



April 8, 2021

Ms. Randi Weingarten
President
American Federation of Teachers
555 New Jersey Avenue, NW
Washington, DC 20001

Dear Ms. Weingarten:

Thank you for your letter regarding the Centers for Disease Control and Prevention's (CDC) guidance for K-12 schools during the Coronavirus Disease 2019 (COVID-19) pandemic. Given the importance of key services that schools offer and the benefits of in-person learning for children, CDC recommends that schools should be the first to open and the last to close. We share your concern that this must be done safely for all students, educators, and staff. To this end, CDC has continually updated guidance, resources, and tools for schools, parents, teachers, and other staff as we have learned more about COVID-19 to make sure our recommendations are based on the most recent data available on how to safely reopen schools. Any guidance released by the U.S. Department of Education (the Department) is intended to be fully aligned with CDC recommendations. On behalf of CDC and the Department, we will do our best to respond to your questions to the extent possible based on the current science.

CDC conducted an in-depth review of the science and on February 12, 2021, released new science-based resources and tools to help schools safely reopen and stay open for in-person learning. These resources include the *Operational Strategy for K-12 Schools through Phased Prevention*¹ and *The Science Brief: Transmission of SARS-CoV-2 in K-12 Schools*.² Since the release of the *Operational Strategy for K-12 Schools* in February, the science on the effectiveness of prevention strategies has grown, and on March 19, 2021, CDC released three new studies addressing spread of COVID-19 in K-12 school settings.^{3,4,5} These studies build on evidence that transmission remains low in schools that implement universal mask use combined with other prevention strategies, as described further below, even at high levels of community transmission. In addition, the studies indicate that spread in schools that implement layered prevention strategies remains low even when physical distancing is less than 6 feet between students in classrooms. In response to your question regarding physical distancing in smaller group settings, the science indicates that using a distance of at least 3 feet between students in classrooms could be a feasible option for schools providing full in-person instruction, provided universal mask requirements are in place. Maintaining 6 feet between cohorts

¹ <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/operation-strategy.html>

² https://www.cdc.gov/coronavirus/2019-ncov/more/science-and-research/transmission_k_12_schools.html

³ https://www.cdc.gov/mmwr/volumes/70/wr/mm7012e4.htm?s_cid=mm7012e4_w

⁴ https://www.cdc.gov/mmwr/volumes/70/wr/mm7012e3.htm?s_cid=mm7012e3_w

⁵ https://www.cdc.gov/mmwr/volumes/70/wr/mm7012e2.htm?s_cid=mm7012e2_w

of students and between adults is still recommended and supported by the evidence. CDC and the Department are prioritizing in our communications the critical importance of using the layered mitigation and prevention strategies.

Following our commitment to update guidance when new science becomes available, CDC revised the *Operational Strategy for K-12 Schools* on March 19, 2021, to recommend physical distancing of at least 3 feet between students in classrooms (with universal use of masks) and provide clearer guidance when a greater distance (such as 6 feet) is recommended. Consistent and correct use of masks is critical to reducing risk of transmission in schools; this is particularly true for schools that use less than 6 feet between students in classrooms. The Department is updating COVID-19 Handbook Volume 1: Strategies for Safely Reopening Elementary and Secondary Schools to align with the updated CDC guidance, and the updated guidance will continue to emphasize the importance of strict adherence to each of the mitigation strategies as you referenced in your letter.⁶

CDC's *Operational Strategy for K-12 Schools* presents a pathway to reopen America's schools and help schools remain open through consistent use of key prevention strategies. Layered strategies implemented concurrently provide the greatest level of protection. CDC recommends using a combination of five prevention strategies to prevent the spread of COVID-19 in schools:

1. Universal and correct use of masks
2. Physical distancing
3. Handwashing and respiratory etiquette
4. Cleaning and maintaining healthy facilities
5. Contact tracing in combination with isolation and quarantine, in collaboration with the health department and in accordance with applicable privacy laws

Ventilation is another component of maintaining healthy environments and is an important COVID-19 prevention strategy for schools and childcare programs. CDC's *Ventilation in Schools and Childcare Programs*⁷ provides ways to improve ventilation in schools or childcare programs, whether in a large building or in a home. Enhancing building ventilation is a prevention strategy that can provide an added layer of protection aimed to prevent transmission. The appropriate selection of ventilation strategies will be school-specific and not necessarily dependent upon the age of the school building or its ventilation system. CDC's *Ventilation in Buildings*⁸ provides a list of considerations to improve building ventilation as part of a layered strategy to reduce exposures to SARS-CoV-2, the virus that causes COVID-19. A list of frequently asked questions to aid selection and implementation of the considerations is also included.

In addition, CDC has developed a *K-12 Schools COVID-19 Mitigation Toolkit*,⁹ which is designed for public health officials, K-12 administrators, school district officials, and occupational safety and health professionals to assess hazards and implement mitigation strategies to reduce the spread of COVID-19 in schools. To protect students, teachers and staff, and the broader community, schools should consider implementing several of the recommended strategies, which will encourage

⁶ Schools' decisions about individual students with disabilities and adherence to mitigation strategies must be consistent with Federal disability law. See, the CDC's *Operational Strategy for K-12 Schools* and ED's *COVID-19 Handbook Volume 1: Strategies for Safely Reopening Elementary and Secondary Schools*.

