



Centers for Disease Control and Prevention (CDC) Guidance for COVID-19 Prevention in K-12 Schools

On July 9, 2021, the State of Illinois adopted the CDC’s updated guidance regarding [COVID-19 prevention in K-12 schools](#) for all public and nonpublic schools in Illinois. The updated federal guidance is currently in effect.

The CDC’s guidance is meant to help K-12 school administrators and local health officials select appropriate, layered prevention strategies in order to keep in-person learning environments safe for students and staff during times of fluctuating transmission. Answers to the following frequently asked questions (FAQs) build on the CDC’s guidance with recommendations about how to best implement the federal health authority’s recommendations.

In addition to the health and safety reasons for following the CDC’s guidance, school districts that decide not to follow the CDC’s guidance should consult with their insurers regarding risk assumption and liability coverage. Insurers may be unwilling to cover liabilities created as a result of failure to adhere to public health guidance.

Major changes to guidance for the 2021-22 school year include the following:

- Promotion of vaccination as the leading public health prevention strategy to end the COVID-19 pandemic.
- Alignment of masking recommendations for schools with CDC guidance for individuals who are fully vaccinated.
- Additional emphasis on the importance of offering in-person learning, regardless of whether all of the prevention strategies can be implemented in a school.
- Revised definition of close contacts to guide quarantine procedure.
- Introduction of a Test-to-Stay alternative to quarantine.

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Vaccination

1. What is the importance of vaccinations in supporting full in-person instruction?

Achieving high levels of COVID-19 vaccination among eligible students, as well as teachers, staff, and household members, is critical to help schools safely resume full operations.

Vaccination is currently 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. A [growing body of evidence](#) suggests that people who are fully vaccinated against COVID-19 are less likely to have an asymptomatic infection or transmit COVID-19 to others than people who are not fully vaccinated. In most settings, people who are [fully vaccinated](#) can safely resume activities they did before the pandemic, except where prevention measures are required by federal, state, local, tribal, or territorial laws, rules, and regulations, including local business and workplace guidance. (See [Question 3](#) about ways schools can determine students’ vaccination status.)

[People 12 years and older are now eligible for COVID-19 vaccination](#). Schools can [promote vaccinations](#) among teachers, staff, families, and eligible 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.

IDPH has provided the following resources to support schools in providing and promoting vaccination:

- [Hosting a Vaccination Event](#): Contact information and instructions for hosting a vaccination event at one or more schools.
- [Parent Letter](#): Letter to send to parents and families on either IDPH and ISBE letterhead or district letterhead to communicate about options for eligible children to receive the COVID-19 vaccine if your district does not host a vaccination event.
 - [Arabic](#)
 - [Chinese Simplified](#)
 - [Chinese Traditional](#)
 - [Polish](#)
 - [Tagalog](#)
 - [Urdu](#)
 - [Spanish](#)
- [Strategies to Build Vaccine Confidence](#)
- [How to Talk About the COVID-19 Vaccine](#)
- [COVID-19 Vaccination for Young People FAQs](#)
- Vaccination Options for Children and Families
 - [English](#)
 - [Spanish](#)
- [ICAAP Vaccination Letter](#)

2. Is there a state mandate that students or staff must obtain the COVID-19 vaccine?

No. However, the CDC and IDPH strongly encourage all individuals eligible for the COVID-19 vaccine to be vaccinated. Vaccination benefits not only the individual, but also schools and communities by reducing transmission. For example, fully vaccinated persons are not required to quarantine if exposed to a case as long as they remain asymptomatic and do not need to mask or maintain physical distance.

3. How can a school determine if a student is vaccinated?

Schools can choose how they will identify individuals who have been vaccinated and should communicate their strategies and any changes in plans to teachers, to staff, and to families, and directly to older students. For instance, schools may request proof of vaccination from parents for their children or from staff to determine vaccination status. Adults can authorize release of such proof for themselves or their children by completing a [request for immunization records \(for Chicago residents\)](#) from the [Illinois Comprehensive Automated Immunization Registry Exchange \(I-CARE\)](#).

Schools that plan to request voluntary submission of documentation of COVID-19 vaccination status should use the same standard protocols that are used to collect and secure other immunization or health status information from students. The protocol to collect, to secure, to use, and to further disclose this information should comply with relevant statutory and regulatory requirements, including Family Educational Rights and Privacy Act (FERPA) statutory and regulatory requirements.

