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California Department of Public Health

August 2, 2021

TO:

All Californians

SUBJECT:

COVID-19 Public Health Guidance for K-12 Schools in California, 2021-22 School Year

Related Materials: [2021-2022 K-12 Schools Guidance Q&A](#) | [CDPH Guidance for the Use of Face Coverings](#) | [K-12 Schools Testing Framework 2021-2022](#) | [Safe Schools for All Hub](#) | [American Academy of Pediatrics COVID-19 Guidance for Safe Schools](#)

Updates as of August 2, 2021:

- Reflect updated universal indoor masking recommendations from the American Academy of Pediatrics and the CDC
- Clarify modified quarantine recommendations
- Refer to CDPH vaccine verification recommendations

On July 9, 2021, the Centers for Disease Control and Prevention (CDC) published its [updated](#) recommendations for K-12 schools. The following guidance applies CDC's recommendations to the California context, in order to

help K-12 schools formulate and implement plans for safe, successful, and full in-person instruction in the 2021-22 school year. This guidance is effective immediately and will be reviewed regularly by the California Department of Public Health (CDPH).

The foundational principle of this guidance is that all students must have access to safe and full in-person instruction and to as much instructional time as possible. In California, the surest path to safe and full in-person instruction at the outset of the school year, as well as minimizing missed school days in an ongoing basis, is a strong emphasis on the following: vaccination for all eligible individuals to get COVID-19 rates down throughout the community; universal masking in schools, which enables no minimum physical distancing, allowing all students access to full in-person learning, and more targeted quarantine practices, keeping students in school; and access to a robust COVID-19 testing program as an available additional safety layer. Recent evidence indicates that in-person instruction can occur safely without minimum physical distancing requirements when other mitigation strategies (e.g., masking) are fully implemented. This is consistent with [CDC K-12 School Guidance](#).

Masks are one of the most effective and simplest safety mitigation layers to prevent in-school transmission of COVID-19 infections and to support full time in-person instruction in K-12 schools. SARS-CoV-2, the virus that causes COVID-19, is transmitted primarily by aerosols (airborne transmission), and less frequently by droplets. Physical distancing is generally used to reduce only droplet transmission, whereas masks are one of the most effective measures for source control of **both** aerosols and droplets. Therefore, masks best promote both safety and in-person learning by reducing the need for physical distancing. Additionally, under the new guidance from the CDC, universal masking also permits modified quarantine practices under certain conditions in K-12 settings, further promoting more instructional time for students. Universal masking indoors in K-12 schools is recommended by the [American Academy of Pediatrics](#) and by the [CDC](#) in their Guidance for COVID-19 Prevention in K-12 schools (updated July 27, 2021).

Finally, this approach takes into account a number of key considerations: current unknowns associated with variants and in particular the Delta Variant, which is more transmissible; operational barriers of tracking vaccination status in order to monitor and enforce mask wearing; and potential detrimental effects on students of differential mask policies. Detrimental effects of differential mask policies include: potential stigma, bullying, isolation of vaccinated OR unvaccinated students, depending on the culture and attitudes in the school or surrounding community.

CDPH will continue to assess conditions on an ongoing basis, and will determine no later than November 1, 2021, whether to update mask requirements or recommendations. Indicators, conditions, and science review will include vaccination coverage status, in consideration of whether vaccines are available for children under 12, community case and hospitalization rates, outbreaks, and ongoing vaccine effectiveness against circulating variants of SARS-CoV-2, the virus that causes COVID-19 in alignment with the [CDC-recommended indicators](#) to guide K-12 school operations.

This guidance is designed to enable all schools to offer and provide full in-person instruction to all students safely, consistent with the current scientific evidence about COVID-19, even if pandemic dynamics shift throughout the school year, affected by vaccination rates and the potential emergence of viral variants.

This guidance includes mandatory requirements, in addition to recommendations and resources to inform decision-making. Implementation requires training and support for staff and adequate consideration of student and family needs. Stricter guidance may be issued by local public health officials or other authorities.

