



Schools and Childcare Guidance

Boulder County Public Health

January 23, 2022

Boulder County Public Health (BCPH) has reviewed current data (including local 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 schools for the remainder of the 2022 school year and summer of 2022.

The primary goal of this guidance is to ensure that children return to in-person learning and childcare 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 including Omicron becoming the dominant variant, 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 childcare 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 childcare 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 required and recommended layered mitigation strategies for all schools and childcare settings in Boulder County. Following are detailed definitions and resources for implementation.

Category	Strategies
Required	<ul style="list-style-type: none"> • Face coverings indoors for all schools, childcare, 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 mitigation measures for schools with a rate over 3%





Public Health

Recommended	<ul style="list-style-type: none">• Screening testing• Test to Stay options administered by CDPHE, or with adequate support from your district or school, as infrastructure evolves to accommodate• Promotion of vaccinations including booster doses when available and age appropriate
--------------------	--

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 K-12 schools and 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. BCPH recommends using a [mask](#) that fits snugly around the face that is made of multiple layers of non-woven material. For full recommendations, see [here](#).

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 childcare 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, childcare 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.

Any household contacts of known COVID-19 cases who are not up to date on COVID-19 vaccinations 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. If there are multiple infectious cases in a household, any close contact unable to separate from these cases will start their quarantine period on the last day of the infectious period of the last case in their household.

Individuals who are up to date on COVID-19 vaccinations (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. Due to the risk for infection even in up to date and fully vaccinated individuals, close contacts of a known case may opt to quarantine in order to reduce the potential for transmission. Schools should permit requests to quarantine and should provide reasonable accommodations.

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.





Public Health

Cooperation in case investigations and contact tracing: Schools and childcare 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 childcare 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. A PHN may 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. A PHN may 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 childcare settings. A cohort is 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 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. Social distancing should be in addition to masking, and is never a substitution for masking for either students or staff. Recognizing that different facilities have different capacities for space, 3 feet should be 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, childcare, or extracurricular activities is important for preventing potential cases from coming to school or childcare 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 best 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. BCPH requires schools and childcare providers follow this tool. The primary focus is to keep out of school sick students and staff who have symptoms consistent with COVID-19 but would not otherwise be in quarantine or isolation (because they have no known exposure or test). All symptomatic students should remain out of school until they receive a negative COVID-19 test or have stayed out of school long enough to no longer be contagious to others.





Public Health

Improving ventilation where possible: Schools and childcare providers should take all precautions they can to improve the ventilation in their facilities. Schools and childcare 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 childcare 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. Adults should supervise any child under 6 years of age in the use of hand sanitizer.

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."

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](#).





Public Health

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 up to date with COVID-19 vaccines 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 to 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 Kindergarten 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. Please note, Kindergarten classes that meet the following requirements are not required to report on mask exemption rates: (1) part of an ECE facility (2) not associated with a Grade 1 through 12 facility, and (3) follow all ECE guidance.

BCPH Plan for School/Child Care Contact Tracing and Quarantines

The following section summarizes BCPH's plan for contact tracing in schools and childcare 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, individuals who are [up to date](#) on their COVID-19 vaccine (Individuals who have received a schedule- and age-appropriate booster dose, or who have received second dose of Moderna/Pfizer within five months, or J&J within 2 months) who are asymptomatic do not have to quarantine. Vaccines represent the most effective 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.





Public Health

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. <i>In the event of a surge in cases, PHNs may not be issued or may be delayed.</i> 	<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 contact risk athletics will be investigated on a case-by-case basis. Household contacts will continue to quarantine (except those that are up to date with their COVID-19 vaccines and asymptomatic).

Table B: Quarantine for Children in Early Child Care

Status	Protocol
Up to Date on COVID-19 Vaccines*	<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





Public Health

<p>Not Up to Date on COVID-19 Vaccines</p>	<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
<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"> • Follow up to date on COVID-19 vaccines guidance

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

Status	Protocol
<p>Up to Date on COVID-19 Vaccines*</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 must stay home</i>
<p>Not Up to Date on COVID-19 Vaccines</p>	<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 Sports as Determined by BCPH)</p> <ul style="list-style-type: none"> • Cannot return to sports for 5 days unless receive a negative PCR or a proctored (e.g. by coach) negative antigen test result on day 5 or later • If an athlete is unable to wear a mask for an additional 5d after they return, they must be in quarantine for 10 full days after their exposure. This includes during indoor practice, games and competitions.





Public Health

<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"> • See above Protocol based on vaccination status
<p>*In applying the requirements of this Summary, “Up to Date on COVID-19 Vaccines” follows the CDC’s definition of up to date. As of the writing of this document, this means a person (1) has received an age- or schedule-appropriate COVID-19 booster, OR (2) completed the primary series of Pfizer or Moderna vaccine within the last 5 months, OR (3) completed the primary series of J&J vaccine within the last 2 months. The “Up to Date on COVID-19 Vaccines” definition will apply starting Feb 14th, 2022 in order to give parents and staff time to get booster doses. Prior to Feb 14th, individuals who have only completed their primary series (fully vaccinated) but are age- and schedule-appropriate to receive a booster dose, will not be required to quarantine. may still opt to quarantine to prevent</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 or have developed symptoms after an exposure to COVID-19, must isolate at home for a minimum of seven days, regardless of whether they have symptoms. If child cannot wear a mask while around others due to age or masking exemption, they must complete a full 10-day home isolation period. Childcare providers may require a minimum 10-day isolation period for children of all ages and masking ability as a facility policy.

- To calculate your 7- or 10-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 7- or 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 childcare 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.

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

Regardless of vaccination status, K – 12 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 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 they are without fever for a full 24 hours without anti-pyretics (without Tylenol or ibuprofen).*





Public Health

If a Kindergarten 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.).

