

Little Sunshine House COVID–Related Situation Report

Child/Family/Staff Name: _____

Date _____

Have you had Close Contact Exposure?

Based on current protocol, any individuals identified as close contact must complete one of the following options.

Option 1: Fully Vaccinated, including booster if eligible, or recovered from COVID within the Last 90 days:

1. Test immediately using a Viral PCR Test or FDA approved at-home antigen test.
2. If negative, test again on Day 5 after last exposure using Viral PCR Test or FDA approved at-home antigen test. There is no need to quarantine or be excluded from Little Sunshine House during this period, PROVIDED they remain symptom free and continue to wear a tight-fitting mask at all times.

Option 2: Unvaccinated or Not BOTH Fully Vaccinated & Boosted if Eligible: Individuals must quarantine and be excluded from LSH until both of the following conditions are met:

1. Have a negative PCR test on day 5 OR 2 negative FDA approved at-home antigen tests on BOTH day 5 and day 6; and
2. Remain symptom free. If testing is not completed, remain in Quarantine for 10 Full Days.

Date of Last Exposure: _____ Dates of Quarantine: _____

Test #1 Date & Result: _____ Test #2 Date & Result: _____

Date All Requirements Met/Cleared to Return to LSH: _____

If Symptoms Develop, Follow Steps Below for a Positive COVID Case. NOTE: If Individual is continuously exposed to infected individual in the household, quarantine must continue through infected person's recovery period followed by the timeline outlined above

Have you had a Positive COVID-19 Test?

Based on current protocol, any individual (regardless of vaccination status) must complete the following requirements to leave isolation.

Option 1: Isolate for 5 Days from start of symptoms or positive COVID test received, whichever came first. Test on Day 5 using Antigen Test (continue testing daily until negative antigen test is received) Note: Do NOT take a PCR test as NAAT/PCR tests can stay positive even after you are no longer infectious; Remain Fever Free for 24 Hours (w/out use of fever reducing medication) & other symptoms improving. Unvaccinated Child must be able to wear face covering at all times to return before day 10 w/ a negative test

Option 2: Isolate for 10 Days since symptoms start or positive COVID test received. Remain fever free for 24 hours (w/out use of fever reducing medication) & other symptoms improving

Start Date of Symptoms: _____ Date Positive Test Administered: _____

Dates of Isolation: _____ Dates of Negative Antigen Test: _____

Date All Requirements Met/Cleared to Return to LSH: _____ *Attach documentation of negative test.

Once all steps/documents needed to return to Little Sunshine House outlined above are completed, please send this document and any required documents outlined above to LSH Admin (littlesunshinehousecdc@gmail.com) to review prior to returning to LSH. If you have any questions (i.e., regarding **additional requirements for out-of-state travel**), please contact us via Brightwheel or email ASAP.

Signatures Upon Return to Little Sunshine House

Parent/Guardian: _____ Date: _____

Administration Signature: _____ Date: _____

Additional Out-of-State-Travel

Based on current protocol, any individual who travels outside of California must complete either of the following:

- **Fully-Vaccinated (Including Booster if Eligible) or Recovered from COVID within the Last 90 days:** Individuals must complete the following steps after any out-of-state travel. However, they do NOT need to quarantine or be excluded from Little Sunshine House while completing these steps below, provided they remain symptom-free:
 - Test 3-5 Days After Arrival Using Viral PCR Test or FDA approved at-home antigen test

- **Unvaccinated or Not BOTH Fully-Vaccinated & Boosted if Eligible:** Unvaccinated or not fully-vaccinated individuals must quarantine and be excluded from Little Sunshine House until the following conditions are met:
 - Test 3-5 days after arrival using viral PCR Test or FDA approved at-home antigen test.. Quarantine for 5 full days after travel (starting day after return)

If testing is not completed, remain in quarantine for 10 full days.

Date Returned to CA: _____ Dates of Quarantine: _____

Viral PCR Test Date & Result: _____ Date All Requirements Met: _____

Signatures Upon Return to Little Sunshine House

Parent/Guardian: _____ Date: _____

Administration Signature: _____ Date: _____