

Redwood Coast Montessori Board of Directors
Remote Meeting

Zoom (<https://us05web.zoom.us/j/86752556717?pwd=eXRZMXY3bUFWcUpyTWJyNk5RUUVU4QT09>)

REGULAR MEETING
March 9, 2022 6:30 p.m.
AGENDA

- A. CALL TO ORDER OF OPEN SESSION
- B. OPEN SESSION: 6:30 P.M. LOCATION – REMOTE MEETING
- C. PUBLIC COMMENT
 - The public is invited to make announcements or comment on information to the Board that is relevant to the scope of authority of Redwood Coast Montessori. The Board may uniformly impose a time limit of 3 minutes to individual presentations to assure every subject is heard. By public law, the Board cannot take action on items not on the agenda.
- D. GENERAL FUNCTION-CONSENT ITEMS - Approval w/ Single Motion:
Items listed under the Consent Agenda are considered to be routine and are acted on by the Board in one motion. There is no discussion of these items before the Board vote unless a member of the Board, staff, or public requests specific items be discussed and/or removed from the Consent Agenda. It is understood that the Administration recommends approval on all Consent Items.
 - 1. Approval of Draft Minutes of Feb. 16, 2022 Regular Meeting Action
- E. BUSINESS AND FINANCE
 - 1. None
- F. SCHOOL FUNCTIONS
 - 1. Discussion and possible modification of RCM masking policy Action
 - 2. RCM Equity and Diversity Report Action
 - 3. Possible election of new Board Director Action
 - 4. Discussion and possible formation of math/PBL ad hoc committee Information
 - 5. Lottery Board Meeting (March 11, 2022) Information
 - 6. Discussion and possible change to in-person Board meetings Action
- G. STAFF and DIRECTORS REPORTS
 - 1. Staff Reports Information
 - 2. Director Reports Information
- H. FUTURE AGENDA ITEMS
- I. ADJOURNMENT OF OPEN SESSION Action

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Redwood Coast Montessori Board of Directors

(Remote Meeting)

Zoom (<https://us02web.zoom.us/j/82314119746?pwd=UHBPaHF4ajdzUDFkcStOUFQ1WHlZz09>)

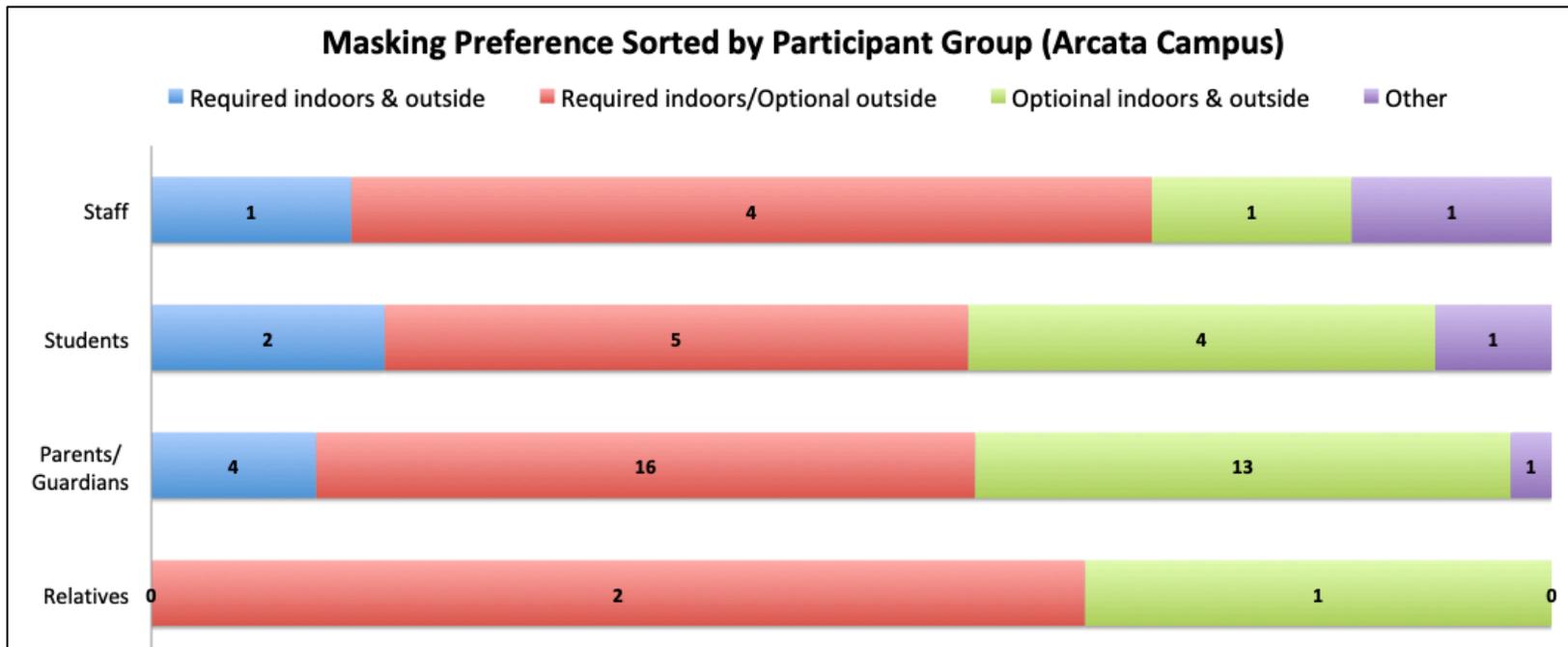
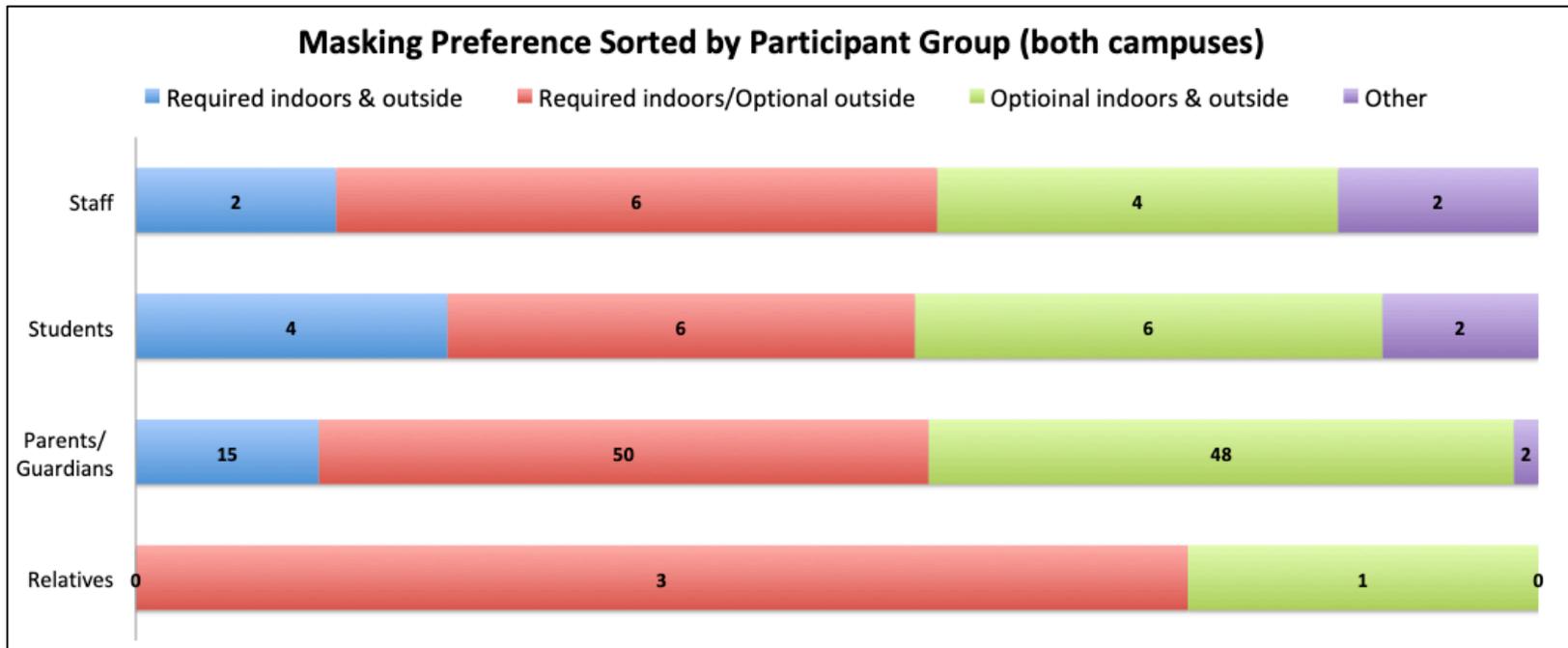
REGULAR MEETING

