

Letter Template
Scenario Three in a School or Cohort Setting
English Version

To be utilized when a student or staff member of a classroom or cohort **tests positive** for COVID-19.

[DATE]

SCHOOL: _____

PHONE: _____

FAX: _____

Dear Parents/Guardians/Caregiver of

The health and safety of our students and staff is our top priority. This letter is to inform you that a student or staff member in your child's classroom/cohort has tested positive for COVID-19. **This means that a person your child came into close contact with has been confirmed as a positive COVID-19 case.** The last date of known exposure to the classroom cohort was [DATE].

Butte County Public Health (BCPH) has been notified and is taking further steps. BCPH staff may contact you. Public Health guidelines strongly advise that you follow the following steps, even if your child does not show any symptoms.

1. Your child should begin to isolate away from other people immediately. Limit close contact with people outside of your household, and practice physical distancing and hand hygiene in the home.
2. You should contact your primary medical provider to notify them of potential exposure to COVID-19. Be sure to let the provider know that your child has had a direct exposure through their classroom cohort and the date of exposure.
3. Consider having your child tested for COVID-19 through their health care provider 3-5 days after exposure or at a testing location listed at www.buttecounty.net/ph/COVID19

The classroom will be closed through [DATE], and possibly longer, to allow students and staff to be quarantined, tested, and prevent further spread of COVID-19.

[Information related to distance learning to be completed by district/school]

(OPTIONAL)

Please note the following options for your child should you choose to have them tested for COVID-19, or if they start to show symptoms. **(MAKE SURE THE FOLLOWING OPTIONS ALIGN WITH WHAT IS AVAILABLE)**

- If the test is negative, your student must still remain in quarantine for 14 days after the initial date of exposure, due to the 2-14-day incubation period.
- If the test is positive, they will be required to stay home for ten days, and until they have been fever-free for 24 hours without medication, and symptoms are resolving.

It is of the utmost importance that during this time, you avoid contact with higher-risk individuals (e.g., grandparents and those with underlying medical conditions).

Symptoms related to COVID-19 or Multisystem Inflammatory Syndrome in Children (MIS-C) to watch for are listed below. Contact your doctor if you or any member of your family/household develop any of these symptoms.

Signs and symptoms of COVID-19:

- Fever ≥ 100.4
- Chills
- Nasal congestion
- Runny nose
- Shortness of breath
- Diarrhea
- Headache
- Nausea/Vomiting
- Fatigue
- Muscle or body aches
- New loss of taste or smell

Signs and Symptoms of MIS-C:

- Rash
- Red eyes
- Cracked/Swollen lips
- Red/Swollen tongue
- Stomach pain
- Swelling of hands/feet

If you have any questions/concerns, please contact the school nurse at this site. [Phone Number]

Sincerely,

[XXX Site Administrator/Teacher]

[School Name]

Butte County Public Health, CDC & Butte County Office of Education Resources:

- Butte County Public Health: (530) 552-3050 | Link: <https://www.buttecounty.net/ph/COVID19>
- Other Resources:
 - [July 3, 2020 Masks and face coverings State Guidance](#)
 - [California COVID Testing Task Force](#)
 - [Butte County Testing Sites](#)
 - [CDC Appendices- Glossary of Terms](#)
 - [CDC Exposure Risk](#)
 - [CDC Symptoms](#)