



Schools and Child Care Guidance

Boulder County Public Health

December 31, 2021

Boulder County Public Health (BCPH) has reviewed current data (cases and vaccination rates), the Centers for Disease Control and Prevention ([CDC](#)) Operational Strategies for Child Care and K-12 Schools guidance, the Colorado Department of Public Health and Environment (CDPHE) school [guidance](#), Colorado Department of Education (CDE) [guidance](#), as well as other resources from the American Academy of Pediatrics to develop the following guidance for safely re-opening schools for the 2021-2022 school year.

The primary goal of this guidance is to ensure that children return to in-person learning and child care for the entire school year and school disruptions are minimized. For the start of the 2022 school semester, changes in approach have been made to minimize the disruptions to in-person learning that result in negative academic, social, and emotional outcomes for students. In response to recent developments, BCPH has updated the following mitigation strategies to balance the physical health needs of children with the academic and social-emotional benefits of in-person learning. This guidance is founded on a layered mitigation strategy approach that, when followed by schools, students, staff, and families, will result on our collective success in meeting our goal to maintain in-person learning in schools and child care settings in Boulder County.

Layered Mitigation Strategies

CDC, CDPHE, and CDE guidance all emphasize the importance of layered mitigation strategies as essential to prevent the transmission of COVID-19 in school and child care settings. BCPH will continue to monitor the trends in community transmission, vaccination coverage, screening testing, and occurrence of outbreaks as recommended by CDC and will update this guidance as needed.

The following table summarizes the layered mitigation strategies that are required and recommended in Boulder County schools and child care settings. Following are detailed definitions and resources for implementation.

Category	Strategies
Required	<ul style="list-style-type: none"> • Face coverings indoors in all schools, child care, and extracurricular activities • Enforcement of quarantine and isolation • Reporting all cases and outbreaks to BCPH • Cooperation in case investigations and contact tracing • Cooperation in the distribution of Public Health Notices and quarantine letters to family/guardians • Keeping attendance records, stable cohorts and seating charts where age appropriate • Social distancing as much as possible • Symptom screening • Following Return to Learn • Improving ventilation where possible • Promotion of hand hygiene and respiratory etiquette • Routine cleaning • K-12 Schools Only: Report medical mask exemption rates and follow increased mitigations for schools with a rate over 3%





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Recommended	<ul style="list-style-type: none">• Screening testing• Post-exposure testing• Test to Stay options administered by CDPHE, or with adequate support from your district or school• Promotion of vaccinations including booster doses when available and age appropriate
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Face coverings: Pursuant to [PHO 2021-07](#), all individuals age 2 and older must wear a face covering, regardless of vaccination status, while inside a school building, indoors at any childcare center or while participating (whether as an attendee, student, athlete, staff member, volunteer, coach, or spectator) in an indoor camp, indoor sport, or indoor extracurricular activity intended for individuals under age 18 (i.e. youth activities) regardless of whether a license is required for such activity. This requirement applies to all licensed childcare settings, license-exempt childcare programs such as single building and 72-hour camps, guest child care facilities at ski resorts, gyms, recreational facilities, and courthouses, and youth sports facilities. Please see [BCPH School and Child Care Guidance](#) for more details about masking, exceptions, and exemptions. Mask exemptions or exceptions do not apply for return from isolation or quarantine; if unable to wear a mask around others, the longer isolation and quarantine periods apply.

Enforcement of quarantine and isolation: Quarantine separates and restricts the movement of people who were exposed to a contagious disease to see if they become sick. Isolation separates sick people with a contagious disease from people who are not sick. Schools and child care providers are required to cooperate with BCPH and assist with keeping students who are on quarantine or isolation out of school for the duration of their quarantine/isolation. Schools, child care providers, staff, parents, and students must comply with the quarantine and isolation protocols contained in the Summary of BCPH Contact Tracing, Quarantine, and Isolation Approaches, attached and incorporated herein.

During case surges beyond the investigational capacity of BCPH, there will likely be little to no quarantining for normal, routine classroom exposures. Quarantine may resume when a cohort has met the CDPHE outbreak definition or there is evidence of spread across cohorts.

Unvaccinated and under vaccinated household contacts of known COVID-19 cases must quarantine at home for a minimum of 5 full days after their last contact with the household case during the case's infectious period. If they remain symptom-free, they may return on Day 6, and should be tested on Day 5. If a household contact is unable or too young to separate from the infectious case, their quarantine period will start on the last day of the case's infectious period.