February 16, 2022 6:30 p.m.

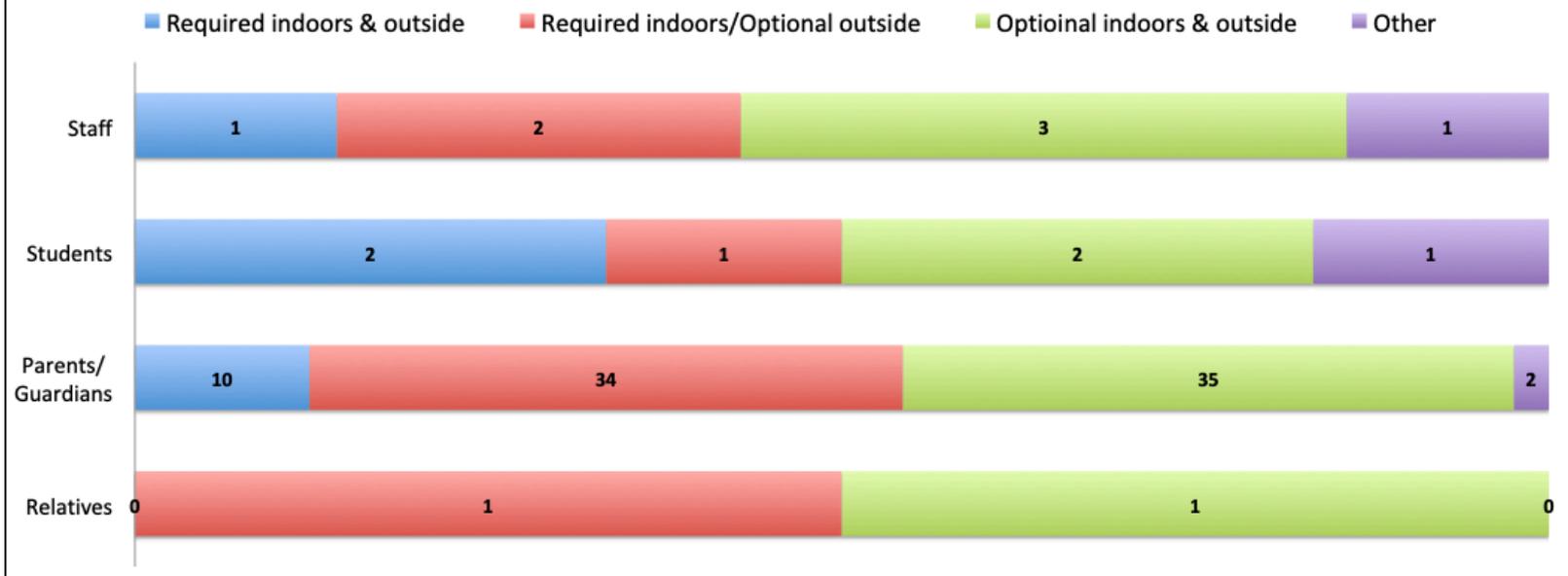
MINUTES

- A. CALL TO ORDER OF OPEN SESSION: Bergel called the meeting to order at 6:33 p.m.
- B. ROLL CALL: Terry Weeks, Troy Nicolini, Kim Bonine present. Staff present: Bryan Little, Michelle Leonard.
- C. PUBLIC COMMENT: There were no public comments.
- D. GENERAL FUNCTION-CONSENT ITEM:
- a. Approval of all consent items. M/S by Nicolini/Bonine to approve all consent items. Board ayes 3, noes 0. Motion carried.
- E. BUSINESS AND FINANCE
1. Approve RCM School Plan for Student Achievement (SPSA) M/S by Nicolini/Bonine to approve the SPSA as submitted. Board ayes 3, noes 0. Motion carried.
- F. SCHOOL FUNCTIONS
1. LCAP Supplement: Bryan provided an update to the LCAP with the LCAP supplement as required under Assembly Bill 130.
 2. RCM Equity and Diversity Report: Michelle provided an update regarding the recent work to address equity and diversity issues. Michelle provided an update about the establishment of the racial equity committee.
 3. School Accountability Report Card (SARC): M/S by Bonine/Nicolini to approve the finalized SARC report as submitted. Board ayes 3, noes 0. Motion carried.
 4. Lottery Board Meeting (March 11, 2022): Bryan informed the Board about the need for special meeting on March 11th to hold the annual enrollment lottery.
 5. Wellness Policy: M/S by Bonine/Nicolini to approve the Wellness Plan as submitted. Board ayes 3, noes 0. Motion carried.
- G. STAFF & BOARD REPORTS
1. Staff Report: Michelle and Bryan presented reports to update the community about events at the Manila and Arcata campuses.
 2. Director Reports –
- H. FUTURE AGENDA ITEMS
1. Potential masking changes
 2. New board member
 3. Possible change to in-person meetings
 4. Development of math/PBL “think tank”
- I. ADJOURNMENT OF OPEN SESSION: M/S by Nicolini/Bonine to adjourn the meeting. Board: ayes 3, noes 0. Motion carried. Weeks adjourned the meeting at 7:55 p.m.