In addition, local school authorities are permitted to access the statewide immunization database to review student immunization records. Only employees who have direct responsibility for ensuring student compliance with [77 Ill. Adm. Code 665.210](#) can apply for and receive access to I-CARE, the statewide system. No access will be granted to other personnel, such as superintendents or human

resource managers. All individuals with I-CARE access are subject to all [requirements and penalties](#) authorized by the [Health Insurance Portability and Accountability Act of 1996 \(HIPAA\)](#). School employees may apply for access to I-CARE by following the instructions in the [I-CARE access enrollment packet](#). Contact I-CARE program staff via email at dph.icare@illinois.gov for more information.

Masking

4. Who should wear masks in schools?

Masks for unvaccinated persons are the most effective measure to prevent transmission. The CDC strongly recommends that masks should be worn by all individuals (age 2 and older) who are not fully vaccinated when indoors and when in crowded outdoor settings or during activities that involve sustained close contact with other people who are not fully vaccinated, particularly in areas of substantial to high transmission. Consistent and correct mask use by people who are not fully vaccinated is especially important indoors and in crowded settings, when physical distancing cannot be maintained, as well as in schools where students are not eligible for vaccination.

Schools are permitted to verify student vaccination status in a number of ways, including requesting proof of vaccination records, reviewing I-CARE records, and allowing individuals to attest to their vaccination status. (See [Question 3](#) above for more information.)

Schools should be supportive of people who are fully vaccinated and choose to continue to wear a mask as a personal choice or because they have a medical condition that may weaken their immune system.

Regardless of the mask policy at school, passengers and drivers must wear a mask on school buses, per the [CDC Order](#).

5. May a school opt to make mask use universally required?

Yes. CDC guidance explicitly states: “Based on the needs of the community, school administrators may opt to make mask use universally required (i.e., required regardless of vaccination status) in the school. Reasons for this can include:

- Having a student population that is not yet eligible for vaccination (e.g., schools with grades pre-kindergarten-6).
- Increasing, substantial, or high COVID-19 transmission within the school or their surrounding community.
- Increasing community transmission of a variant that is spread more easily among children and adolescents or is resulting in more severe illness from COVID-19 among children and adolescents.
- Lacking a system to monitor the vaccine status of students and/or teachers and staff.
- Difficulty monitoring or enforcing mask policies that are not universal.
- Awareness of low vaccination uptake within the student, family, or teacher/staff population or within the community.
- Responding to community input that many teachers, staff, parents, or students would not participate in in-person learning if mask use was not universal.

Schools that continue to require people older than 2 years of age to wear a mask should make exceptions for the following categories of people:

- A person who [cannot wear a mask or cannot safely wear a mask](#) because of a disability as defined by the Americans with Disabilities Act (ADA) (42 U.S.C. 12101 et seq.). Discuss the possibility of [reasonable accommodation](#) with workers who are not fully vaccinated who are unable to wear a mask, or who have difficulty wearing certain types of masks because of a disability.
- A person for whom wearing a mask would create a risk to workplace health, safety, or job duty as determined by the relevant workplace safety guidelines or federal regulations.”

Physical Distancing

6. What are the CDC’s physical distancing recommendations for individuals in classrooms?

CDC recommends schools maintain at least 3 feet of physical distance between students within classrooms, combined with indoor mask wearing by people who are not fully vaccinated, to reduce transmission risk. Because of the importance of in-person learning, schools where not everyone is fully vaccinated should implement physical distancing to the extent possible within their structures (in addition to masking and other prevention strategies), but should not exclude students from in-person learning to keep a minimum distance requirement.

7. What additional prevention measures should schools adopt if maintaining physical distancing of at least 3 feet between students is not feasible in their facilities?

