

Clarkdale-Jerome Elementary School District
Family Communication/Mitigation Plan
2021-'22 School Year
Revised 081021

Introduction

The Clarkdale-Jerome Elementary School District has updated its Family Communication/Mitigation Plan for the 2021-'22 school year. As the pandemic evolves, we will continue to focus on the health and safety of our educational community. We continue to utilize guidance from the AZ Department of Education (ADE) Roadmap for Re-opening Schools, the Centers for Disease Control (CDC) and state and local public health authorities.

It is important for the district to be flexible and make adjustments accordingly. Families will continue to receive the most up to date information when available. We thank you for your continued support as we enter the upcoming school year.

In-Person Learning

As we prepare for the upcoming school year and welcome our students, families and community back to campus, we want everyone to be mindful that our interactions with others should be respectful and courteous. With this in mind we expect our educational community to adhere to the rules and procedures set in place to ensure everyone's health and safety are at the forefront.

We expect our community to openly accept the following overarching guidelines:

- All members of our community and visitors to our campus will follow guidelines regarding washing and disinfecting their hands frequently, and be mindful of physical distancing norms;
- All members of our community and visitors to our campus will respectfully interact with each other in and out of the classroom, and take responsibility for maintaining a healthy environment;
- All parents and bus riders will comply with bus driver requests to follow rules on our buses;
- All members of our community and visitors to our campus will follow self-screening guidelines for symptoms of illness and refrain from coming to campus when symptomatic; and
- All members of our community and visitors to our campus will comply with self-quarantine rules regarding exposure to COVID-19.

Social and Emotional Support

At Clarkdale-Jerome School, we have always prioritized the social and emotional development and well-being of our students. We know that our current environment poses new, and challenging, opportunities for us to continue to prioritize these skills in a meaningful way. Our school counseling department plans to continue supporting students, families and faculty/staff in the following ways:

- Individual counseling
- Small group counseling
- Support families with referrals to outside agencies for resource support
- Provide resources for families in talking with their children about COVID-19
- Provide resources to families on social-emotional learning
- Support to families for resources on fostering resilience and addressing trauma
- Assist teachers in assessing student social emotional needs
- Support teachers in trauma sensitive teaching to identify students in need and make appropriate referrals
- Develop and present classroom-based guidance lessons designed for student achievement of skills in career, academic, personal and social development in small and large group settings

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- Offer parent education opportunities as needed

Health and Safety Protocols

The following measures will continue as part of the school's general operations when we return for the 2021-'22 school year.

Physical Distancing

- Physical Distancing protocols will be used inside classrooms and in common areas to maintain three (3) feet of distance between individuals when possible (i.e. handwashing and waiting for meals in gym).
- In class furniture will be spaced apart with desks facing the same direction.
- Encourage teachers to use technology to facilitate group work and group learning where appropriate for the age, subject, and capabilities of students.
- Continue to reduce, to the greatest extent possible, the number of students on the playground. ~~Students will have lunch and recess in grade level cohorts until conditions are safe enough to mix. Although we will not separate students by grade level, we will reduce the amount of time multiple grade levels spend together on the playground.~~
- Limit the number of students in the restroom at one time no larger than the number of stalls/urinals in the restroom and display posters reminding students of proper handwashing techniques and physical distancing while in the bathroom.
- We will continue to utilize physical dividers at the front desk area in the administration office and in the cafeteria. We will also continue to utilize our physical distance markers in the gym during breakfast and lunch.

Hand Washing

We will continue with handwashing procedures and the use of disinfectant throughout the school day. Handwashing and disinfecting times will include:

- upon arrival into the classroom in the morning
- after being outside for physical activity,
- after using the restroom,
- before and after lunch,
- after sneezing, coughing, or blowing nose.

Quick Steps for Hand Washing:

1. **Wet** your hands with clean, running water (warm or cold), turn off the tap, and apply soap.
2. **Lather** your hands by rubbing them together with the soap. Lather the backs of your hands, between your fingers, and under your nails.
3. **Scrub** your hands for at least 20 seconds.
4. **Rinse** your hands well under clean, running water.
5. **Dry** your hands using a clean towel or air-dry them.