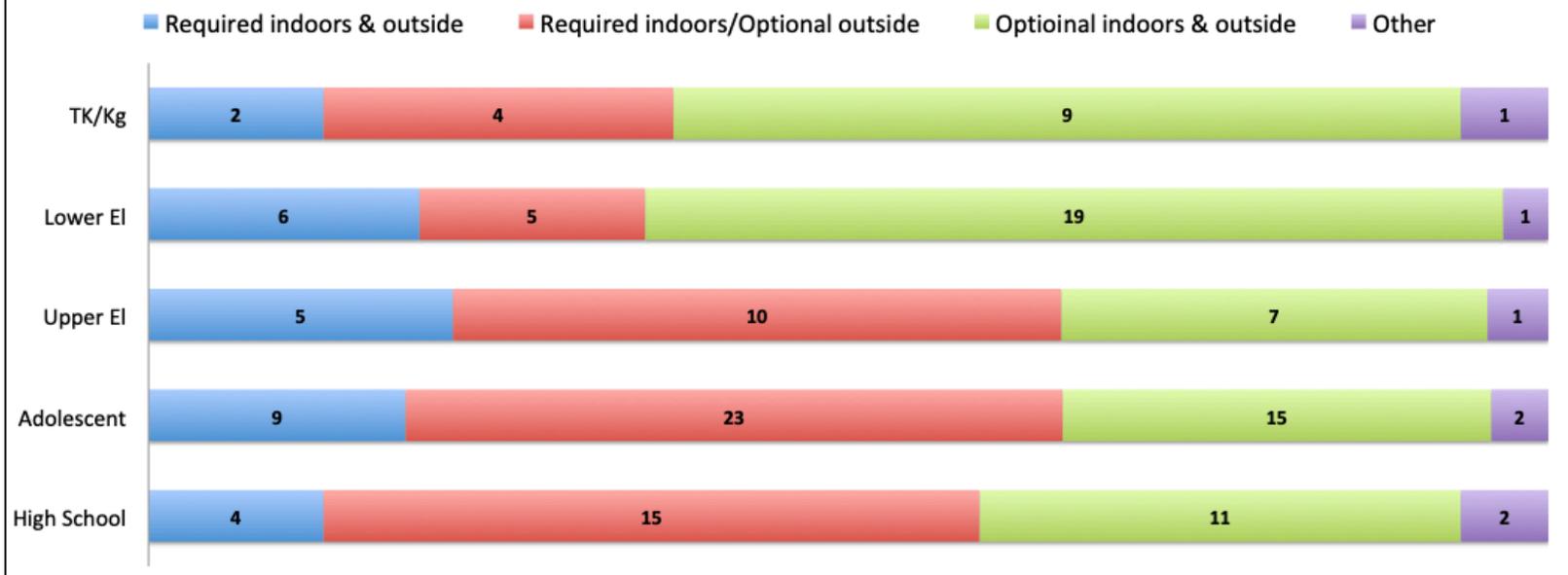
Masking Survey Results



Masking Preference Sorted by Participant Group (Manila Campus)

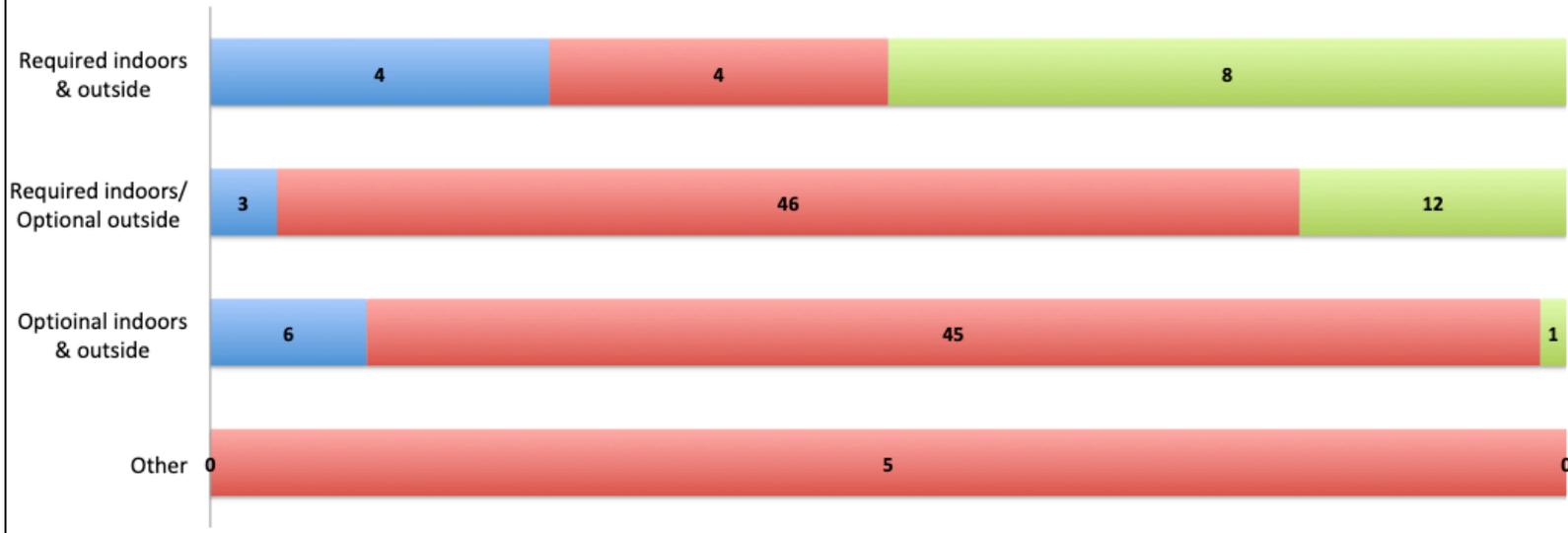


Masking Preference Sorted by Age Group (both campuses & all participants)



Will Masking Policy Affect Enrollment?

