaces to indicate where parents should wait to pick up their child or requiring parents to remain in their car during pickups and drop-offs.

Behavioral techniques like those found on the [Center on Positive Behavioral Interventions & Support's website](#) can help all students adjust to changes in routines.

For some students with disabilities, physical distancing at school may be difficult because of disability-related needs. Examples include children who are blind and require sighted guides, children who are deaf-blind who require tactile interpreting, and some children with significant disabilities who have intensive needs. Federal disability law requires schools to provide certain services to students with disabilities and to take an individualized approach to providing services, consistent with the student's individualized education program (IEP) or plan developed under Section 504 of the Rehabilitation Act of 1973 (504 plan), as appropriate.

Educators and community members should collaborate to facilitate safe in-person learning for students with disabilities. Positive behavioral interventions and supports may be especially helpful for some students with disabilities and may include modeling and reinforcing desired behaviors and using picture schedules, timers, and visual cues. Organizations such as the [National Center for Learning Disabilities](#) have information and resources to help schools with

these behavioral techniques. In addition, behavioral therapists or local mental health or behavioral health agencies might be able to provide consultation for specific concerns. As previously mentioned, if a student typically works with a DSP, school administrators should review the [DSP guidance](#) and ensure that DSPs who enter the school building are aware of all mitigating actions.

Cohorting/Podding and Staffing Considerations for Physical Distancing

One way to support physical distancing and smaller student groups for in-person learning is through “cohorting,” often referred to as “podding.” A cohort/pod is a stable group with fixed membership that stays together for all courses and activities (e.g., lunch, recess) and avoids contact with other people or cohorts/pods. Cohorting/podding is useful when it is difficult to maintain physical distancing, such as among young children, and in areas of moderate to high transmission. Cohorting/podding might be more challenging to plan in upper grade levels with traditional schedules where students are less likely to stay with same group of students throughout the school day.

When designing cohorts/pods, it is critical that cohorts/pods be created to maintain the health and safety of members. *Cohorts/pods should not group students by vaccination status, perceived ability, or in ways that perpetuate tracking.* The construction of cohorts/pods can increase or decrease equity or segregation within schools, and it is important to ensure any use of cohorting/podding for learning is designed to support inclusion for English learners, students with disabilities consistent with their IEPs or 504 plans, and other underserved students, and is consistent with applicable civil rights and related requirements. School officials may wish to consult with state and local legal officials on these matters.

It is also important to note that cohorting/podding is not a replacement for masks and physical distancing. It is an additional strategy that, as described above, allows students within a cohort to learn in-person while maximizing physical distance. Cohorting minimizes opportunities for exposure to or transmission of COVID-19; facilitates more efficient contact tracing in the event an individual receives a positive test result; and allows for targeted testing, quarantine, and isolation of a single cohort/pod instead of schoolwide closures in the event an individual or a group of individuals tests positive for COVID-19. Schools should use and layer prevention strategies, including promoting vaccination, universal and correct indoor masking (and masking outdoors in crowds or extended close contact), physical distancing, screening and diagnostic testing, ventilation, handwashing and respiratory etiquette, ensuring excused absences for staying home when sick and getting tested, contact tracing in combination with isolation and quarantine, and, cleaning and healthy facilities, including when students meet in cohorts/pods.

When establishing cohorts/podding, school leaders and educators may consider:

- Grouping students into cohorts/pods that stay together all day with their core teacher (and any aide or student teacher who is present), including for lunch and recess. If there are counselors, teachers of electives, related service providers, and specialized

instructional support personnel (SISP), they would ideally be assigned to only one cohort/pod. If being assigned to one cohort/pod is not feasible, it is especially important to maintain maximum physical distance between adults and students and implement universal and correct indoor masking, in addition to other layered prevention strategies.