****Hand sanitizer will be available in all classrooms, the administration office and other areas around campus.**

Students will be reminded of proper respiratory hygiene, including:

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- Avoiding touching the eyes, nose, and mouth.
- Covering the nose and mouth into the elbow (if tissue not available) when sneezing and coughing.
- Discard tissues after use.

Daily Health Screenings and Temperature Checks

At Home:

This is the first point on the screening continuum. Families should follow the student screening expectations for the symptoms (listed below) each morning before arriving to school, to self-report symptoms to the school, and keep students at home if any symptoms are present. We highly encourage a home temperature check each day.

People with COVID-19 have had a wide range of symptoms reported – ranging from mild symptoms to severe illness. Symptoms may appear **2-14 days after exposure to the virus**. People with these symptoms may have COVID-19:

- Fever (100.4 or higher) or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

Face Coverings

Face covering/masks will be optional. It is important that parents/families communicate with the homeroom teacher that they would prefer their child wear a face covering at school. Parents also need to communicate with their teacher if they want their child to wear their face covering/mask throughout the school day or only during certain times of the day (i.e. in class only).

Although, as per recent AZ legislation, we are not allowed to mandate face coverings, we encourage those who are NOT vaccinated to wear a face covering while on campus (as per CDC guidance).

COVID Testing

The District will have available rapid test kits and, upon permission granted by the parent/guardian, we can administer a test to students if they are showing COVID-like symptoms. Upon request, we will also make available rapid COVID tests for household members. Families can make arrangements to drive up to the front of the school and wait in their vehicle until the health aide arrives to administer the rapid test.

Procedures for COVID-19-like Symptoms or a Confirmed Positive Test

CJSD will work with the Yavapai County Community Health Services department in the event of a positive test and coordinate as appropriate for contact tracing. The district is bound by the Health Insurance Portability and Accountability Act (HIPPA) and the Family Educational Rights and Privacy Act (FERPA) and will honor the privacy of

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impacted individuals. This district is also required to report a confirmed COVID-19 case as per the AZ Dep't. of Health Services Emergency Measure 2020-03.

CJSD faculty and staff should notify the health aide if visible COVID-like symptoms are present in either an employee or student (see below). To the greatest extent possible, confidentiality must be maintained.

If an **employee** develops a fever, cough or shortness of breath, they will be sent home as per instruction from the Health Aide. If an employee has two or more COVID-like symptoms, the Health Aide will evaluate them on a case-by-case basis. If the employee is able to self-transport, have the employee leave the site.

- If the employee is not able to safely self-transport, contact a family member, emergency contact, or other method of transport to get the employee home or to a healthcare provider.
- If the employee appears to be in medical distress, call 911
- Individuals will be encouraged to follow through with their healthcare provider for further guidance.

If a **student** develops a fever, cough or shortness of breath, they will be sent home as per instruction from the Health Aide. If a student has two or more COVID-like symptoms, the Health Aide will evaluate them on a case-by-case basis. If a student is being escorted to the Health Office, please utilize the following protocols:

- Have this staff member wear a face covering while maintaining a distance of at least 3 feet from the student at all times, unless there is an emergency.
- Contact the health aide for guidance
- Staff member should bring student to the health office for further evaluation
- Student will wear a face mask while in the health office until parent/guardian picks up the child or a negative result comes back after rapid testing.
- Staff member should communicate to the health aide the specific COVID-19 symptoms right away upon bringing student to the health office.
- Health aide will immediately notify parent or emergency contact to pick up the student or call 911 if student appears to be in distress.

Employees or students who have developed COVID-like symptoms or had a positive COVID-19 test may not return to school and should follow the guidelines outlined in the ADHS "Release from Isolation and Quarantine Guidance" (located at the end of our mitigation plan).