■ Yes ■ No ■ Maybe



Comments from Masking Survey

<p>There is still a pandemic. Vulnerable ppl are still dying. I wish this survey had asked who has high-risk</p>
<p>I feel very strongly that at this point, it makes no sense to continue to require the children to be masked at school. It is not in their best interests nor is it necessarily effective. The cloth masks do next to nothing. They can be unmasked almost everywhere else. The kids have tried really hard over the</p>
<p>If anyone has any symptoms they should be required to wear a mask. The daily symptom check should</p>
<p>The reduction of all other diseases - colds, flu, strep throat, etc. Has been an extremely valuable side effect of school masking. Keeping kids from missing school due to sickness and keeping kids from</p>
<p>lâ€™m in support of removing the indoor mask mandate eventually this month or year but I feel like March 12 might be too soon? Might support end of March when we see numbers of Covid cases in the</p>
<p>I feel like the order of events should be introduced with a 2 week window: 1. Allow outside play to be unmasked 2. Allow mixing of classes masked 3. Make masking optional</p>
<p>I personally dislike masking but feel it is a small thing compared to the importance of our kids attending in person while protecting teachers and students from unnecessary risk</p>
<p>I'm a student at RCM Arcata campus, and I have become so accustomed to wearing a mask that part of me enjoys it and feels most comfortable with it, but its annoying having to wear it outdoors when we're doing PE and such, and when we are eating lunch outside. Its already bad enough that we have to eat outside in the cold, so why have to be constantly putting our masks back on between bites, and/or have to stay at least 3 feet apart? I think that it should be optional because I do recognize that some people feel most comfortable with a mask on, for personal preference or because they have a weak and susceptible to covid relative at home. However those who do not wear a mask don't have to if they don't want to, and it would be a good compromise for everyone's covid worries and beliefs ! I also think that we should get rid of the 'no touching' rule, because a few other people I know in the school as well as myself believe that it serves no purpose, and everyone touches each other at school anyways, and its kind of embarrassing to have teachers yell at us about it, and call us out in front of</p>
<p>Thanks for all you do!</p>
<p>Because vaccinations do not guarantee total immunity and because I have immunocompromised family members, being around people who do not wear masks around me (especially in an indoor space) poses a danger to me and my loved ones. We still don't know the long term affects of COVID and know there is such a thing as "Long COVID," in which neurological and physiological symptoms persist for months after getting COVID (regardless of vaxx status). For these reasons, COVID is still dangerous and can absolutely affect the ability to learn and teach long term. Not wearing masks</p>
<p>I do worry for the safety of myself and those around me as when my mom had COVID, despite being vaccinated she got really sick for nearly 2 weeks. I will do my best to trust the decision made.</p>
<p>I would like masking to be optional at arcata if 90 % vaccination has been reached or whatever the current rate is for measles if we have less than what we should have which is 100 %</p>
<p>Obviously follow the best science and err on the side of caution.</p>
<p>The CDC still recommends indoor masking indoors regardless of vaccination status In communities where there are still high rates of Covid, like Humboldt County.</p>
<p>Thank you for collecting input!</p>
<p>Until the case numbers drop to below 10/100,000 in our county, I would mandate indoor mask</p>
<p>I'd prefer to wear my mask at all times and would appreciate if others did as well (at least in doors)</p>

I will probably continue to wear a mask, even if the mandate is lifted.
My hope is that all that can be vaccinated are. And that any student or students family be conscientious if they are feeling lâ€™™. I will encourage my child to continue wearing a mask indoors.
I believe parents (and staff) have the right to chose what is best for their child and themselves. Kids are more infected by the flu and die more from the flu each year than Covid and I think masking the kids is ridiculous since the flu is more detrimental than Covid to their age group. Masks inhibit their
Our childrenâ€™™s physical health has been of the utmost importance. Their mental health has suffered because of it. getting rid of masking will be one way to return some semblance of normalcy
Masking doesn't harm much but will help prevent cases. We still have high case counts and positivity
n/a
I am immunosuppressed with no antibodies in response to COVID vaccination, my kids are protecting my health and our family by wearing masks at school and it is not a hardship. Every time the state or
I will be fine with any of the three options presented.
I am okay with masking being optional for as long as we are not showing signs of increased positive
If masks, temperatures and testing requirements stop I won't be able to send Ericka or Anicka too
My children and I all think that it is too soon to lift the mask mandate. There are still too many
Please insure staff / teachers feel comfortable with changes.
My child will continue to wear a mask indoors at a minimum. If multiple people stop wearing masks and Covid spread numbers persist or increase then we will become concerned
My personal beliefs and preference would be that indoor masking remains a requirement at RCM for the remainder of the year. If indoor masking is lifted at RCM, I hope RCM will be able to provide N95 masks each day since they are the only masks that offer two-way protection from COVID-19. If masks are optional, any other type of mask does not make sense! At the same time, N95 masks are very restrictive and uncomfortable - which is why I hope that RCM considers finishing the year with indoor masking for all students.
As a school administrator myself, I appreciate how difficult this particular issue is. It feels like a lose-lose situation! But, at the risk of getting too personal, I just attended a memorial for a friend of mine who died as a result of complications from COVID-19. One of my best friends recently lost her father
We have been wearing masks for all most 2 years and it would be nice to be able to breathe fresh air
I am basing my decision on what would make my son feel comfortable in the classroom setting. He does not believe that we should be in closed group space without a mask. He may even choose to
We have a cancer survivor at home with a decreased immune system.
Because the CDC still strongly recommends" masking indoors, I think we should continue requiring masks indoors. Because our students do not give each other physical space outside typically (playing, eating, snuggling), I think we should continue masking outdoors for a limited time and revisit that
my grandparents pick me up every day and they are both 70+
It seems silly to make masking optional when cases are still high, many younger children are unvaccinated, and masks have virtually zero downsides. It seems like we should continue required
Q: how many positive cases have we had so far this year? How many positives resulted from a contact
Mother has a heart condition that puts her at high risk. Without masking indoors we will have to take

Some parents, like us, are vulnerable and it is important to instill in children a sense of courtesy and thoughtfulness for even those they don't see. Not mandating does not mean free for all, but rather a
Please unmask our children!
I do not want my child in a mask any longer!!
The community as a whole has not been masking for a while now as I showed you in the Clam beach run. I think its time we stop abusing my daughter with a requirement that is ineffective. Any child should always be able to wear a mask (as has always been the case) and they can also get a vaccine to protect themselves from serious infection and hospitalization. Brian, I believe that this survey may be
We would still like to know if infection occurs in other students. It seems to be another gambling situation and I guess we would change our minds about attending if infection rises.
Perhaps we remove the outdoor masking requirement and tie the indoor requirement to local transmission rates, which are on the decline but still considered "High" by the CDC.
As soon as the CDC deems humboldt county as the correct color to lift indoor masking, I believe we should follow suit. These seem like the metrics we should be following, not simply the governor's
Take them off.
Requiring masks indoors is safest path forward to ensure we can continue in-person instruction through the end of the school year. Making masks optional may create awkward social situations for
I am looking forward to my child breathing fresh air and sharing smiles with her friends again.
I feel like when these kids grow up to be smart critical thinkers, they are going to extremely
disappointed in all the parents, and adults who required them to wear masks for some of the most
Masking is harmful to children. We already had Covid and we got it despite all the mask wearing.
Masks pose a risk to kids' health and well-being and we look forward to that being lifted from society.
Covid is likely to reach everyone at some point, and masking is not preventing that. There are many
I am hesitant to abandon masks just yet. I think we are very close to not needing them anymore, but I
would prefer to wait and see if the case loads really stay down. The last time we took off masks was
right before the omicron surge. It seems to me that it wouldn't hurt to keep the masking habit
indoors until we see how things go in the general population. An important reason to keep masks on
at school is that there are probably many families with children under 5 who can't get vaccinated
It would be interesting to know the percentage of RCM students who are vaccinated at this point to
Our family would prefer optional masking.
I generally support the mandate. But I feel the children need a break. I feel we could maintain
emphasis on hygiene, social distancing, taking temperatures etc. And that could be sufficient at this
My ideal classroom would be fully vaccinated.
In light of widespread research that has been available for many months regarding the effects and
statistics of covid for children, for the RCM board to continue any of the masking mandates would be a
I'm glad you are asking these questions.
Our grandson is fully vaccinated. We trust the staff to help the children continue to wash hands, cough
Our family is fully vaccinated, and we are feeling safe due to our vaccinations and the current infection
rates. While we are feeling safe, we also recognize that other families may not, and we will support
We are still seeing a lot of cases in Humboldt County and that is probably going to go up with the
decrease in masking. I would feel more comfortable masking until our case numbers are way down.

