**Add to school letterhead**

**[Today’s Date]**

**Notification to classmates and classroom staff of an individual with COVID-19 at [name of school]**

Dear Parents or Guardians of Children at **[insert school name],**

**On XX date, XXXX school was notified of a case of COVID-19 in XX classroom.**

**In collaboration with the Rhode Island Department of Health (RIDOH), we have identified individuals who were in close contact with the infected individual. Close contact means that you have been within 6 feet for more than 15 minutes in a 24-hour period with the infected person. An individual is contagious beginning two days before the first symptom starts or two days before the person was tested- whichever is earlier). We will notify all close contacts and ask them to quarantine according to the RIDOH guidance below. Close contacts will also be contacted by RIDOH.**

* Close contacts must **quarantine at home for 10 days** from the last time they were in contact with the infected individual. When they have completed their 10-day quarantine they should continue to watch for symptoms for an additional 4 days.
* Close contacts **may shorten quarantine to seven days**if they have a negative result from a test taken at least five days after they were exposed. When they have completed their 7-day quarantine they should continue to watch for symptoms for an additional 7 days.

School districts have the authority to make their own policies regarding when close contacts can return to school. The policy in **[school district]** is **[XXXXX].** This means that close contacts can return to school on **[date].**

Even if a person is not a close contact,all staff and students should watch for symptoms of COVID-19. Symptoms of COVID-19 can include a cough, fever and chills, muscle and body aches, headache, runny nose or stuffy nose, sore throat, nausea or vomiting, diarrhea, fatigue, and recent loss of taste or smell. Children usually experience symptoms that are milder than adults. Anyone with symptoms listed above should stay home from school, notify the school of their symptoms, and contact their healthcare provider for advice.

Staff or students with symptoms, or who are close contacts or classmates of a person with COVID-19 can call the K-12 COVID-19 Test Scheduling Service at **844-857-1814** or visit **portal.ri.gov** to schedule a test. You do not have to pay for testing, even if you don’t have health insurance.

Should you have any questions, please contact **[contact person]**

For additional information about COVID-19, visit: <https://health.ri.gov/covid/>

Sincerely,

**[School Leader]**CC: School nurse