

## COVID-19 Isolation and Quarantine Period Worksheet



This worksheet is designed to assist schools and childcare facilities complete the next steps for isolating staff, students and children with confirmed and suspected COVID-19 (referred to in the worksheet as “positive individuals”), identify close contacts\*\* within the facility who are required to quarantine, and identify the date when isolated and quarantined individuals may return to the facility safely.

### Facility Information

Facility Name	License Number (Childcare only)	Facility Address	Type of Facility (Child Care, Elementary/Middle/High School, etc.)

Enrollment information	
Approx. Number of Students/Children Enrolled	Approx. Number of Students/Children currently conducting in-person learning/childcare

Current case information			
Staff- Confirmed COVID-19 cases	Students/Children- Confirmed COVID-19 cases	Staff- Probable COVID-19 cases	Students/Children- Probable COVID-19 cases

### Is the facility practicing cohorting?

- Yes
- No

**If yes,** what is the cohort size?

**If no,** please give a brief explanation of cohorting groups:

\*\*Close contacts include an individual who:

- was within 6 feet of someone who has COVID-19 (even if they did not have symptoms) for a cumulative total of 15 minutes or more over a 24-hour period.
- provided care for someone who is sick with COVID-19.
- was a household contact of someone who is sick with COVID-19.
- had direct physical contact with someone who is sick with COVID-19.
- shared eating or drinking utensils with someone who is sick with COVID-19.
- got exposed to respiratory droplets from someone who is sick with COVID-19 (through sneezing, coughing, shouting, etc.).
- was in the same class/cohort as a person with COVID-19.

**Positive Individual Information** (In the event there are multiple positive individuals, use a new separate worksheet for each one)

Name	Date of Birth	Grade Level/Classroom information

Is the individual experiencing any symptoms?

- Yes
- No



If yes:

What is the symptom onset date?	What is the date of the positive test (the date the sample was collected)?	What symptoms is the individual exhibiting?

If no:

What is the date of the positive test (the date the sample was collected)?

Was the individual present in the facility on their test date or symptom onset date or within 48 hours prior to that date (YELLOW or BLUE date above)?

- Yes
- No



If yes:

What is the last date the individual was in the facility within that time period?

If no:

No individuals within the facility are required to quarantine as there are no close contacts to identify.
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**Determine isolation period end date for the positive individual:**

If symptomatic\*: Use the **YELLOW** date and add 10 days.

If asymptomatic: Use the **BLUE** date and add 10 days.

<b>Return to school date for isolated individual</b>

\*If symptomatic, other symptoms need to have also improved, and the individual must also be fever-free for 24 hours without the use of fever-reducing medication.

**Determine quarantine period end date for the close contacts of a positive individual:**

Use the **GREEN** date and add 14 days.

<b>Return to school date for any close contacts who are required to be quarantined*:</b>

\*Negative testing does not release someone early from quarantine. The full quarantine period must be completed for all close contacts.