Fully vaccinated individuals (see definition within Summary of BCPH Contact Tracing, Quarantine, and Isolation Approaches) are not required to quarantine after household exposure if they remain asymptomatic throughout 10 days after their last contact, and they can wear a mask when around others for 10 full days after they return to normal activities and school. **If they are unable or are too young to wear a mask, they must quarantine at home for the full quarantine period.**

Reporting of cases and outbreaks: Schools and child care providers are required to report all confirmed, probable, or suspected cases of COVID-19 and whether those cases are a part of an outbreak to Boulder County Public Health as soon as possible. Reporting of child care cases and cases associated with camps can be sent to HealthECECOVID@bouldercounty.org and school-aged cases can be reported to K12epiteam@bouldercounty.org. **Please note:** These email addresses are for facilities and providers reporting cases only, not for questions from the general public. General questions can be asked directed to the Boulder County Call Center at 720-776-0822.





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Cooperation in case investigations and contact tracing: Schools and child care providers are required to cooperate with BCPH in investigating cases and contact tracing. This includes timely responses and sharing of records related to the investigation. During case surges beyond the investigational capacity of BCPH, contact tracing may not be possible or effective in preventing spread.

Cooperation in the distribution of Public Health Notices (PHN): Schools and child care providers will be required to help distribute BCPH PHNs and quarantine letters to family/guardians in a timely manner (electronic or printed) in both English and Spanish to impacted classrooms and parents. The PHN will advise parents of the exposure, to watch for symptoms, to get tested, and to inform outside employers of the potential exposure and to stay away from high-risk settings and individuals. The PHN will also include resources such as testing locations, vaccination information and locations, and financial resources. During case surges beyond the investigational capacity of BCPH, exposure notifications may not occur or may be delayed.

Keeping attendance records, stable seating charts and cohorts where age appropriate: Record keeping, seating charts, cohorting, and subcohorting can help schools and BCPH quickly identify those who may have been in close contact with a person who has COVID-19. A seating chart is assigned seating arrangements in a classroom that is documented and is stable over time. Seating charts may not be age-appropriate for young children in child care settings. A cohort is a stable group of children/adults that do not intermingle with other groups such that the only close contacts of a case would be in the same group. A subcohort is a smaller cohort within a cohort, such as a table of students who sit together within a class. Records should be kept of daily attendance as well as seating charts, cohorts, and subcohorts.

Cohorting and seating charts in the classroom are based on developmental appropriateness and the setting. For example, cohorting and subcohorting are not effective in middle and high schools where students are in multiple classrooms throughout the day; stable seating charts for every class are still appropriate in these age groups. Cohorting is very effective in sports practices where a group of students are assigned to practice together.

During case surges beyond the investigational capacity of BCPH, there will likely be no ability to adequately contact trace. Investigating and quarantining cohorts or subcohorts will likely be restricted to when outbreaks are detected, including outbreaks in athletics to preserve in-person learning and in-person athletics as much as possible.

Social distancing as much as possible (3 feet should be the goal minimum): The recommended physical distance between students within classrooms is 3 feet, combined with indoor masking for students and staff. Recognizing that different facilities have different capacities for space, 3 feet should be the goal but as much spacing as possible is best. For contact tracing purposes, with mask wearing contacts will frequently be defined as within 3 feet of a case for 15 minutes or more. When a case is not masking, contacts (masked or unmasked) within 6 feet for 15 minutes will be required to quarantine. If an unmasked contact is within 6 feet of a masked case for 15 minutes the contact will also be required to quarantine.

Symptom screening: Daily symptom screening prior to arrival at school, child care, or extracurricular activities is important for preventing potential cases from coming to school or child care while infectious. Screening can be conducted passively at home, in-person by staff or through electronic screening online. Parents are expected to refrain from sending their children to school sick or with COVID-compatible symptoms; they are expected to do screening for symptoms at home and follow the BCPH [Return to Learn](#) tool. One of the easiest things community members can do is stay home when they aren't feeling well and seek a COVID-19 test, as well as test for other illnesses. Here is CDPHE's [At-Home Symptom Screening Tool](#) and their tool for [Addressing Symptoms at School](#).

