

COMMUNICATIONS TEMPLATES FOR K-12 SCHOOLS

SACRAMENTO COUNTY PUBLIC HEALTH

The following pages include sample letters for communicating with families and/or staff regarding COVID-19 cases or exposures at school. Note that every scenario is unique and these templates are provided only as guides for some common scenarios. Schools and school districts should tailor their communications for their specific situations.

SAMPLE LETTER

STUDENT OR STAFF EXPOSURE OUTSIDE OF SCHOOL

To be utilized when a student or staff member lives with a person or has been in close contact with a person who has tested positive for COVID-19.

Date

Dear [School/Classroom] Parents/Guardians and Staff,

The health and safety of our students and staff are our top priority. This letter is to inform you that a student or staff member in your child's class [lives with/has been in close contact with] a person who has tested positive for COVID-19.

In accordance with California Department of Public Health (CDPH) guidance, the class will continue to operate. The individual and their immediate household members have been advised of all relevant isolation and/or quarantine guidance.

Please continue to follow all health and safety protocols, monitor your child's health, **keep your child home if they are feeling sick**, wash your hands frequently, practice physical distancing, and continue to wear your face covering.

Please contact your healthcare provider if you have further questions or concerns. Thank you for all that you do to support the learning and success of students at [School Name] and the health and wellbeing of our community.

Sincerely,

[Site Administrator/Teacher]

[School Name]

SAMPLE LETTER

COVID-19 POSITIVE PERSON AT SCHOOL – NOT A CONTACT

To be utilized to inform families that someone at school tested positive for COVID-19, but that their student was not identified as a close contact.

Date

Dear [School/Classroom] Parents/Guardians,

The health and safety of our students and staff are our top priority. This letter is to inform you that a student or staff member in your child's class at [School Name] has tested positive for COVID-19.

Your child was not a close contact with the person who tested positive for COVID-19.

Please continue to follow all health and safety protocols, monitor your child's health, **keep your child home if they are feeling sick**, wash your hands frequently, practice physical distancing, and continue to wear your face covering.

Please contact your healthcare provider if you have further questions or concerns. Thank you for all that you do to support the learning and success of students at [School Name] and the health and wellbeing of our community.

Sincerely,

[Site Administrator/Teacher]

[School Name]

SAMPLE LETTER

MODIFIED QUARANTINE (ALL PARTIES MASKED)

To be utilized to inform families when their student was a close contact of a student or staff member who tests positive for COVID-19. Students only.

Date

Dear [School/Classroom] Parents/Guardians,

The health and safety of our students and staff are our top priority. This letter is to inform you that a student or staff member in your child's class at [School Name] has tested positive for COVID-19.

Your child was identified as a close contact of the person who tested positive for COVID-19. Since your child and the person they were in contact with were both wearing masks, your child is eligible to participate in **modified quarantine**. Under modified quarantine, your child:

- must quarantine (stay home) until [Date] with the exception of coming to school;
- may not participate in extracurricular activities, including sports; **AND**
- must complete COVID-19 testing twice per week.

If your child is unable or unwilling to complete the testing requirements of modified quarantine, they will be subject to full quarantine and will need to stay home until [Date].

Quarantine periods can be shortened with a negative COVID-19 test. If your child tests negative for COVID-19 on a sample collected on or after [Date], they may return to school without restrictions on our after [Date].

Please contact your healthcare provider if you have further questions or concerns. Thank you for all that you do to support the learning and success of students at [School Name] and the health and wellbeing of our community.

Sincerely,

[Site Administrator/Teacher]

[School Name]

SAMPLE LETTER

QUARANTINE (STUDENT; ALL PARTIES NOT MASKED)

To be utilized to inform families when their student was a close contact of a student or staff member who tests positive for COVID-19.

Date

Dear [School/Classroom] Parents/Guardians,

The health and safety of our students and staff are our top priority. This letter is to inform you that a student or staff member in your child's class at [School Name] has tested positive for COVID-19.

Your child was identified as a close contact of the person who tested positive for COVID-19. Since your child and the person they were in contact with were **not** both wearing masks, your child is required to quarantine (stay home) until [Date]. They may not leave home except to seek medical care during this period.

Quarantine periods can be shortened with a negative COVID-19 test. If your child tests negative for COVID-19 on a sample collected on or after [Date], they may return to school without restrictions on our after [Date].

Please contact your healthcare provider if you have further questions or concerns. Thank you for all that you do to support the learning and success of students at [School Name] and the health and wellbeing of our community.

Sincerely,

[Site Administrator/Teacher]

[School Name]

SAMPLE LETTER

QUARANTINE (STAFF)

To be utilized to inform staff when they are identified as a close contact of a student or staff member who tests positive for COVID-19.

Date

Dear [Staff],

The health and safety of our students and staff are our top priority. This letter is to inform you that a student or staff member at [School Name] has tested positive for COVID-19.

You were identified as a close contact of the person who tested positive for COVID-19. You are required to quarantine (stay home) until [Date]. You may not leave home except to seek medical care during this period.

Please contact your healthcare provider if you have further questions or concerns. Thank you for all that you do to support the learning and success of students at [School Name] and the health and wellbeing of our community.

Sincerely,

[Site Administrator/Teacher]

[School Name]