COVID-19 vaccination is strongly recommended for all eligible people in California, including teachers, staff, students, and adults sharing homes with these members of our K-12 communities. See [CDC recommendations](#) about how to promote vaccine access and uptake for schools. Additional California-specific vaccine access information is available on the [Safe Schools Hub](#) and [Vaccinate All 58 – Let's Get to Immunity](#).

In workplaces, employers are subject to the Cal/OSHA COVID-19 Emergency Temporary Standards (ETS) or in some workplaces the CalOSHA Aerosol Transmissible Diseases Standard, and should consult those regulations for additional applicable requirements.

General Considerations:

Consideration should be given to both the direct school population as well as the surrounding community. The primary factors to consider include: 1) level of [community transmission](#) of COVID-19; 2) [COVID-19 vaccination coverage](#) in the community and among students, faculty, and staff; and 3) any local COVID-19 outbreaks or increasing trends. Discussion of these factors should occur in collaboration with local or state public health partners.

As the [CDC explained](#) in its July 9, 2021 Guidance:

“Schools will have a mixed population of both people who are fully vaccinated and people who are not fully vaccinated. . . These variations require K-12 administrators to make decisions about the use of COVID-19 prevention strategies in their schools to protect people who are not fully vaccinated. . . Together with local public health officials, school administrators should consider multiple factors when they make decisions about implementing layered prevention strategies against COVID-19.”

In an effort to streamline and tailor this decision-making process for the California context, guidance regarding each of the measures that can be used in a layered prevention strategy is provided below.

Safety Measures for K-12 Schools

1. Masks

- a. Masks are optional outdoors for all in K-12 school settings.
- b. K-12 students are required to mask indoors, with exemptions per [CDPH face mask guidance](#). Adults in K-12 school settings are required to mask when sharing indoor spaces with students.
- c. Persons exempted from wearing a face covering due to a medical condition, must wear a non-restrictive alternative, such as a face shield with a drape on the bottom edge, as long as their condition permits it.
- d. Schools must develop and implement local protocols to provide a face covering to students who inadvertently fail to bring a face covering to school to prevent unnecessary exclusions.
- e. Consistent with guidance from the 2020-21 school year, schools must develop and implement local protocols to enforce the mask requirements. Additionally, schools should offer alternative educational opportunities for students who are excluded from campus because they will not wear a face covering. Note: Public schools should be aware of the requirements in AB 130 to offer independent study programs for the 2021-22 school year.
- f. In limited situations where a face covering cannot be used for pedagogical or developmental reasons, (e.g., communicating or assisting young children or those with special needs) a face shield with a drape (per [CDPH guidelines](#)) can be used instead of a face covering while in the classroom as long as the wearer maintains physical distance from others. Staff must return to wearing a face covering outside of the classroom.

2. Physical distancing

a. Recent evidence indicates that in-person instruction can occur safely without minimum physical distancing requirements when other mitigation strategies (e.g., masking) are implemented. This is consistent with [CDC K-12 School Guidance](#).

3. Ventilation recommendations:

a. For indoor spaces, ventilation should be optimized, which can be done by following [CDPH Guidance on Ventilation of Indoor Environments and Ventilation and Filtration to Reduce Long-Range Airborne Transmission of COVID-19 and Other Respiratory Infections: Considerations for Reopened Schools](#).

4. Recommendations for staying home when sick and getting tested:

a. Follow the strategy for Staying Home when Sick and Getting Tested from the [CDC](#).

b. Getting tested for COVID-19 when symptoms are [consistent with COVID-19](#) will help with rapid contact tracing and prevent possible spread at schools.

c. Advise staff members and students with symptoms of COVID-19 infection not to return for in-person instruction until they have met CDPH criteria to return to school for those with symptoms:

i. At least 24 hours have passed since resolution of fever without the use of fever-reducing medications; and

ii. Other symptoms have improved; and

iii. They have a negative test for SARS-CoV-2, OR a healthcare provider has provided documentation that the symptoms are typical of their underlying chronic condition (e.g., allergies or asthma) OR a healthcare provider has confirmed an alternative named diagnosis (e.g., Streptococcal pharyngitis, Coxsackie virus), OR at least 10 days have passed since symptom onset.