⁷ <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/ventilation.html>

⁸ <https://www.cdc.gov/coronavirus/2019-ncov/community/ventilation.html>

⁹ https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/FINAL-0321420_B_K-12_Mitigation_Toolkit508.pdf

behaviors that reduce the spread of COVID-19. The toolkit includes checklists to help K-12 administrators and school staff to prepare facility reopening for in-person or hybrid classes and continued operations. Additionally, the *Appendix B – Staff Protections* section of the *K-12 Schools COVID-19 Mitigation Toolkit* describes an approach used to help reduce risk for staff by removing, eliminating, or isolating a hazard; changing the way people work; or protecting staff by using equipment, such as masks.

Your letter requests additional information on distancing in more densely populated or older buildings. CDC has reached out to several large urban school districts to discuss collaborations to evaluate mitigation and assess effectiveness of prevention efforts as they look to reopen for in-person instruction. Schools should reopen as soon as possible when it is safe to do so, and when they can strictly and consistently implement layered prevention strategies to minimize spread. Schools should adopt the recommended COVID-19 prevention strategies to the greatest extent possible. CDC's guidance provides options for schools, regardless of their resources or funding. Many of the recommended prevention strategies require minimal resources, and we have strong evidence that they reduce the spread of COVID-19.

Your letter raises questions as to how teachers, paraprofessionals, and other staff move within the classroom and within small group settings. How CDC's recommendations are implemented will vary depending on local context, but as stated in the guidance, even when 3 feet or 6 feet of distance are maintained, strict adherence to the other mitigation strategies is critically important to ensure safe working and learning environments. We also understand your concern regarding the challenges that can come with the practice of concurrent teaching and will continue to look at this issue and where additional guidance might be useful.

Finally, you also raised questions regarding when to reopen schools. As stated previously, CDC and the Department are committed to the safe reopening of schools and believe those decisions should be made at the local level based on the data available and the strict adherence to the mitigation strategies. The Biden administration is committed to helping schools reopen for in-person education as soon as possible. As part of the Administration's *National Strategy for the COVID-19 Response and Pandemic Preparedness*,¹⁰ the U.S. Department of Health and Human Services (HHS) will invest \$10 billion from the American Rescue Plan Act of 2021 to ramp up testing to help schools reopen.¹¹ We recognize that updating the guidance regarding physical distancing requires different approaches to implement that may take time. The American Rescue Plan also provides more than \$120 billion in funding for K-12 schools to safely and quickly reopen for in-person instruction while implementing mitigation strategies consistent with the CDC guidelines.

Additionally, the Administration has called on U.S. states to prioritize COVID-19 vaccinations for school staff and childcare workers. On March 2, 2021, the HHS Secretary issued a Secretarial Directive directing all COVID-19 vaccination providers administering vaccine purchased by the U.S. government to make available and administer COVID-19 vaccine to those who work in pre-primary, primary, and secondary schools, as well as Head Start and Early Head Start programs (including teachers, staff, and bus drivers).¹² To help jurisdictions accomplish this, the Federal

¹⁰ <https://www.whitehouse.gov/wp-content/uploads/2021/01/National-Strategy-for-the-COVID-19-Response-and-Pandemic-Preparedness.pdf>

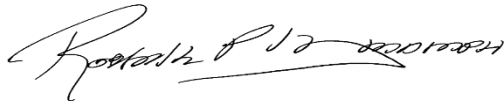
¹¹ <https://www.hhs.gov/about/news/2021/03/17/biden-administration-invest-more-than-12-billion-expand-covid-19-testing.html>

¹² <https://www.hhs.gov/sites/default/files/secretarial-directive-prioritization-covid-19-vaccines.pdf>

Retail Pharmacy Program for COVID-19 Vaccination¹³ prioritized the vaccination of these groups during the month of March. This effort was successful, and, on April 6, 2021, CDC announced that nearly 80 percent of Pre-K-12 teachers, school staff, and childcare workers received at least their first shot of COVID-19 vaccine in March, according to the agency's latest estimates and survey data.¹⁴ In addition to their existing state and local COVID-19 vaccination sites, teachers and staff in pre-K-12 schools and childcare programs can sign up for an appointment at more than 16,000 pharmacy locations participating in the program nationwide.

Even after teachers and staff are vaccinated, schools need to continue prevention measures for the foreseeable future, including requiring masks in schools and physical distancing. We welcome additional conversation regarding the recommendation to provide a national checklist on school mitigation strategies and how that could be most useful.

Sincerely,



Rochelle P. Walensky, MD, MPH
Director
Centers for Disease Control and Prevention



Miguel A. Cardona, EdD
Secretary
U.S. Department of Education

¹³ <https://www.cdc.gov/vaccines/covid-19/retail-pharmacy-program/index.html>

¹⁴ <https://www.cdc.gov/media/releases/2021/s0406-teachers-staff-vaccine.html>