- For schools using block schedules, another way to minimize the number of interactions is to offer interdisciplinary team block schedules in which teachers from two or more subjects share a common group of students. This might be more feasible for younger students. For example, at two groups of 15 each, the interdisciplinary teaching team would see no more than 30 students in total. SISP, special educators, and related service providers should be included on the interdisciplinary teacher teams.
- Schools may keep a single cohort/pod together in one classroom and work with educators to consider possible options for educators rotating between cohorts/pods or have small cohorts/pods move together in staggered passing schedules to other classrooms they need to use without allowing students or staff to mix with others from distinctive cohorts/pods. Teachers from different content areas can work in teams that share students, preferably in a dedicated space, separate from others. For example, a math, science, English, history, and special education teacher might work as a team with groups of students they share. Each teacher would see all four groups (60 students total) but would not see any other students in the school.
- Cohorts/pods could take fewer courses more intensely over shorter periods of time and then switch schedules or membership after a break at the quarter, trimester, or semester in ways that support students attending additional classes while maintaining stable cohorts/pods in a given quarter, trimester, or semester.
- If the use of cohorts/pods leads to a reduction in the number of available courses or the number of classes or seats in a particular course or program, it is the school district's responsibility to ensure that underserved students—including students from low-income backgrounds, students of color, American Indian and Alaska Native students, students in foster care, students experiencing homelessness, English learners, students who are migratory, and students with disabilities—are not disproportionately affected by reduced access to gatekeeper and advanced courses or programs at the elementary, middle, and high school levels.
- Schools should establish practices to keep membership and attendance records of students in each cohort/pod to facilitate timely case investigation and contact tracing when necessary.

Creating small cohorts/pods of students requires staffing considerations to ensure that all students are taught by qualified educators. Schools might need to hire additional educators or partner with parents and other community-based volunteers to ensure adults are available to

assist students and support teachers when a single class is meeting in multiple locations. Such support does not take the place of qualified professional educators and paraeducators.

Transportation Considerations

CDC issued an order requiring wearing masks on all public conveyances, including on school buses. Accordingly, regardless of the mask policy at school, passengers and drivers must wear a mask on school buses, including on buses operated by public and private school systems, regardless of vaccination status, subject to the exclusions and exemptions in CDC's order. In addition, consider the following options to promote safety on school buses:

- Opening windows, weather permitting, to increase circulation of outdoor air, as long as doing so does not pose a safety or health risk (e.g., risk of falling).
- Maintaining mandatory consistent, correct use of masks by adults and children while on a school bus, except for individuals who cannot safely wear a mask. Bus drivers should be provided with extra masks to make available in case a student does not have one.
- Seating members of the same household next to each other.
- Assigning each bus rider to a designated seat that is the same every day, to promote clear expectations and assist with contact tracing, when needed. Schools should keep membership and attendance records of students in each seat/row to facilitate timely case investigation and contact tracing when necessary.
- Using seat assignments that load the bus from the rear forward (and unload from the front backward) to help reduce student contact.
- If a school system provides transportation for students with disabilities as part of their IEP or 504 plan, including medically fragile children, considering the reservation of specific seats that would not be used for other students during the day and would be subject to special precautions for cleaning. Alternatively, the student's IEP or 504 team could discuss arranging for separate transportation for those students who require this type of transportation to receive FAPE.
- Encouraging families to drive or walk their children to school, if possible, to reduce the number of students on buses. Families could be reimbursed for reasonable and necessary costs associated with ensuring that their children are maintaining safe physical distancing in travelling to and from school. In certain circumstances, for example, it might be appropriate to reimburse families for mileage expenses related to transporting children if there is insufficient space on school buses to maintain physical distancing, provided schools maintain appropriate documentation and conform with any statutory and regulatory requirements related to the federal, state, or local funding source.

Staying Home When Sick and Getting Tested

Educators, staff, and students who have symptoms, such as [influenza](#) (flu) symptoms or COVID-19 symptoms, should stay home and consult with a healthcare professional for testing and care as directed. Teachers and staff staying home and parents keeping their children home when sick is essential to keeping COVID-19 infections out of schools and preventing spread to others. Districts and schools should provide information to teachers, staff, and families about when they should [stay home](#) and when they can return to school, and they should clearly communicate these guidelines to everyone. Schools can share with educators, staff, students, and their families in multiple formats and languages, and other approaches to ensure accessibility for individuals with disabilities, the list of symptoms that, when present, generally suggest that a person has an infectious illness and should not attend school, regardless of whether or not the illness is COVID-19:

- Fever or chills
- Cough (for students with chronic cough due to allergies or asthma, a change in their cough from baseline)
- Shortness of breath or difficulty breathing (for students with asthma or other respiratory conditions, a change from their baseline breathing)
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

This list does not include all possible symptoms. To help students, families, educators, and staff stay in the habit of checking for these symptoms, district and school leaders should continue to establish ways of reminding people of the symptoms and asking them to check. This might include posting signs on the entrances to buildings or providing periodic mobile or other communications to families with reminders to check.