5. Screening testing recommendations:

a. CDPH has a robust State- and Federally-funded school testing program and subject matter experts available to support school decision making, including free testing resources to support screening testing programs (software, test kits, shipping, testing, etc.).

i. Resources for schools interested in testing include: California's Testing Task Force [K-12 Schools Testing Program](#), [K-12 school-based COVID-19 testing strategies](#) and [Updated Testing Guidance](#); The Safe Schools for [All state technical assistance \(TA\)](#) portal; and the [CDC K-12 School Guidance](#) screening testing considerations (in Section 1.4 and Appendix 2) that are specific to the school setting.

6. Case reporting, contact tracing and investigation

a. Per AB 86 (2021) and California Code Title 17, section 2500, schools are required to report COVID-19 cases to the local public health department.

b. Schools or LEAs should have a COVID-19 liaison to assist the local health department with contact tracing and investigation.

7. Quarantine recommendations for vaccinated close contacts

a. For those who are vaccinated, follow the [CDPH Fully Vaccinated People Guidance](#) regarding quarantine.

8. Quarantine recommendations for unvaccinated students for exposures when both parties were wearing a mask, as required in K-12 indoor settings. These are adapted from the CDC K-12 guidance and CDC definition of a close contact.
 - a. When both parties were wearing a mask in any school setting in which students are supervised by school staff (including indoor or outdoor school settings and school buses, including on buses operated by public and private school systems), unvaccinated students who are close contacts (more than 15 minutes over a 24-hour period within 0-6 feet indoors) may undergo a modified quarantine as follows. They may continue to attend school for in-person instruction if they:
 - i. Are asymptomatic;
 - ii. Continue to appropriately mask, as required;
 - iii. Undergo at least twice weekly testing during the 10-day quarantine; and
 - iv. Continue to quarantine for all extracurricular activities at school, including sports, and activities within the community setting.
9. Quarantine recommendations for: unvaccinated [close contacts](#) who were not wearing masks or for whom the infected individual was not wearing a mask during the indoor exposure; or unvaccinated students as described in #8 above.
 - a. For these contacts, those who remain asymptomatic, meaning they have NOT had any symptoms, may discontinue self-quarantine under the following conditions:
 - i. Quarantine can end after Day 10 from the date of last exposure without testing; OR
 - ii. Quarantine can end after Day 7 if a diagnostic specimen is collected after Day 5 from the date of last exposure and tests negative.
 - b. To discontinue quarantine before 14 days following last known exposure, asymptomatic close contacts must:
 - i. Continue daily self-monitoring for symptoms through Day 14 from last known exposure; AND
 - ii. Follow all recommended non-pharmaceutical interventions (e.g., wearing a mask when around others, hand washing, avoiding crowds) through Day 14 from last known exposure.
 - c. If any symptoms develop during this 14-day period, the exposed person must immediately isolate, get tested and contact their healthcare provider with any questions regarding their care.
10. Isolation recommendations
 - a. For both vaccinated and unvaccinated persons, follow the CDPH [Isolation Guidance](#) for those diagnosed with COVID-19.
11. Hand hygiene recommendations
 - a. Teach and reinforce washing hands, avoiding contact with one's eyes, nose, and mouth, and covering coughs and sneezes among students and staff.
 - b. Promote hand washing throughout the day, especially before and after eating, after using the toilet, and after handling garbage, or removing gloves.

c. Ensure adequate supplies to support healthy hygiene behaviors, including soap, tissues, no-touch trashcans, face coverings, and hand sanitizers with at least 60 percent ethyl alcohol for staff and children who can safely use hand sanitizer.