I'm not sure how I feel either way- I defer to the judgment of the board and admin. It is nice to think of not masking while working with kids, but I do want to keep everyone safe.

We lost a family member to Covid and will do whatever we can to prevent any other families from experiencing this. Despite many claims in the news that masks are ineffective, I have not seen evidence that masks harm children. And while there are claims masks harm mental health, I believe the mental health crises facing youth can also be attributed to the loss of life, economic insecurity, global violence, etc. Additionally, as a school board member myself, I see that people who have been

Our daughter recently lost her grandmother to Covid. She has taken a great responsibility with masking to protect others and prevent them from losing their loved ones. It is easy to pretend that covid is over, but every four to six months a new variant of Covid sweeps the globe pushing restrictions back into effect. It would be prudent to stay the course out till the end of the school year with masking policy so as not to risk losing the gains mad;

My child may have a hard time feeling 'safe' during the transition to not wear a mask. Maybe this transition can start with keeping them on indoors, off outdoors, to slowly integrate a mask free day.

I asked my son who said that he thinks the school has done a great job and it's been a long time. I asked him how he felt if it was optional indoors and out, and he said he thinks he would feel safe. My concerns in general are for the individuals (everywhere) that feel safer masking getting bullied or thank you for asking for our input. Hopefully COVID cases will continue to decrease and we can

I strongly prefer that mask are optional.

I believe the masks do more harm than good to the children.

The psychological effects of on-gong masking are significant, in my opinion. The children do not see micro movements in facial responses that are key to rewarding social experiences. For the first time in my clinical practice, I have had numerous calls for therapy for children with little or no trauma/significant stress history. I think the prolonged use of masking is keeping the developmental,

Obviously, if numbers go up, we want masking to be reinstated. Numbers go down? Drop the masks.

If the numbers in Humboldt continue to decline I would be comfortable with optional masking indoors. I would like RCM to remain flexible and be able to change masking requirements according to

I appreciate all the work that the board and staff have done in regards to this issue over the past

Thanks for asking our opinion regarding the future of masks at school. I am vehemently opposed to masks being required inside or out. However, I have no issue if students choose to continue to wear a mask. I hope the board and you take time to research the damage caused to children by prolonged, forced mask wearing. My opinion, after careful research, is that continue to mandate masks for children is basically child abuse!!!

I have attached a document from the CDC as well as a short news clip that sums up my feelings on the issue pretty well. Again, thanks for asking for my input.



TOMÁS J. ARAGÓN, M.D., Dr.P.H.
State Public Health Officer & Director

State of California—Health and Human Services
Agency
**California Department of Public
Health**



GAVIN NEWSOM
Governor

February 28, 2022

TO: All Californians

SUBJECT: Guidance for the Use of Face Masks

Related Materials: [Face Coverings Q&A](#) | [Face Coverings Fact Sheet \(PDF\)](#) | [Face Mask Tips and Resources](#) | [Face Shields Q&A \(PDF\)](#) | [Safe Schools for All Hub](#) | [More Home & Community Guidance](#) | [All Guidance](#) | [More Languages](#)

Updates as of February 28, 2022:

- Effective March 1, 2022, the requirement that unvaccinated individuals mask in indoor public settings will move to a strong recommendation that all persons, regardless of vaccine status, continue indoor masking.
- Universal masking shall remain required in specified high-risk settings.
- After March 11, 2022, the universal masking requirement for K-12 and Childcare settings will terminate. CDPH strongly recommends that individuals in these settings continue to mask in indoor settings when the universal masking requirement lifts.

Guidance For the Use of Masks

Background

California has used science to guide our health protection strategies throughout the pandemic. Data show that because of these strategies, we have saved lives. COVID-19 cases and hospitalization continue to decline across the state. Since February 14, cases have declined by 66% and hospitalizations have declined by 48%. This is due in large part to the collective efforts of Californians to get vaccinated, get boosted, and wear masks indoors.

A universal indoor masking requirement was reinstated on December 15, 2021, to add a layer of mitigation as the Omicron variant, a Variant of Concern as labeled by the World Health Organization, increased in prevalence across California, the United States, and the world and spread much more easily than the original SARS-CoV-2 virus and the Delta variant. Implementing the universal masking requirement in all indoor public settings during the winter season was an important tool to decrease community transmission and protect critical healthcare system capacity during the highly infectious Omicron surge. Since the peak in case rates during the Omicron surge in early January 2022, the dramatic surge in cases and hospitalizations due to the highly infectious Omicron variant over the last two months has declined significantly. Californians have also become increasingly knowledgeable about how to protect themselves and their loved ones with effective masks when there may be risk of COVID-19 exposure or transmission. Accordingly, CDPH amended this masking guidance to allow the universal indoor masking requirement to expire on February 15, 2022 as scheduled.

The COVID-19 vaccines remain effective in preventing serious disease, hospitalization, and death from the SARS-CoV-2 virus. Vaccination continues to remain the ultimate exit strategy out of the COVID-19 pandemic. While the percentage of Californians fully vaccinated and boosted continues to increase, we continue to have areas of the state where vaccine coverage is low, putting individuals and communities at greater risk for COVID-19. As a state, we need to remain vigilant.

Accordingly, effective March 1, 2022, the requirement for unvaccinated persons to mask in indoor public settings and businesses is being replaced by a **strong recommendation** that all persons, regardless of vaccination status, continue to mask while in indoor public settings and businesses.

As we've shown in our SMARTER Plan, masks, especially those that offer the best fit and filtration (e.g., N95s, KN95s, KF94s), remain a critical component of our multi-layered approach for protection against COVID-19 infection. A series of cross-sectional surveys in the U.S. suggested that a 10% increase in self-reported mask wearing tripled the likelihood of slowing community transmission.[1] Our recently published case-control study conducted in California from February 18 to December 1, 2021

demonstrated that consistently wearing a face mask or respirator in indoor public settings reduces the risk of acquiring SARS-CoV-2 infection. [2]. Masks also remain a critical component for protecting those that are most vulnerable in our communities, including the unvaccinated, the immunocompromised, or those at risk for severe disease and illness.

Throughout this pandemic, the masking requirement in California schools has allowed us to keep schools open when compared to other parts of the country. California accounts for roughly 12% of all U.S. students, but accounted for only 1% of COVID-19 related school closures during the Omicron surge. Nationally during the Delta surge in July and August 2021, jurisdictions without mask requirements in schools experienced larger increases in pediatric case rates, and school outbreaks were 3.5 times more likely in areas without school mask requirements.[3], [4]. Current projections show that statewide, the declines we are seeing in cases and hospitalizations will continue. Accordingly, after **March 11, 2022**, the universal masking requirement for K-12 and Childcare settings will terminate. CDPH **strongly recommends** that individuals in these settings continue to mask in indoor settings when the universal masking requirement lifts. Masking will continue to be an important layer of protection along with the continued recommendations around vaccinations, testing and ventilation, to keep schools a safe environment, even as case rates and hospitalizations decline.