When it is not possible to maintain recommended physical distancing of at least 3 feet between students, 6 feet between students and teachers/staff, and 6 feet between teachers/staff who are not fully vaccinated, such as when schools cannot fully re-open while maintaining these distances, it is especially important to layer multiple other prevention strategies, such as indoor masking; screening testing; cohorting; improved ventilation; handwashing; covering coughs and sneezes; staying home when sick with symptoms of infectious illness, including COVID-19; and regular cleaning to help reduce transmission risk. **Mask use by people who are not fully vaccinated is particularly important when physical distance cannot be maintained.**

8. What are the CDC’s physical distancing recommendations for cafeterias and other areas where food is consumed?

Schools should maximize physical distance as much as possible when students are moving through the food service line and while eating (especially indoors). Using additional spaces outside of the cafeteria for mealtime seating such as the gymnasium or outdoor seating can help facilitate distancing. Note: students, teachers, and staff who are fully vaccinated do not need to distance while eating. Schools may wish to consider “staggering” schedules for arrivals/dismissals, hall passing periods, mealtimes, bathroom breaks, etc., to ensure the safety of unvaccinated students and staff. Staff and students should abstain from physical contact, including, but not limited to, handshakes, high fives, and hugs.

Testing

9. How can testing be used to support in-person instruction?

Screening tests for SARS-CoV-2 can support in-person learning by identifying infected persons who are asymptomatic and without known or suspected exposure to SARS-CoV-2. Screening tests are performed to identify persons who may be contagious so that measures can be taken to prevent further transmission. Screening testing should be offered to students who have not been fully vaccinated when community transmission is at moderate, substantial, or high levels (Table 1 in the [CDC guidance](#): “Screening Testing Recommendations for K-12 Schools by Level of Community Transmission”). At any level of community transmission, screening testing should be offered to all teachers and staff who have not been fully vaccinated.

The state of Illinois has made testing available free of charge to all schools in Illinois through SHIELD Illinois. Those interested in establishing a K-12 testing program using the SHIELD Illinois saliva test should contact Beth Heller, senior director of External Affairs for SHIELD Illinois, at bheller@uillinois.edu. Note: SHIELD Illinois is also able to offer BinaxNOW rapid antigen testing along with its weekly saliva testing program. Those interested in implementing a K-12 testing program using the BinaxNOW rapid antigen test should email dph.antigentesting@illinois.gov. (See the [IDPH Interim Guidance on Testing for COVID-19 in Community Settings and Schools](#) for complete information on testing.)

Additionally, testing can be used to keep students in school when identified as classroom close contact through the Test-to-Stay protocol. This allows students to avoid quarantine by testing on days one, three, five and seven after exposure as long as they continue to test negative. For complete details on the Test-to-Stay protocol, see [Question 12](#) below.

10. How can testing be used to support participation in extracurricular activities?

To facilitate safe participation in sports, extracurricular activities, and other activities with elevated risk (such as activities that involve singing, shouting, band, and exercise that could lead to increased exhalation), CDC recommends schools implement screening testing for participants who are not fully vaccinated. In areas with low transmission, schools should routinely test student athletes, extracurricular participants, coaches, and trainers, and other people (such as adult volunteers) who are not fully vaccinated and could come into close contact with others during these activities. Schools should implement screening testing of participants who are not fully vaccinated up to 24 hours before sporting, competition, or extracurricular events (e.g., competitions). Schools can use different screening testing strategies for lower-risk sports. [Higher-risk sports](#) and extracurricular activities (those that involve singing, shouting, band, or exercise, especially when conducted indoors) should be virtual or canceled in areas of high community transmission unless all participants are fully vaccinated. For additional information on CDC K-12 screening testing recommendations, see table 1 of the new [CDC Guidance for COVID-19 Prevention in K-12 Schools](#).

Contract Tracing and Quarantine

11. How are close contacts determined in school?

Contact tracing is used by health departments to prevent the spread of infectious diseases. In general, contact tracing involves identifying people who have a confirmed or probable case of COVID-19 (cases) and people who they came in contact with (close contacts) and working with them

to interrupt disease spread. This includes asking people with COVID-19 to [isolate](#) and their contacts to [quarantine](#) at home voluntarily. Fully vaccinated persons who remain asymptomatic and those with documented COVID-19 infection within the past 90 days are excluded from quarantine.

In Illinois, contact tracing in combination with isolation and quarantine is required per Part 690 Control of Communicable Disease Code, Subpart I. Further, the [Communicable Disease Code](#) also requires mandatory reporting of any suspect, confirmed or probable case of COVID-19 to the local health department immediately (within 3 hours).