Quarantining Classes or Closing School Buildings

The school district is required to report any confirmed cases to the county health department. Having more than one case within a school does not constitute an outbreak. An outbreak is defined as two or more laboratory-confirmed COVID-19 cases among students or staff with onsets within a 14-day period, who are epidemiologically linked, do not share a household, and were not identified as close contacts of each other in another setting during standard case investigation or contact tracing.

The decision to quarantine a class, close a portion of the school, or close the school/district entirely should be made in close coordination and recommendation by the local health department. When there is a confirmed COVID-19 case in a classroom, our custodial crew will clean and sanitize the classroom prior to opening it back up.

The district will also determine whether other employees or students may have been exposed to the symptomatic individual. Close contact is defined as someone who was within 3 feet of an infected person for a cumulative total of 15 minutes or more over a 24-hour period starting from 2 days before illness onset (or, for asymptomatic patients, 2 days prior to test specimen collection) until the time the patient is isolated. For clarity, it is individual exposures added together over a 24-hour period (e.g., three 5-minute exposures for a total of 15 minutes).

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- If so, notify those individuals (or in the case of students, their parents/guardians) of the potential exposure
- Do not disclose the name of the individual who is sick

Notification Basics

The school district will notify parents within a homeroom class when a COVID-19 case has been confirmed. Communication could increase depending upon the circumstances. For example, we will notify the families of an athletic team upon a confirmed case. We will also periodically notify families of the total confirmed cases and quarantining statistics.

Household Members

All household members of someone confirmed or suspected to have COVID-19 should not physically attend school and quarantine at home for up to 10 days. Should a student become sick, families should notify the school of any household contact. It is important to note that release from isolation DOES NOT require a doctor's note and DOES NOT require repeat testing or a negative test. Verifying that a student or staff member meets criteria for release from isolation will be up to the health aide and in accordance with the ADHS "Release from Isolation and Quarantine Guidance."

Food Service

- Meal service will be served from the gym during breakfast and lunch, with increased safety measures, including the following:
- Students will be required to wash hands with soap and water before entering the gym for lunch.
- Breakfast – We will continue to provide physical distancing during the breakfast time with the new 3 ft. guidance in mind.
- Lunch – K-5th grade students will eat in the gym during lunch keeping a 3 ft. physical distance to the greatest extent possible. Students in grades 6-8 will be continue to eat outside.
- Although students will eat with their homeroom, we will allow multiple grade levels to eat in the gym as we have in the past.
- We will continue to utilize the physical distancing markers in the gym.

Cleaning Protocols

We will continue daily cleaning and disinfecting of all frequently touched surfaces in work areas (desks, countertops, door handles, sinks, etc.).

Air Quality

We will continue to utilize HEPA air filters and purifiers in our classrooms.

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Other Campus Considerations

Visitors

Visitors and volunteers will be restricted from campus (classrooms and during lunch) including, family and guest speakers. Visitors will be required to check-in at our window by the front office. Once conditions have improved, then we will allow visitors and volunteers on campus.

School Events/Field Trips

Field trips are a part of our culture and one element that draws students to our school. As we began last spring, we will continue with field trips and bring back school events as we monitor conditions over the course of the school year

Extra-curricular Activities and Athletics

We will continue to rely on guidance from the Arizona Interscholastic Association (AIA) and follow guidelines set forth for safe participation.

Release from "Isolation and Quarantine" Guidance

The AZ Department of Health Services released guidance several months ago related to isolation and guidance. This document details steps to be taken if someone has tested positive, negative, is asymptomatic (meaning no symptoms) and symptomatic. We have attached this document as an addendum to this mitigation plan. This will give you guidance as to what you can do if someone in your home has symptoms and we will rely on this to make our decisions. This guidance is included in the next few pages and has been recently updated.



ARIZONA DEPARTMENT
OF HEALTH SERVICES

'Release from Isolation and Quarantine' Guidance

Recommendations for quarantine and discontinuation of isolation precautions and home isolation, based upon a person's symptoms and clinical testing are below. In addition, the release from isolation flowchart can be found [here](#). In general*, CDC and ADHS **do not** recommend a test-based strategy to discontinue isolation. For people that previously tested positive for COVID-19 who remain asymptomatic after recovery, retesting is not recommended within 3 months after the date of symptom onset for the initial COVID-19 infection. The most recent updates to this document can be found [here](#).