CDPH is maintaining the masking requirements in specified **high-risk settings**, consistent with CDC recommendations. This allows us to continue protecting our most vulnerable populations and the workforce that delivers critical services in these settings.

Finally, CDPH is maintaining the requirement that businesses and venue operators, including K-12 school and childcare settings, must allow any individual to wear a mask if they desire to.

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

Local health jurisdictions and entities may continue to implement additional requirements that go beyond this statewide guidance based on local circumstances.

These requirements and recommendations will continue to be updated as CDPH continues to assess conditions on an ongoing basis.

Masking Requirements

Masks are required for all individuals in the following indoor settings, regardless of vaccination status. Surgical masks or higher-level respirators (e.g., N95s, KN95s, KF94s) with good fit are highly recommended.

- Indoors in K-12 schools[6], childcare[7] (through March 11, 2022)*
- On public transit[5] (examples: airplanes, ships, ferries, trains, subways, buses, taxis, and ride-shares) and in transportation hubs (examples: airport, bus terminal, marina, train station, seaport or other port, subway station, or any other area that provides transportation)
- Emergency[8] shelters and cooling and heating centers[9]
- Healthcare settings[10] (applies to all healthcare settings, including those that are not covered by the State Health Officer Order issued on July 26, 2021)**
- State and local correctional facilities and detention centers[11]
- Homeless shelters[12]
- Long Term Care Settings & Adult and Senior Care Facilities[13]

*After March 11, the universal masking requirement for K-12 and Childcare settings will terminate. CDPH strongly recommends that individuals in these settings continue to mask in indoor settings when the universal masking requirement lifts. For additional information on types of masks for children, the most effective masks, and ensuring a well-fitted mask, individuals should refer to CDPH Masks for Kids: Tips and Resources.

**In certain healthcare situations or settings surgical masks are required. See State Health Officer Order, issued on July 26, 2021, for a full list of high-risk congregate and other specifically enumerated healthcare settings where surgical masks are required for unvaccinated workers. The Order also includes recommendations for respirator use for unvaccinated workers in healthcare and long-term care facilities in situations or settings not covered by Cal/OSHA ETS or ATD.

Additionally, masks **are strongly recommended for all persons, regardless of vaccine status**, in indoor public settings and businesses (examples: retail, restaurants, theaters, family entertainment centers, meetings, state and local government offices serving the public). Surgical masks or higher-level respirators (e.g., N95s, KN95s, KF94s) with good fit are highly recommended.

For additional information on types of masks, the most effective masks, and ensuring a well-fitted mask, individuals should refer to CDPH Get the Most out of Masking and see CDPH Masking Guidance Frequently Asked Questions for more information.

*Guidance for Businesses, Venue Operators or Hosts

In settings where masks are strongly recommended, businesses, venue operators or hosts should consider:

- Providing information to all patrons, guests and attendees regarding masking recommendations for all persons, regardless of vaccine status.
- Providing information to all patrons, guests and attendees to consider better fit and filtration for masks [Surgical masks or higher-level respirators (e.g., N95s, KN95s, KF94s) with good fit are recommended over cloth masks].
- Requiring all patrons to wear masks, especially when risk in the community may be high, or if those being served are at high-risk for severe disease or illness.
- Requiring attendees who do not provide proof of vaccination to enter indoor Mega Events to continue masking during the event, especially when not actively eating or drinking.

No person can be prevented from wearing a mask as a condition of participation in an activity or entry into a business.

Exemptions to masks requirements

The following **individuals** are exempt from wearing masks at all times:

- Persons younger than two years old. Very young children must not wear a mask because of the risk of suffocation.
- Persons with a medical condition, mental health condition, or disability that prevents wearing a mask. This includes persons with a medical condition for whom wearing a mask could obstruct breathing or who are unconscious, incapacitated, or otherwise unable to remove a mask without assistance.
- Persons who are hearing impaired, or communicating with a person who is hearing impaired, where the ability to see the mouth is essential for communication.
- Persons for whom wearing a mask would create a risk to the person related to their work, as determined by local, state, or federal regulators or workplace safety guidelines.

- [1] Rader B, White LF, Burns MR, et al. Mask-wearing and control of SARS-CoV-2 transmission in the USA: a cross-sectional study. *The Lancet Digital Health*. 2021;3(3):e148–e157.
- [2] Andrejko KL, Pry JM, Myers JF, et al. Effectiveness of Face Mask or Respirator Use in Indoor Public Settings for Prevention of SARS-CoV-2 Infection — California, February–December 2021. *MMWR Morb Mortal Wkly Rep*. ePub: 4 February 2022
- [3] Jehn M, McCullough JM, Dale AP, Gue M, Eller B, Cullen T, Scott SE. Association between K–12 school mask policies and school-associated COVID-19 outbreaks — Maricopa and Pima Counties, Arizona, July–August 2021. *MMWR Morb Mortal Wkly Rep*. 2021; 70(39);1372–1373.
- [4] Budzyn SE, Panaggio MJ, Parks SE, Papazian M, Magid J, Eng M, Barrios LC. Pediatric COVID-19 cases in counties with and without school mask requirements — United States, July 1–September 4, 2021. *MMWR Morb Mortal Wkly Rep*. 2021; 70(39);1377–1378.
- [5] CDC Requirement for Face Masks on Public Transportation Conveyances and at Transportation Hubs
- [6] CDC Guidance for COVID-19 Prevention in K-12 Schools
- [7] CDC COVID-19 Guidance for Operating Early Care and Education/Child Care Programs
- [8] CDC's Interim Guidance for General Population Disaster Shelters During the COVID-19 Pandemic
- [9] CDC COVID-19 and Cooling Centers
- [10] CDC Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic
- [11] CDC Interim Guidance on Management of Coronavirus Disease 2019 (COVID-19) in Correctional and Detention Facilities
- [12] CDC Interim Guidance for Homeless Service Providers to Plan and Respond to Coronavirus Disease 2019 (COVID-19)
- [13] CDC Nursing Homes and Long-Term Care Facilities



COVID-19

COVID-19 Community Levels

A measure of the impact of COVID-19 illness on health and healthcare systems

Updated Mar. 4, 2022

Overview

More tools than ever before are available to prevent COVID-19 from placing strain on communities and healthcare systems.

With current high levels of vaccination and high levels of population immunity from both vaccination and infections, the risk of medically significant disease, hospitalization, and death from COVID-19 is greatly reduced for most people. At the same time, we know that [some people and communities](#), such as our oldest citizens, people who are immunocompromised, and people with disabilities, are at higher risk for serious illness and face challenging decisions navigating a world with COVID-19.

In addition to protecting those at highest risk of severe outcomes, focusing on reducing medically significant illness and minimizing strain on the healthcare system reflects our current understanding of SARS-CoV-2 infection, immunity from vaccination and infection, and the tools we have available. Vaccines are highly protective against severe disease, and continuing to expand vaccine coverage and ensuring people are [up to date with vaccination](#) is essential to protecting individuals against hospitalizations and deaths.