For teachers, staff and adults in the indoor K-12 classroom setting, CDC defines a [close contact](#) as an individual not fully vaccinated against COVID-19 who was within 6 feet of an infected person for a cumulative total of 15 minutes or more over a 24-hour period. According to the new CDC close contact definition, classroom students who were within 3 to 6 feet of the infected student are *not* treated as close contacts as long as both students were engaged in consistent and correct use of a well-fitting masks *and* other K-12 school prevention strategies (such as universal and correct mask use, physical distancing, increased ventilation) were in place in the K-12 setting. In other words, only classroom contacts within 3 feet require quarantine as long as both the case and the contact were consistently masked. If they were not consistently masked, then close contacts are classroom students who were within 6 feet of the infected student for a cumulative total of 15 minutes or more over a 24-hour period.

In exposures outside of the classroom, for staff and for students in the classroom where masks were not correctly and consistently worn by the infected person and/or the student, close contacts would be defined as individuals who are not fully vaccinated or who have not had lab-diagnosed COVID-19 within the last 90 days who were within 6 feet of an infected person for a cumulative total of 15 minutes or more over a 24-hour period. In general, individuals who are solely exposed to a confirmed case while outdoors should not be considered close contacts.

The longer a person is exposed to an infected person, the higher the risk of exposure/transmission. The infectious period of close contact begins two calendar days before the onset of symptoms (for a symptomatic person) or two calendar days before the positive sample was obtained (for an asymptomatic person). If the case was symptomatic (e.g., coughing, sneezing), persons with briefer periods of exposure may also be considered contacts, as determined by local health departments. Persons who have had lab-confirmed COVID-19 within the past 90 days or those fully vaccinated who remain asymptomatic, according to CDC guidelines, are not required to quarantine if identified as a close contact to a confirmed case.

Local health departments are the final authority on identifying close contacts.

12. What options are available for unvaccinated students to return to school from quarantine after an exposure?

The local health department will make the final determination on who is to be quarantined and for how long. They also may determine that a close contact is not a candidate for modified quarantine due to a high-risk exposure (e.g., sustained close contact without masking).

- **Option 1:**¹ Quarantine at home for 14 calendar days. Date of last exposure is considered day 0.
- **Option 2:**² Quarantine for 10 calendar days after the close contact’s last exposure to the COVID-19 case. Date of last exposure is considered day 0.
 - The individual may end quarantine after day 10 if no symptoms of COVID-19 developed during daily monitoring.
 - SARS-CoV-2 PCR testing is recommended and may be required by the local health department.
 - The individual can maintain physical distancing and masking at all times when returning to school; for classrooms where masking is strictly adhered to, physical distance of 3 to 6 feet is acceptable for return.
- **Option 3:**³ Quarantine period is for seven calendar days after the last exposure if:
 - No symptoms developed during daily monitoring AND the individual has a negative SARS-CoV-2 diagnostic test (PCR) that was collected within 48 hours of exposure day 7 (starting on day 6 or after).
 - The individual is responsible for obtaining a copy of the negative results for documentation purposes.
 - The individual can maintain physical distancing and masking at all times when returning to school; for classrooms where masking is strictly adhered to, physical distance of 3 to 6 feet is acceptable for return.
- **Option 4:** Test-to-Stay Strategy, as has been documented by CDC,⁴ if schools test close contacts, as defined above, on days one, three, five, and seven from date of exposure by a PCR or rapid antigen or molecular emergency use authorization (EUA)-approved test, close contacts are permitted to remain in the classroom as long as the results are negative. (See [IDPH’s Interim Guidance on Testing for COVID-19 in Community Settings and Schools](#) for specific details on testing in schools.)
 - Only applicable when both the COVID-19-confirmed student and close contact were engaged in consistent and correct use of well-fitting masks and the school **requires** masking for all individuals (age 2 and older) who are not fully vaccinated, as recommended by the CDC.
 - Test to Stay may be used for any indoor exposure, with the exception of household exposures.

¹ See [CDC guidance on when to quarantine](#): “Stay home for 14 days after your last contact with a person who has COVID-19.”

² See [CDC guidance on when to quarantine](#): “Your local public health authorities make the final decisions about how long quarantine should last, based on local conditions and needs. Follow the recommendations of your local public health department if you need to quarantine. Options they will consider include stopping quarantine after day 10 without testing.”