Following Return to Learn: The BCPH [Return to Learn](#) tool is a flowchart that helps school health staff determine what the risk is for a student's or staff member's symptoms. This tool is required by BCPH for schools and child care providers to follow. The primary focus is to keep sick students and staff who have



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symptoms consistent with COVID-19 but would not otherwise be in quarantine or isolation (because they have no known exposure or test) out of school until they get a COVID-19 test or have stayed out of school long enough to no longer be contagious to others.

Improving ventilation where possible: Schools and child care providers should take all precautions they can to improve the ventilation in their facilities. Schools and child care providers should also promote outdoor activities over indoor activities when feasible and safe to do so.

From CDC's School and Child Care Guidance:

“Improving ventilation is an important COVID-19 prevention strategy that can reduce the number of virus particles in the air. This can be done by opening multiple doors and windows, using child-safe fans to increase the effectiveness of open windows, and making changes to the HVAC or air filtration systems. During transportation, open or crack windows in buses and other forms of transportation, if doing so does not pose a safety risk. Keeping windows open a few inches improves air circulation.

For more specific information about maintenance, use of ventilation equipment, actions to improve ventilation, and other ventilation considerations, refer to the CDC for:

- [Ventilation in Schools and Child Care Programs](#)
- [Ventilation in Buildings webpage](#)
- [Ventilation FAQs](#)
- [Improving Ventilation in Your Home](#)

Additional ventilation recommendations for different types of school buildings can be found in the [American Society of Heating, Refrigerating, and Air-Conditioning Engineers \(ASHRAE\) schools and universities guidance document](#).

Funds provided through the Elementary and Secondary Schools Emergency Relief Programs and the Governor's Emergency Education Relief Programs can support improvements to ventilation. Please see question B-7 of the [U.S. Department of Education Uses of Funds](#) guidance for these programs.”

Promotion of hand hygiene and respiratory etiquette: Schools and child care providers should promote handwashing and respiratory etiquette (covering coughs and sneezes followed by immediate hand hygiene) to keep from spreading infectious illnesses including COVID-19. They should promote, teach, and assist (where appropriate) in frequent [handwashing](#) with soap and water for at least 20 seconds. If handwashing is not possible, use hand sanitizer containing at least 60% alcohol and should be used only with adult supervision for children under 6 years of age.

Routine cleaning: From [CDC School's Guidance](#):

“In general, cleaning once a day is usually enough to sufficiently remove potential virus that may be on surfaces. Disinfecting (using disinfectants on the [U.S. Environmental Protection Agency COVID-19](#)) removes any remaining germs on surfaces, which further reduces any risk of spreading infection.

For more information on cleaning a facility regularly, when to clean more frequently or disinfect, cleaning a facility when someone is sick, safe storage of cleaning and disinfecting products, and considerations for protecting workers who clean facilities, see [Cleaning and Disinfecting Your Facility](#).

If a facility has had a sick person or someone who tested positive for COVID-19 within the last 24 hours, clean AND disinfect the space.”

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Screening testing: Screening testing or serial testing is a coordinated testing program where asymptomatic individuals with no known exposure to COVID-19 are regularly tested, generally as a significant fraction of the entire school, to help promptly identify and isolate cases, quarantine those who may have been exposed to COVID-19 and are not fully vaccinated, and identify clusters to reduce the risk to in-person education. For more details about screening testing read the [Screening Testing section in CDC School's Guidance](#).

Post-exposure testing: The alternative to quarantining a non-household close contact is where the contact stays in school and monitors for symptoms for 14 days. If they develop symptoms they would need to isolate. If they remain asymptomatic, contacts would test immediately upon notification of exposure and again on day 5 after exposure. This recommendation is the same for vaccinated and unvaccinated exposed individuals. If a person chose not to do post-exposure testing, they would complete a quarantine away from school. Acceptable documented results from a community test site, a healthcare provider, school nurse, or home test kit with or without a telehealth visit.

