Transitioning back to school or early childhood education can feel overwhelming for parents, educators, and caregivers, and students themselves. We asked experts in endocrinology, pediatrics, and nursing, as well as representatives from the Centers for Disease Control & Prevention (CDC), American Diabetes Association (ADA), and the Sansum Diabetes Research Institute to answer some of your most frequently asked questions, so that families with loved ones with Type 1 Diabetes (T1D) have a successful and safe transition back to in-person learning.

Your Most Frequently Asked Questions, Answered

**COVID-19 + Back to School**

A couple of things to keep in mind:

- **Having T1D does NOT make you more susceptible to contracting COVID-19.**

- **Those at the greatest risk are people with consistently elevated blood-sugar levels and those with a second comorbidity, such as obesity or heart, kidney, or lung disease.**

- **Feeling sick? It is crucial to carefully monitor your blood glucose and ketones more often than usual, as often as every four hours.**

- **Check [jdrf.org/coronavirus](http://jdrf.org/coronavirus) for a full list of COVID-related information, resources, and more.**

**Are students with T1D at higher risk for contracting COVID-19?**

There is not any evidence to suggest children with T1D, particularly at a young age, with hopefully well-controlled glucose monitoring and appropriate insulin dosing, are immune compromised in any way. They are not likely to get sicker from COVID-19 itself, but could get sick if diabetes is not properly managed. Because of this, it is very important to diligently manage your diabetes if you are infected.

**How can parents use local information about COVID-19 to help make decisions about returning to school?**

To learn about how your community responds and is affected, you can find information at state and local health departments as to the rate of COVID-19 in your area. The CDC has also developed guidance for prevention strategies that K-12 schools can use to safely open for in-person instruction and remain open. You can review your school or school district’s plans to understand the steps they are taking to reduce the spread of COVID-19 and to support your child’s education.
**What are the current guidelines for social distancing in schools?**

The CDC recommends that 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 (over the age of 2), to reduce transmission risk. When it’s not possible to physically distance, it’s important to adopt multiple prevention strategies such as indoor masking and proper hand hygiene consistently.

**Will my child still have legal protection?**

The rights of students with diabetes do not change—and they do not go away—during the global pandemic. No matter the model (full time remote, in-person attendance, or a hybrid), accommodations should stay in place for students with T1D. These can be everything from allowing for extra absences or tardies for students with T1D; blood-glucose monitoring at any time, any place; or needing to take a test at an alternate time if a student is experiencing blood-glucose levels that are out of range at test time.

**504 Plan**

In the United States, schools that receive federal funds are mandated by Section 504 of the Rehabilitation Act of 1973 to deliver “free appropriate education” to children with disabilities, including T1D.

A 504 Plan is a legal (written) document specifying what “reasonable” modifications and accommodations the school must provide for a student with a disability (generally put into place for a student with a medical disability such as diabetes). Children with T1D are protected under this law. For more information, visit [www.jdrf.org/school](http://www.jdrf.org/school).

**How should schools train for safety?**

Schools should work with local public health officials to determine the prevention strategies needed in their area by monitoring levels of community transmission, vaccine coverage, and testing, to detect cases in K-12 schools. Some key points include the need to be trained well in advance of the start of the school year. This should include care of the student with chronic health conditions such as diabetes. Schools need to make sure they have the personal protective equipment (PPE) they need. PPE use and safety measures should include face covering use in different environments (for example, classroom versus playground), hand hygiene, and respiratory etiquette (what do you do when you cough, for example).

**Where can I learn more?**

For additional school resources for both families and educators, please visit [jdrf.org/school](http://www.jdrf.org/school).

For additional JDRF T1D resources and support visit [jdrf.org/t1d-resources](http://www.jdrf.org/t1d-resources).

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