³ See [CDC guidance on when to quarantine](#): “Your local public health authorities make the final decisions about how long quarantine should last, based on local conditions and needs. Follow the recommendations of your local public health department if you need to quarantine. Options they will consider include stopping quarantine... after day 7 after receiving a negative test result (test must occur on day 5 or later).”

⁴ Lanier, W. A., Babitz, K. D., Collingwood, A., Graul, M. F., Dickson, S., Cunningham, L., Dunn, A. C., MacKellar, D., & Hersh, A. L. (2021, May 28). COVID-19 testing to sustain in-person instruction and extracurricular activities in high schools – Utah, November 2020-March 2021. *Morbidity and Mortality Weekly Report*, 70(21), 785-791. <http://dx.doi.org/10.15585/mmwr.mm7021e2>

- Students engaged in Test to Stay after an exposure may participate in extracurricular activities. Local health departments have the authority to order a classroom-only Test-to-Stay protocol after assessing the risk of an individual situation.
- Because students engaged in the Test-to-Stay protocol were exposed to a confirmed case of COVID-19, they must wear a mask while indoors at school, regardless of the mask policy at school.
- However, if the close contact is identified five days or more from the date of exposure, adjust testing accordingly, ideally on days five and seven after the last exposure.
- When testing in the outlined cadence is not possible due to weekends and holidays, students should be tested at the earliest possible opportunity.
- At the conclusion of the Test-to-Stay modified quarantine period, the school should notify the local health department that the student has successfully completed testing and remained negative.
- Local health departments have the authority to assess high-risk exposures and order a traditional quarantine without the option for Test to Stay.
- If at any time the student tests positive or becomes symptomatic, they should be immediately isolated and sent home, and the local health department notified.

Regardless of when an individual ends quarantine, daily symptom monitoring should continue through calendar day 14 after the exposure. Individuals should continue to adhere to recommended mitigation strategies, including proper and consistent mask use, physical distancing, hand hygiene, cough hygiene, environmental cleaning and disinfection, avoiding crowds and sick people, and ensuring adequate indoor ventilation. **If any symptoms develop during or after ending quarantine, the individual should immediately self-isolate** and contact their local health department or healthcare provider to report their symptoms. The health department can provide guidance on how to safely quarantine and isolate within the household.

Determining Prevention Strategies

13. How should schools apply the CDC’s recommended layered prevention strategies?

These COVID-19 prevention strategies remain critical to protect students, teachers, and staff who are not fully vaccinated, especially in areas of moderate to high community transmission levels.

- [Promoting vaccination](#)
- [Consistent and correct mask use](#)
- [Physical distancing](#)
- [Screening testing to promptly identify cases, clusters, and outbreaks](#)
- [Ventilation](#)
- [Handwashing and respiratory etiquette](#)
- [Staying home when sick and getting tested](#)
- [Contact tracing, in combination with isolation and quarantine](#)
- [Cleaning and disinfection](#)

Understanding that schools and communities can be differently situated, the updated guidance from the CDC stresses the importance of offering in-person learning, regardless of whether all of the prevention strategies can be implemented at a particular school. Schools should work with [local public health officials](#) to determine which prevention strategies are needed by evaluating [local levels of community transmission](#) (i.e., low, moderate, substantial, or high; see [Question 16](#) below)

and local [vaccine coverage](#) (see [Question 17](#) below). Data can also be found on IDPH's website for [school metrics](#), which includes county-level case rates and [community vaccination](#) rates.

Schools have a mixed population of both people who are fully vaccinated and people who are not fully vaccinated. Elementary schools primarily serve children under 12 years of age who are not eligible for the COVID-19 vaccine at this time. Other schools (e.g., middle schools, K-8 schools) may also have students who are not yet eligible for COVID-19 vaccination. Some schools (e.g., high schools) may have a low percentage of students, teachers, and staff fully vaccinated despite vaccine eligibility. These variations should inform K-12 administrators as they make decisions about the use of COVID-19 prevention strategies in schools, while understanding the importance of offering in-person learning, regardless of whether all of the prevention strategies can be implemented at the school.