Promotion of vaccinations and boosters: COVID-19 vaccination, including booster doses, among all eligible students, as well as teachers, staff, and household members, is the most critical strategy to help schools safely resume full operations. Vaccination is the leading public health prevention strategy to end the COVID-19 pandemic. People who are recently fully vaccinated or fully vaccinated and boosted against COVID-19 are at low risk of symptomatic or severe infection, hospitalization and death. A growing body of evidence suggests that people who are fully vaccinated against COVID-19 are less likely to become infected and develop symptoms and are at substantially reduced risk from severe illness, hospitalization and death from COVID-19 compared with unvaccinated people. For detailed information about how schools can promote vaccinations please read the [CDC School Guidance section on Promoting Vaccination. Information on boosters is also available on the CDC COVID-19 Vaccine Booster Shots webpage](#).

Report medical mask exemption rates: All schools that offer any 1st through 12th grade learning must report their medical mask exemption rates for students and staff to BCPH following the process BCPH provides and prior to Oct. 28 and then on the first of the month every third month thereafter. Schools must provide supporting documentation to BCPH upon request. Schools with a medical mask exemption rate of 3% or more must follow an individualized additional mitigation plan in order to protect students and staff, as developed and communicated by BCPH.

BCPH Plan for School/Child Care Contact Tracing and Quarantines

The following section summarizes BCPH's plan for contact tracing in schools and child care centers for Fall 2021-Winter 2022. When capacity allows, BCPH will continue to investigate every case and treat each situation as unique and may determine that there is an added risk and may make exceptions. BCPH will also be closely monitoring community and school transmission to make adjustments to contact tracing approaches. This plan is being shared in the interest of transparency of how BCPH plans to reduce quarantine while still prioritizing the safety of students and their families during a pandemic as well as prioritizing essential in-person learning. It is also being shared so that schools can make appropriate decisions about structuring their learning environments and record keeping for contact tracing.

A routine classroom exposure is an exposure that occurs strictly in a traditional school classroom, where students are seated and not engaging in any high-risk activities (such as singing, band, athletics, etc.). Seating charts must be kept, and layered mitigation followed for an exposure to qualify as a routine classroom exposure.

If the BCPH epidemiology team discovers evidence of substantial transmission in a facility (5 connected cases in a school building), quarantines may resume for all close contacts in the impacted classes and/or grade levels.

In all scenarios listed below, fully vaccinated individuals (received second dose of Moderna/Pfizer within six months, or J&J within 2 months and have received a booster) who are asymptomatic do not have to



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quarantine. Vaccines most critical strategy to help schools safely resume full operations, and the most effective way for an individual to remain in school.

Please refer to the Detailed Contact Tracing Plan for more information.

Summary of BCPH Contact Tracing, Quarantine, and Isolation Approaches

Table A: Quarantine based on Types of Exposure

Age Group	Routine Classroom Exposures	Other school non-classroom exposures or Household Exposures
Early Child Care	<ul style="list-style-type: none"> No quarantine for asymptomatic contacts. 	<ul style="list-style-type: none"> See Table B: Quarantine for Children in Early Child Care
K-12 th Grade	<ul style="list-style-type: none"> No quarantines for asymptomatic contacts. A Public Health Notice (PHN) will be issued advising the classroom that there was a case and that individuals should monitor for symptoms and get tested on day 5 after the exposure. Individuals will also be advised to inform outside employers of the potential exposure and to stay away from high-risk settings and individuals. In the event of a surge in cases, PHNs may not be issued or may be delayed. 	<ul style="list-style-type: none"> See Table C: Quarantine Requirements for K–12th Grade Students Quarantines will continue with strategies to reduce the number of quarantines in various types of exposures. Most outdoor exposures will not quarantine. Non-classroom, indoor exposures will quarantine at less than 3 feet for 15 minutes over a 24-hour period. This includes food consumption. Unmasked contacts may be asked to quarantine if indoor spread is suspected or if high contact sports are involved. Higher risk athletics will be investigated on a case-by-case basis. Household contacts will continue to quarantine (except those that are fully vaccinated and asymptomatic).