Health officials and individuals should consider current information about COVID-19 hospitalizations in the community, as well as the potential for strain on the local health system and COVID-19 cases in the community, when making decisions about community prevention strategies and individual behaviors. Communities and individuals should also make decisions based on whether they are at high risk for severe disease and take into account inequities in access to prevention strategies.

COVID-19 Community Levels can help communities and individuals make decisions based on their local context and their unique needs. Community vaccination coverage and other local information, like early alerts from surveillance, such as through wastewater or the number of emergency department visits for COVID-19, when available, can also inform decision making for health officials and individuals.



For Healthcare Facilities: COVID-19 Community Levels do **not** apply in healthcare settings, such as hospitals and nursing homes. Instead, healthcare settings should continue to use [community transmission rates](#) and follow CDC's [infection prevention and control recommendations](#) for healthcare workers.

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Scientific Brief: [Indicators for Monitoring COVID-19 Community Levels and Making Public Health Recommendations](#)

Technical Presentation: [Indicators for Monitoring COVID-19 Community Levels and Implementing Prevention Strategies](#)

PPT – 8 MB, 28 pages  | PDF – 5 MB, 28 pages 

How CDC Measures the COVID-19 Community Levels

CDC looks at the combination of three metrics — new COVID-19 admissions per 100,000 population in the past 7 days, the percent of staffed inpatient beds occupied by COVID-19 patients, and total new COVID-19 cases per 100,000 population in the past 7 days — to determine the COVID-19 community level. New COVID-19 admissions and the percent of staffed inpatient beds occupied represent the

current potential for strain on the health system. Data on new cases acts as an early warning indicator of potential increases in health system strain in the event of a COVID-19 surge.

Using these data, the COVID-19 community level is classified as low, medium, or high.

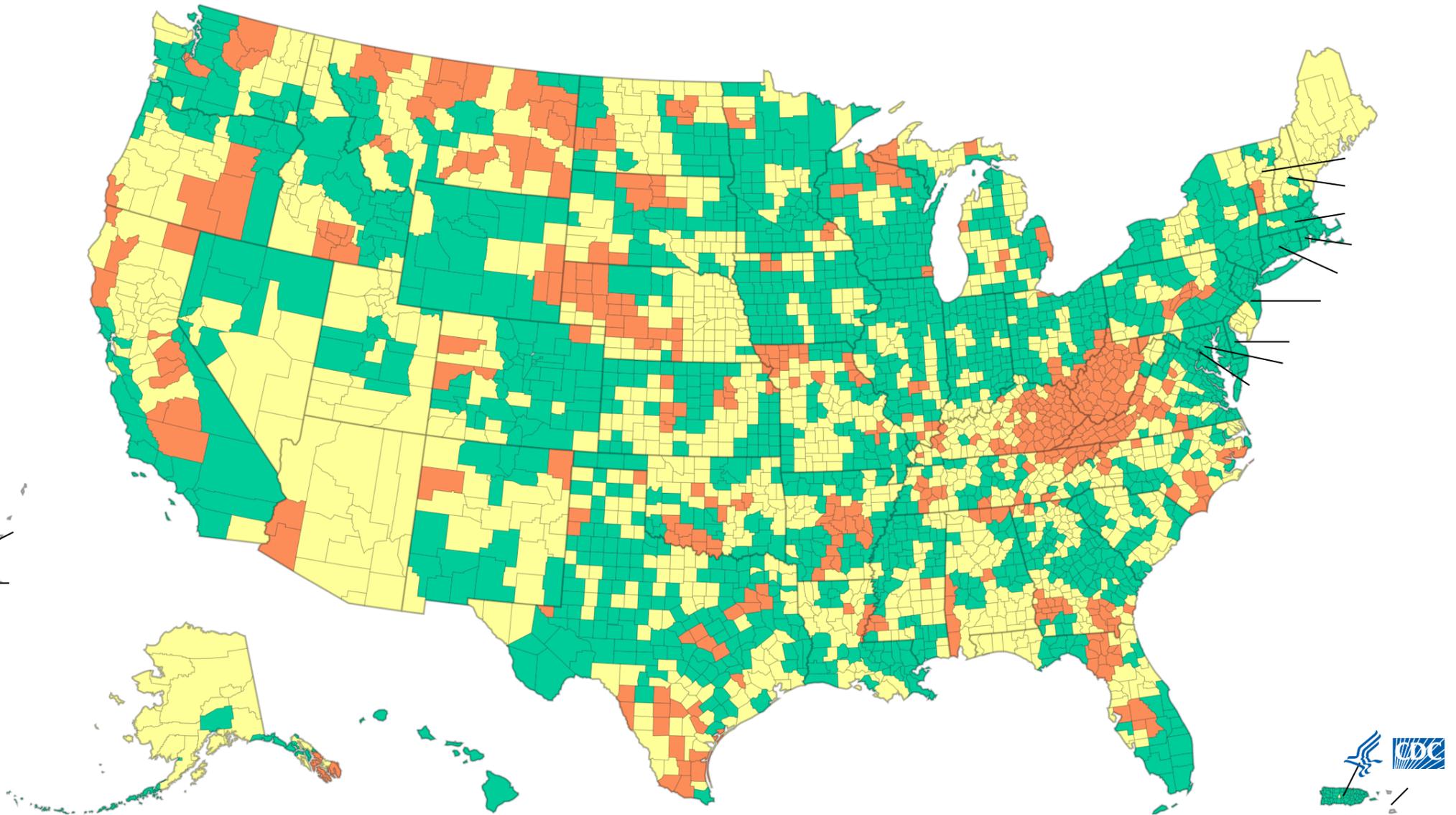
COVID-19 Community Levels – Use the Highest Level that Applies to Your Community				
New COVID-19 Cases Per 100,000 people in the past 7 days	Indicators	Low	Medium	High
Fewer than 200	New COVID-19 admissions per 100,000 population (7-day total)	<10.0	10.0-19.9	≥20.0
	Percent of staffed inpatient beds occupied by COVID-19 patients (7-day average)	<10.0%	10.0-14.9%	≥15.0%
200 or more	New COVID-19 admissions per 100,000 population (7-day total)	NA	<10.0	≥10.0
	Percent of staffed inpatient beds occupied by COVID-19 patients (7-day average)	NA	<10.0%	≥10.0%

The COVID-19 community level is determined by the higher of the new admissions and inpatient beds metrics, based on the current level of new cases per 100,000 population in the past 7 days

To find out the COVID-19 community level:

- First determine whether a county, state, or territory has fewer than 200 new cases per 100,000 people in the past 7 days or 200 new cases or more per 100,000 people in the past 7 days.
- Then, determine the level (low, medium, or high) for the new admissions and inpatient beds and indicators using the scale for the area's number for new cases.
- The COVID-19 Community Level is based on the higher of the new admissions and inpatient beds metrics.
- Check your county's [COVID-19 Community Level](#).