If school administrators, in consultation with local public health officials, decide to remove any of the prevention strategies for their school based on local conditions, they should remove them one at a time and monitor closely (with adequate testing through the school and/or community) for any increases in COVID-19 cases. (Review IDPH answers to [FAQs on COVID-19 testing in schools](#) for more information.) Schools should communicate their strategies and any changes in plans to teachers, staff, families, and directly to older students, using accessible materials and communication channels, in a language and at a literacy level that teachers, staff, students, and families understand.

Here are educational examples to assist schools in determining how to use prevention strategies to protect students and staff, as informed by local public health conditions:

- A school in a community with substantial (50-99 new cases per 100,000 population in the last 7 days) or high transmission (≥ 100 new cases per 100,000 population in the last 7 days), with low teacher, staff, or student vaccination coverage (e.g., $<30\%$ of eligible population is fully vaccinated), and **with** a screening testing program in place may need to lessen physical distancing (to ensure all students can access in-person learning), but should continue masking requirements until the levels of community transmission decrease or vaccination coverage increases.
- A school in a community with substantial or high transmission, with a low teacher, staff, or student vaccination rate, and **without** a screening testing program that decides to continue to require masks for people who are not fully vaccinated, might continue to maximize physical distancing.
- A school in a community with moderate transmission (10-49 new cases per 100,000 population in the last 7 days), with moderate vaccination coverage (e.g., 40-60% of eligible population is fully vaccinated), and **with** a screening testing program in place could decide to suspend screening testing for students but will continue masking requirements for unvaccinated individuals until vaccine coverage increases or transmission decreases or both.
- A school in a community with low transmission (<10 new cases per 100,000 population in the last 7 days) and a high vaccination rate (e.g., $\geq 70\%$ of eligible population is fully vaccinated) could consider either no longer requiring physical distancing, suspending screening testing for students, or allowing unvaccinated students to remove masks while indoors.

The considerations listed above are intended to serve as examples of how school administrators may use information about local public health conditions to inform decision-making. They are not

intended to serve as a definitive state-recommended framework to determine how to adjust mitigation strategies.

14. What does the CDC guidance say about selecting appropriate COVID-19 prevention strategies in schools?

Primarily, the [CDC K-12 schools guidance](#) says: “Masks should be worn indoors by all individuals (age 2 and older) who are not fully vaccinated.”

The CDC additionally references an array of prevention strategies in the context of keeping students and stay safe: “Schools will have a mixed population of both people who are fully vaccinated and people who are not fully vaccinated. Elementary schools primarily serve children under 12 years of age who are not eligible for the COVID-19 vaccine at this time. Other schools (e.g., middle schools, K-8 schools) may also have students who are not yet eligible for COVID-19 vaccination. Some schools (e.g., high schools) may have a low percentage of students and staff fully vaccinated despite vaccine eligibility. **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** [emphasis added].”

15. How can schools determine what level of transmission is occurring in their community?

Schools can review data from the [CDC](#) or [IDPH](#) to find recent information on the number of new COVID-19 cases per 100,000 population in the previous week. CDC defines community transmission as low, moderate, substantial, or high as follows:

	Low Transmission (blue)	Moderate Transmission (yellow)	Substantial Transmission (orange)	High Transmission (red)
Total new cases per 100,000 persons in the past 7 days	0-9.99	10-49.99	50-99.99	≥ 100

Schools should contact their [local health departments](#) for more information and guidance to assess local public health conditions.

16. How can schools determine vaccine coverage in their community?

Schools can review data from the [CDC](#) or [IDPH](#) to find recent information on the number and proportion of residents in their community who are fully vaccinated against COVID-19. CDC data reporting shows county-level vaccine coverage data according to the following tiers: 0-29.9%, 30-39.9%, 40-49.9%, 50-69.9%, and 70%+.

Schools should contact their [local health departments](#) for more information and guidance to assess local public health conditions.

17. What are the CDC’s requirements and recommendations for school buses and other school-related transportation?

The CDC issued an [Order](#), effective as of February 2, 2021, that requires all individuals to wear a mask on public transportation to prevent the spread of the virus that causes COVID-19. The [CDC's Order](#) applies to all public transportation conveyances, including school buses. 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, subject to the exclusions and exemptions in CDC's order.

There is no COVID-19-related capacity limit for passengers on school buses. During transportation, open or crack windows in buses and other forms of transportation, if doing so does not pose a safety risk. Keeping windows open a few inches improves air circulation.