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Table B: Quarantine for Children in Early Child Care

Status	Protocol
Fully Vaccinated*	<ul style="list-style-type: none"> • Not required to stay home (no quarantine) if symptom-free • Must wear a mask around others for 10 days • Test on day 5, if possible • If symptoms develop, should test and must stay home
Not Fully Vaccinated	<ul style="list-style-type: none"> • Stay home (quarantine) for 5 days after exposure • Test on day 5, if possible • May return on Day 6 if remained symptom free and able to wear a mask around others for 5 additional days • If a mask cannot be worn around others, must complete a full 10 day quarantine period. • If symptoms develop, should test and must stay home
Previously tested positive for COVID-19 within the past 90 days on or after December 19, 2021 (after which the Omicron variant was the dominant variant)	<ul style="list-style-type: none"> • Follow fully vaccinated guidance

Table C: Quarantine for K – 12th Grade Students and Staff (all levels)

Status	Protocol
Fully Vaccinated*	<ul style="list-style-type: none"> • Not required to stay home (no quarantine) • Must wear a mask around others for 10 days • Test on day 5, if possible • <i>If symptoms develop, should test and must stay home</i> <p>High-Risk Athletes (Basketball, Wrestling, Other Sports as Determined by BCPH)</p> <ul style="list-style-type: none"> • Cannot return to sports for 5 days • Post-return masking requirements also for sports
Not Fully Vaccinated	<ul style="list-style-type: none"> • Stay home (quarantine) for 5 days • After 5 days, must continue to wear a mask around others for 5 additional days • Test on day 5, if possible • <i>If symptoms develop, should test and must stay home</i> <p>High-Risk Athletes (Basketball, Wrestling, Other</p>

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	<p>Sports as Determined by BCPH)</p> <ul style="list-style-type: none"> • Cannot return to sports for 7 days unless receive a negative PCR or a proctored (by school/coach) negative antigen test result on day 5 or later • Post-return masking requirements also for sports
<p>Previously tested positive for COVID-19 within the past 90 days on or after December 19, 2021 (after which the Omicron variant was the dominant variant)</p>	<ul style="list-style-type: none"> • Not required to stay home (no quarantine) • Must wear a mask around others for 10 days • Test on day 5, if possible • <i>If symptoms develop, should test and stay home</i> <p>High-Risk Athletes (Basketball, Wrestling, Other Sports as Determined by BCPH)</p> <ul style="list-style-type: none"> • <u>See above Protocol based on vaccination status</u>
<p>*In applying the requirements of this Summary, “Fully Vaccinated” means a person (1) has received a COVID-19 booster, OR (2) completed the primary series of Pfizer or Moderna vaccine within the last 6 months, OR (3) completed the primary series of J&J vaccine within the last 2 months.</p>	

Isolation Protocols: Children in Early Child Care Children in early child care who are infected with COVID-19, as indicated by a positive COVID-19 test, must isolate at home for 10 days, regardless of whether they have symptoms.

- To calculate your 10 full day isolation period, day 0 is your first day of symptoms. Day 1 is the first full day after your symptoms developed.
- If you test positive for COVID-19 and never develop symptoms, day 0 is the day of your positive viral test (based on the date you were tested) and day 1 is the first full day after your positive test. If you develop symptoms after testing positive, your 10-day isolation period must start over. Day 0 is your first day of symptoms. Day 1 is the first full day after your symptoms developed.

Staff in early child care who are infected with COVID-19, as indicated by a positive COVID-19 test, must isolate at home for a minimum of 5 days, regardless of whether they have symptoms. If staff is symptom-free or symptoms are improving by Day 5, they may return to work on Day 6, as long as they wear a mask around others at all times. Any time they must remove their mask (e.g., to eat), they must do so at least 12 feet away from others. If staff cannot wear a mask while around others, they must complete a full 10-day home isolation period.

BCPH intends to evaluate quarantine and isolation requirements for early child care children during January 2022 and, based on its findings, may adjust these requirements.

Isolation Protocols: KG – 12th Grade Students and Staff (all levels)

Regardless of vaccination status, KG – 12th grade students and staff (of all levels) that test positive for COVID-19 must:

- Stay home for 5 days.
- If the person has no symptoms or symptoms are resolving after 5 days, they no longer need to

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isolate (stay home) but **must** wear a mask around others for 5 additional days.

- Masks must be worn properly over the nose and mouth.
- *If the person has a fever, they must continue to stay home until their fever resolves.*

If a KG class is in a facility or classroom with Early Child Care participants, and there is mixing of students, the Kindergarten students will follow the guidance applicable to Early Child Care participants.

If a Kindergarten class is unable to apply routine mitigation strategies used for older grades, they must follow the guidance applicable to Early Child Care participants. (Examples of mitigation strategies used in older grades include stable seating charts, cohorting into stable classrooms, subcohorting into stable small groups within classrooms, stable seating charts, etc.)