**Sample Language**

**Close Contact Child- Unvax\_No Mask\_Quar**

**Please place school letterhead here.**

**[DATE]**

Dear Parents/Guardian of **[FACILITY]** Attendee:

Your child is a close contact to a person who tested positive for COVID-19 that was present at **[FACILITY]** on **[DATES].** Based on school records, your child is unvaccinated.

Because there wasn’t consistent mask wearing during the time of exposure, your child must quarantine at home.

There are 2 options for your childs quarantine;

1. The quarantine can end after 10 days **[DATE-END OF QUARANTINE 10 DAYS]** without testing; **OR**
2. Should you choose, you can have your child tested after day 5 [**DATE**] and if negative, they may return to school on day 7 **[DATE**] of their quarantine.

Continue to monitor your child for symptoms through [**14 DAYS FROM EXPOSURE]** by:

1. Checking their temperature twice a day.
2. Watching for fever, cough, shortness of breath, and other signs/symptoms of COVID-19, such as chills, sore throat, muscle aches, diarrhea, or loss of sense of taste or smell. Additional symptoms may occur.

If any symptoms develop, keep them home, call their health care provider for advice, notify the school **[ADMINISTRATOR/CONTACT]** and arrange for them to get tested.

For more information <https://occovid19.ochealthinfo.com/guidance-school-administration-resources>.