Students, teachers, and staff who are fully vaccinated and do not have COVID-19 symptoms do not need to quarantine after exposure to someone with COVID-19. However, vaccinated people who do not have COVID-19 symptoms should be tested for COVID-19 3-5 days following an exposure and should wear a mask in all public indoor settings for 14 days or until receiving a negative COVID-19 test result. This need for indoor mask wearing is in addition to universal

masking in schools. It is essential for someone who is not fully vaccinated to [quarantine](#) after a recent exposure to someone with COVID-19. All people who test positive for COVID-19 should isolate, regardless of whether they are vaccinated.

Schools should allow flexible, non-punitive, and supportive paid sick leave policies and practices that encourage sick teachers and staff to stay home without fear of retaliation, loss of pay, or loss of employment level. School districts should also offer employees paid time in order to get vaccinated. Schools should ensure that teachers and staff are aware of and understand these policies. Similarly, schools should plan for [What to Do if a Student Becomes Sick or Reports a New COVID-19 Diagnosis at School](#) and provide excused absences for students who are sick. Schools should also provide supports to help students make-up missed work or to only require completion of essential work. Schools may also consider allowing students to participate virtually while quarantining if their health permits.

Getting tested for COVID-19 when [symptoms](#) are present helps with rapid contact tracing and prevents possible spread at schools, especially if key prevention strategies such as masking and distancing are not in use. Some localities might choose to use testing to [shorten quarantine](#) periods.

Handwashing and Respiratory Etiquette

[Handwashing](#) and good respiratory etiquette serve as additional prevention strategies that, in combination with correct and consistent masking, physical distancing, and other practices, help keep students and staff safe. Good hand hygiene—regular handwashing with soap and water for at least 20 seconds or using an alcohol-based hand sanitizer with at least 60% alcohol if soap and water are not readily available—reduces the spread of germs that can cause illness, especially if done at key times throughout the day. To avoid poison emergencies, hand sanitizers should be stored away, and out of sight of children under 6 years of age and should be used with adult supervision. Schools should reinforce handwashing with soap and water for at least 20 seconds, build time into the day for washing hands, make hand sanitizers with at least 60% alcohol content available, and [promote](#) hand hygiene. CDC has [fact sheets](#) available about handwashing. Educators and school leaders should consider how to set up classrooms to support handwashing and respiratory etiquette.

Safety Considerations Related to Music, Arts, and Athletics Programs

Schools should prioritize in-person learning over in-person extracurricular and athletics programs and activities, and should use screening testing in keeping with CDC recommendations depending on the extent of community transmission of COVID-19 (see Table 1 of the [Guidance for COVID-19 Prevention in K-12 Schools](#)). In general, whether occurring as part of instruction or as extracurricular activities, schools should aim to continue to offer music, performing arts, physical education, health education, and athletics programs as part of a well-

rounded education for all students during the COVID-19 public health emergency, even if this requires increased screening testing or if some activities may need to be offered virtually or through a hybrid approach.

For music and performing arts, CDC recommends masks be worn by all students and staff when not playing an instrument that requires the use of their mouth (unless the program is outdoors). When singing, people should wear a mask. Schools can consider holding music and performing arts classes outside or in an open environment or under an open tent, if safe from other hazards, such as heat, cold, and air pollution. If the class is held indoors, then implement as many other prevention strategies as possible, including optimizing ventilation, physical distancing, and cohorting/podding to help minimize class size.