12. Cleaning recommendations

a. In general, cleaning once a day is usually enough to sufficiently remove potential virus that may be on surfaces. Disinfecting (using disinfectants on the [U.S. Environmental Protection Agency COVID-19](#) list) removes any remaining germs on surfaces, which further reduces any risk of spreading infection.

b. For more information on cleaning a facility regularly, when to clean more frequently or disinfect, cleaning a facility when someone is sick, safe storage of cleaning and disinfecting products, and considerations for protecting workers who clean facilities, see [Cleaning and Disinfecting Your Facility](#).

c. If a facility has had a sick person with COVID-19 within the last 24 hours, clean AND disinfect the spaces occupied by that person during that time.

13. Food service recommendations

a. Maximize physical distance as much as possible while eating (especially indoors). Using additional spaces outside of the cafeteria for mealtime seating such as classrooms or the gymnasium can help facilitate distancing. Arrange for eating outdoors as much as feasible.

b. Clean frequently touched surfaces. Surfaces that come in contact with food should be washed, rinsed, and sanitized before and after meals.

c. 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.

14. Vaccination verification considerations

a. To inform implementation of prevention strategies that vary by vaccination status (testing, contact tracing efforts, and quarantine and isolation practices), refer to the [CDPH vaccine verification recommendations](#).

15. COVID-19 Safety Planning Transparency Recommendations

a. In order to build trust in the school community and support successful return to school, it is a [best practice](#) to provide transparency to the school community regarding the school's safety plans. It is recommended that at a minimum all local educational agencies (LEAs) post a safety plan, communicating the safety measures in place for 2021-22, on the LEA's website and at schools, and disseminate to families in advance of the start of the school year.

Note: With the approval of the federal American Rescue Plan, each local educational agency receiving Elementary and Secondary School Emergency Relief (ARP ESSER) funds is required to adopt a Safe Return to In-Person Instruction and Continuity of Services Plan and review it at least every six months for possible revisions. The plan must describe how the local educational agency will maintain the health and safety of students, educators and other staff. Reference the Elementary and Secondary School Relief Fund (ESSER III) [Safe Return to In-Person Instruction Local Educational Agency Plan Template](#).

Additional considerations or other populations

1. Disabilities or other health care needs recommendations

- a. When implementing this guidance, schools should carefully consider how to address the legal requirements related to provision of a free appropriate public education and requirements to reasonably accommodate disabilities, which continue to apply.
- b. Refer to the CDC K-12 guidance section on “[Disabilities or other health care needs](#)” for additional recommendations.

2. Visitor recommendations

- a. Schools should review their rules for visitors and family engagement activities.
- b. Schools should limit nonessential visitors, volunteers, and activities involving external groups or organizations with people who are not fully vaccinated, particularly in areas where there is moderate-to-high COVID-19 community transmission.
- c. Schools should not limit access for direct service providers, but can ensure compliance with school visitor policies.
- d. Schools should continue to emphasize the importance of staying home when sick. Anyone, including visitors, who have symptoms of infectious illness, such as flu or COVID-19, should stay home and seek testing and care.

3. Boarding schools may operate residential components under the following guidance:

- a. COVID-19 vaccination is strongly recommended for all eligible people in California, including teachers, staff, students, and adults sharing homes with these members of our K-12 communities.** See [CDC recommendations](#) about how to promote vaccine access and uptake for schools. Additional California-specific vaccine access information is available on the [Safe Schools Hub](#).
- b. Strongly recommend policies and practices to ensure that all eligible students, faculty and staff have ample opportunity to become fully vaccinated.
- c. Strongly recommend that unvaccinated students and staff be offered regular COVID-19 screening testing.
- d. Consider students living in multi-student rooms as a “household cohort.” Household cohort members, regardless of vaccination status, do not need to wear masks or physically distance when they are together without non-household cohort members nearby. If different “household cohorts” are using shared indoor when together during the day or night, continue to monitor and enforce mask use, and healthy hygiene behaviors for everyone.

The non-residential components of boarding schools (e.g., in-person instruction for day students) are governed by the guidelines as other K-12 schools, as noted in this document.

4. Additional information about how this guidance applies to other supervised settings for K-12 school-aged children and youth (including activities such as band, drama) is forthcoming. Childcare settings and providers remain subject to [separate guidance](#).



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