**Child’s Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 

**Close Contact Exposure for infants and toddlers**

The following guidelines are in place for infants and toddlers as they are unable to follow masking guidelines as supported by CDC.

**Option 1: Fully Vaccinated** or recovered from COVID within the Last 90 days Fully vaccinated may test via an FDA approved at-home COVID test on day 5 (see below with how to calculate day 5\*). Fully vaccinated individuals who on Day 5 test negative with an FDA approved in-home test may return to LSH as long as they remain symptom free.

**Date of Last Exposure** \_\_\_\_\_\_\_\_\_\_\_\_\_ Test Date (5 FULL days following last exposure) \_\_\_\_\_\_\_\_\_\_\_\_\_\_

FDA approved at home Test Date & Results on day 5 \_\_\_\_\_\_\_\_\_\_

Please email from and test results to LSH at [littlesunshinehousecdc@gmail.com](mailto:littlesunshinehousecdc@gmail.com), Date All Requirements, Attach PCR Docs for LSH.

**Option 2: Unvaccinated or Not BOTH Fully Vaccinated & Boosted if Eligible**, Individuals should quarantine and be excluded from LSH until one of the following conditions are met: 1) Test on day 5 after last exposure (see below to calculate day 5) using at home test, test again on day 6 using at home test. An individual may return to LSH if they have a negative COVID result on day 6.

OR 2) test on Day 5 with PCR rapid test administered through CVS/Rite Aid/Dr’s office. Individual with a negative PCR test on Day 5 may return to LSH.

If testing is not completed, remain in Quarantine for 10 Full Days. Remain Symptom Free

**OPTION 1: At Home Test**

**Date of Last Exposure:** \_\_\_\_\_\_\_\_ At Home Test Date (5 FULL days following last exposure) \_\_\_\_\_\_\_\_\_\_\_ and At Home Test Results (6 FULL days following last exposure \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**OPTION 2: PCR Test**

**Date of Last Exposure:** \_\_\_\_\_\_\_\_ PCR Test Date (5 FULL days following last exposure) \_\_\_\_\_\_\_\_\_\_\_

Date All Requirements Met/Cleared to Return to LSH: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Attach PCR Docs for LSH.

Please email from and test results o LSH at [littlesunshinehousecdc@gmail.com](mailto:littlesunshinehousecdc@gmail.com), Date All Requirements Met/Cleared to Return to LSH: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Attach PCR Docs for LSH.

**\*To calculate 5 days from last exposure: Day of exposure is day 0, then begin to add day 1, 2, . . For example, if exposed on the 1st and 2nd the 2nd is the last day of exposure and counts as day 0. Five FULL days starting on the 3rd would put the test date at the 8th.**

**If Symptoms Develop, Follow Steps for 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.**