Teachers can use a portable amplifier to keep voices at a low, conversational volume and should limit the exchange (or sharing) of any instruments, parts, music sheets, or any other items. Depending on the instrument, disposable absorbent pads or other receptacles, where possible, should be provided to catch the contents of spit valves. Teachers can consider using “bell covers” for the openings of brass instruments and specially designed bags with hand openings for woodwind instruments to minimize the generation of droplets and aerosols.

CDC recommends that schools conduct sports activities in ways that reduce the risk of transmission of COVID-19 to players, families, coaches, and communities, which may include establishing a screening testing program and increasing frequency of screening testing for those engaged in high-risk sports or activities (including unvaccinated coaches or teacher advisors), prioritizing outdoor sports or sports that involve the least physical contact, and mask wearing.

Where rates of community transmission are high, CDC recommends that high-risk activities be postponed or conducted virtually. Districts and schools must operate all athletic activities consistent with federal civil rights laws (Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, Title II of the Americans with Disabilities Act) and Part B of the Individuals with Disabilities Education Act. School leaders may need to consult with state and local legal advisors on equity matters.

For high school students in particular, access to athletics can be critical for increasing the options available to students for postsecondary education, specifically as they relate to athletic scholarships. K-12 and higher education athletics leaders should work together to safely preserve these postsecondary education opportunities, consistent with CDC guidance. Districts and schools should consider the following to try to safely maintain student access to athletic programs while ensuring compliance with the nondiscrimination laws:

- **Consider [community transmission rates](#) in determining if/how to safely continue activities.**
 - In areas with low rates of community transmission, CDC guidelines indicate that extracurriculars such as sports and arts programs may occur with screening testing

- of at least once per week for participants in high-risk sports and activities who are not fully vaccinated.
 - In areas with moderate rates of community transmission, screening testing should be provided at least once per week for unvaccinated students and staff, including those participating in sports or activities.
 - In areas with substantial rates of community transmission, screening testing should be provided at least once per week for unvaccinated students and staff and at least twice per week for those engaged in high-risk sports or activities.
 - In areas with high rates of community transmission, high-risk sports and activities should occur only if all participants are vaccinated or if they can take place virtually, and schools should provide screening testing at least once per week for participants in low- and intermediate-risk sports and activities.
- **Organize sports in ways that pose fewer risks.** Outdoor sports that allow for physical distancing are safer than indoor sports. Sports that require frequent closeness or contact between players, or that involve shared equipment, may make it more difficult to maintain physical distancing and, therefore, may present increased risk for COVID-19 spread. Schools should consider the following:
 - Ability to play outdoors
 - Ability for participants to wear a mask during the activity
 - Physical closeness of players during play
 - Level of intensity of the activity (risk level increases with higher intensity sports)
 - Duration of time (risks to participants, teachers, coaches, and staff increase with longer durations, including time spent traveling to/from a sporting event or other activity, meetings, meals, or other interactions)
 - Ability to engage in physical distancing while not actively engaged in play, such as when on the bench or sideline
 - Players' age and ability to comply with physical distancing and other protective actions
 - Size of the team and field of play
 - Presence of nonessential visitors or volunteers during practices or games
 - Travel required outside of the local community
- **Limiting cross-school transfer** for special programs, especially beyond the community. For additional considerations, see the "Sports and Other Extracurricular Activities" portion of [Section 2: Additional Considerations for K-12 Schools](#).
- **Considering eliminating use of locker rooms** if they are small and poorly ventilated or do not allow for physical distancing. Advise students to come to the athletic activity in clothes that are appropriate for participation in the athletic program.
- **Limiting or prohibiting spectators, nonessential visitors, or volunteers and activities** involving external groups or organizations as possible—especially with unvaccinated people who are not from the local geographic area (e.g., community, town, city, county).