U.S. COVID-19 Community Levels by County Map



Legend

- High
- Medium
- Low

Data Table (Scroll right for additional data)



[Download Data \(CSV\)](#)

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COVID-19 Community Level and COVID-19 Prevention

People who are [up to date on vaccines](#) have much lower risk of severe illness and death from COVID-19 compared with unvaccinated people. When making decisions about community prevention strategies and individual preventive behaviors in addition to vaccination, health officials and people should consider the COVID-19 Community Level in the county. Layered prevention strategies — like staying up to date on vaccines, screening testing, ventilation and wearing masks — can help limit severe disease and reduce the potential for strain on the healthcare system. CDC recommends using county COVID-19 Community Levels to help determine which COVID-19 prevention measures to use for individuals and communities.

Some community settings such as schools and some high-risk congregate settings such as correctional facilities and homeless shelters might include additional layers of prevention (e.g., physical distancing, contact tracing) based on information and data about the characteristics of the setting. High-risk congregate settings may implement added prevention as needed in the event of a facility outbreak even if COVID-19 Community Levels in the surrounding community are low. Jurisdictions should monitor health equity in vaccine and other prevention efforts and assess hospitalization data where possible to ensure outreach occurs to address any disparities in access to high quality healthcare. Recommendations based on COVID-19 Community Levels may not apply to [healthcare settings](#) such as hospitals or long-term care facilities.

COVID-19
Community Level

Individual- and household-level prevention behaviors

Community-level prevention strategies (as recommended by state or local authorities)

COVID-19 Community Level	Individual- and household-level prevention behaviors	Community-level prevention strategies (as recommended by state or local authorities)
<p>Low</p>	<ul style="list-style-type: none"> • Stay up to date with COVID-19 vaccines and boosters • Maintain improved ventilation throughout indoor spaces when possible • Follow CDC recommendations for isolation and quarantine, including getting tested if you are exposed to COVID-19 or have symptoms of COVID-19 • If you are immunocompromised or high risk for severe disease <ul style="list-style-type: none"> - Have a plan for rapid testing if needed (e.g., having home tests or access to testing) - Talk to your healthcare provider about whether you are a candidate for treatments like oral antivirals, PrEP, and monoclonal antibodies 	<ul style="list-style-type: none"> • Distribute and administer vaccines to achieve high community vaccination coverage and ensure health equity • Maintain improved ventilation in public indoor spaces • Ensure access to testing, including through point-of-care and at-home tests for all people <ul style="list-style-type: none"> - Communicate with organizations and places that serve people who are immunocompromised or at high risk for severe disease to ensure they know how to get rapid testing • Ensure access and equity in vaccination, testing, treatment, community outreach, support services for disproportionately affected populations
<p>Medium</p>	<ul style="list-style-type: none"> • If you are immunocompromised or high risk for severe disease <ul style="list-style-type: none"> - Talk to your healthcare provider about whether you need to wear a mask and take other precautions (e.g., testing) - Have a plan for rapid testing if needed (e.g., having home tests or access to testing) - Talk to your healthcare provider about whether you are a candidate for treatments like oral antivirals, PrEP, and monoclonal antibodies • If you have household or social contact with someone at high risk for severe disease <ul style="list-style-type: none"> - consider self-testing to detect infection before contact - consider wearing a mask when indoors with them • Stay up to date with COVID-19 vaccines and boosters • Maintain improved ventilation throughout indoor spaces when possible • Follow CDC recommendations for isolation and quarantine, including getting tested if you are exposed to COVID-19 or have symptoms of COVID-19 	<ul style="list-style-type: none"> • Protect people at high risk for severe illness or death by ensuring equitable access to vaccination, testing, treatment, support services, and information • Consider implementing screening testing or other testing strategies for people who are exposed to COVID-19 in workplaces, schools, or other community settings as appropriate • Implement enhanced prevention measures in high-risk congregate settings (see guidance for correctional facilities and homeless shelters) • Distribute and administer vaccines to achieve high community vaccination coverage and ensure health equity • Maintain improved ventilation in public indoor spaces • Ensure access to testing, including through point-of-care and at-home tests for all people <ul style="list-style-type: none"> - Communicate with organizations and places that serve people who are immunocompromised or at high risk for severe disease to ensure they know how to get rapid testing • Ensure access and equity in vaccination, testing, treatment, community outreach, support services for disproportionately affected populations

COVID-19 Community Level	Individual- and household-level prevention behaviors	Community-level prevention strategies (as recommended by state or local authorities)
<p style="text-align: center;">High</p>	<ul style="list-style-type: none"> • Wear a well-fitting mask¹ indoors in public, regardless of vaccination status (including in K-12 schools and other indoor community settings) • If you are immunocompromised or high risk for severe disease <ul style="list-style-type: none"> - Wear a mask or respirator that provides you with greater protection - Consider avoiding non-essential indoor activities in public where you could be exposed - Talk to your healthcare provider about whether you need to wear a mask and take other precautions (e.g., testing) - Have a plan for rapid testing if needed (e.g., having home tests or access to testing) - Talk to your healthcare provider about whether you are a candidate for treatments like oral antivirals, PrEP, and monoclonal antibodies • If you have household or social contact with someone at high risk for severe disease <ul style="list-style-type: none"> - consider self-testing to detect infection before contact - consider wearing a mask when indoors with them • Stay up to date with COVID-19 vaccines and boosters • Maintain improved ventilation throughout indoor spaces when possible • Follow CDC recommendations for isolation and quarantine, including getting tested if you are exposed to COVID-19 or have symptoms of COVID-19 	<ul style="list-style-type: none"> • Consider setting-specific recommendations for prevention strategies based on local factors • Implement healthcare surge support as needed • Protect people at high risk for severe illness or death by ensuring equitable access to vaccination, testing, treatment, support services, and information • Consider implementing screening testing or other testing strategies for people who are exposed to COVID-19 in workplaces, schools, or other community settings as appropriate • Implement enhanced prevention measures in high-risk congregate settings (see guidance for correctional facilities and homeless shelters) • Distribute and administer vaccines to achieve high community vaccination coverage and ensure health equity • Maintain improved ventilation in public indoor spaces • Ensure access to testing, including through point-of-care and at-home tests for all people <ul style="list-style-type: none"> - Communicate with organizations and places that serve people who are immunocompromised or at high risk for severe disease to ensure they know how to get rapid testing • Ensure access and equity in vaccination, testing, treatment, community outreach, support services for disproportionately affected populations

¹ At all levels, people can wear a mask based on personal preference, informed by personal level of risk. People with symptoms, a positive test, or exposure to someone with COVID-19 should wear a mask.

Additional Resources

Visit [COVID Data Tracker](#)* to learn more about the indicators and metrics used for COVID-19 community level in your [county](#). Please note that county-level data are not available for territories. For the most accurate and up-to-date data for any county or state, visit the relevant [health department website](#).

*COVID Data Tracker may display data that differ from state and local websites. This can be due to differences in how data were collected, how metrics were calculated, or the timing of web updates.

Last Updated Mar. 4, 2022