- **Ensuring consistent wearing of masks**, aligned with guidance for gyms and fitness facilities, indicating that masks should cover the mouth and nose, be fit to the face, and should be worn during indoor physical conditioning and training or physical education classes (except when showering, at which time students should maintain physical distance). Students should take a break from exercise if any difficulty in breathing is noted and should change their mask or face covering if it becomes wet, sticks to the face, or obstructs breathing. Masks that restrict airflow under heavy exertion are not advised for exercise.
- **Using a microphone and speaker** and any other needed accommodation as described in a student's IEP or 504 plan when coaches or instructors deliver instructions. The use of face coverings and the need for students to spread out to maintain physical distance might make it more difficult for coaches to be heard.
- **Encouraging physical distancing** during times when players are not actively participating in practice or competition. For example, teams can increase space between players on the sideline, in the dugout, or on the bench. Consider posting signs or visual cues on the ground or walls to indicate appropriate spacing distance. Additionally, coaches can encourage athletes to spread out for individual skill-building work or cardiovascular conditioning, rather than staying clustered together.
- **Not holding indoor practices** for outdoor sports, and, where feasible, holding practices outdoors for indoor sports.
- **Limiting or avoiding team meetings or social activities** or holding such activities virtually.
- **Avoiding travel** to areas with high levels of community transmission and travel when a team is located in an area with high community transmission.

Supporting Ongoing Engagement with Educators, Families, and the School Community

As schools and districts work to develop and implement these strategies, engagement with educators, facility staff, families, and the school community is key. A successful in-person school reopening strategy requires engaging the entire school community to promote confidence and demonstrate inclusivity, in addition to broadly engaging education stakeholders to support actions that will lead to a safe learning environment for all educators, staff, and students. Planning for in-person school should include representatives from a wide range of school personnel and other stakeholders to get diverse input and foster trust, engagement, and support.

School representatives should include, at a minimum, administrators, teachers, specialized instructional support personnel (e.g., paraprofessionals), related service providers, early childhood education and after-school providers, school counselors, school social workers, school psychologists, and nurses, as well as custodial personnel, transportation personnel, food

personnel, and family services representatives. It is especially important to include professional education representative organizations/unions, as well as special education-related services providers and specialized instructional support personnel organizations, in order to benefit from their expertise and to foster support, understanding, buy-in, and trust, and to demonstrate respect for the educators and other school personnel who have been supporting students throughout the pandemic.

In addition, planning for in-person school should include student and parent representatives, and individuals and organizations that represent the interests of students, staff, and parents with disabilities, who have limited English proficiency, or who have transportation needs; others with access and functional needs; and state and local legal officials, so that specific interests and legal requirements are considered in the early stages of planning.

Both during planning for in-person school and following the start of in-person schooling, education leaders should actively engage parents on in-person school safety measures. This engagement should be rooted in an understanding that COVID-19 has impacted everyone and has caused different traumas, such as the loss of loved ones, economic insecurity, or anxiety from social isolation and uncertainty. At the same time, approaches to family and community engagement should recognize the disproportionate toll COVID-19 has taken on communities of color and families from low-income backgrounds. Parents might also have specific health and safety questions or concerns about sending their children back to in-person instruction because of the spread of COVID-19 variants or the perceived health risk to the student's immediate family and to other household members—even as parents are also concerned about their child missing the instructional and social and emotional opportunities that come with in-person learning.

To gain a better understanding of the extent of parent and caregiver concerns, school leaders and educators can conduct individual outreach activities, use surveys, or hold virtual town halls. In choosing an outreach strategy, school leaders should also ensure that the voices of those who are affected by barriers to internet and device access are represented. For example, underserved families might not be represented if feedback is gathered only online.

To that end, schools and school districts should conduct active and specific outreach to underserved families—including parents of students of color, English learners, students with disabilities, American Indian and Alaska Native students, students in foster care, students experiencing homelessness, and the children of migratory farmworkers—to encourage vaccination and communicate the health and safety measures the school has in place and strategies the school is implementing to mitigate against transmission, and to solicit input and answer questions from parents and ensure equitable access to information. This must include outreach in a language that limited English proficient parents can understand and in alternate formats or via auxiliary aids and services as needed to facilitate effective communication for individuals with disabilities. Where appropriate, information should be provided in partnership with trusted community-based organizations that serve families in the school community.

After a school reopens, education leaders at the school and district levels should use locally collected data, including those data collected for federal purposes, to determine whether different subgroups of historically underserved students are participating in in-person instruction proportionate to their enrollment in the school and school district and, if they are not, conduct enhanced, ongoing active and specific outreach to the relevant school communities and work to address their concerns.

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