- If a person is **symptomatic** and **awaiting**** COVID-19 test results:
 - Stay home away from others or under isolation precautions until results are available. If results are delayed, follow guidance for symptomatic and tested positive for COVID-19. Once results are available, follow the recommendations below based on results.
- If a person is **symptomatic** and **tested positive** for COVID-19 by PCR or antigen testing, stay home away from others or under isolation precautions until:
 - At least 10 days* have passed since symptoms first appeared; AND
 - At least 24 hours have passed since last fever without the use of medicine that reduces fevers; AND
 - Other symptoms have improved.
- If a person is **symptomatic** and **tested negative**** for COVID-19 by PCR or antigen testing, stay home away from others or under isolation precautions until:
 - At least 24 hours have passed since last fever without the use of medicine that reduces fevers; AND
 - Other symptoms have improved.
- If a person is **symptomatic** and has **not been tested**** for COVID-19 by PCR or antigen testing, stay home away from others or under isolation precautions until:
 - At least 10 days* have passed since symptoms first appeared; AND
 - At least 24 hours have passed since last fever without the use of medicine that reduces fevers; AND
 - Other symptoms have improved.
- If a person is **asymptomatic** and **awaiting**** COVID-19 test results:
 - No isolation is required while waiting for test results. Take everyday precautions to prevent the spread of COVID-19. Once results are available, follow recommendations based on results.

- If a person is **asymptomatic** and **tested positive** for COVID-19 by PCR or antigen testing, stay home away from others or under isolation precautions until:
 - At least 10 days* have passed since specimen collection of the first positive COVID-19 PCR/antigen testing while asymptomatic. If symptoms develop, follow guidance for symptomatic and tested positive for COVID-19.
- If a person is **asymptomatic** and **tested positive**** for COVID-19 by serology:
 - No isolation is required since there is a low likelihood of active infection. Take everyday precautions to prevent the spread of COVID-19.
- If a person is **asymptomatic** and **tested negative**** for COVID-19 by PCR, antigen testing, or serology:
 - No isolation is required. Take everyday precautions to prevent the spread of COVID-19.
- If a person has other non-compatible symptoms and has not been tested for COVID-19, stay home away from others or under isolation precautions until:
 - At least 24 hours have passed since last fever without the use of medicine that reduces fevers; AND
 - Other symptoms have improved.

*A person who had severe/critical illness or is severely immunocompromised should:

- If symptomatic, stay home away from others or under isolation precautions until:
 - At least 20 days have passed since symptoms first appeared; AND
 - At least 24 hours have passed since last fever without the use of medicine that reduces fevers; AND
 - Other symptoms have improved.
- If asymptomatic, stay home away from others or under isolation precautions until:
 - At least 20 days have passed since specimen collection of the first positive COVID-19 PCR/antigen testing while asymptomatic. If symptoms develop, follow guidance for symptomatic and tested positive for COVID-19.

Some severely immunocompromised persons with COVID-19 may remain infectious beyond 20 days after their symptoms began and require additional SARS-CoV-2 testing (test-based strategy) and consultation with infectious diseases specialists and Infection control experts.

Outside of these criteria above, extension of isolation is not routinely recommended if an individual is retested within 3 months of onset of symptoms or date of first positive test while asymptomatic. However, if a person within 3 months of symptom onset of their initial illness or since specimen collection (if asymptomatic) of the first positive COVID-19 PCR/antigen test has a new exposure to a person with suspected or confirmed COVID-19 and recovered from laboratory-confirmed infection and has met criteria to end isolation, but has or develops new symptoms consistent with COVID-19 within 14 days of the new exposure, consultation with a health care provider is recommended, and consultation with infectious disease or infection control experts may be necessary. If an alternative cause of the symptoms cannot be identified, retesting for SARS-CoV-2 infection may be warranted. In the absence of clinical evaluation to rule out SARS-CoV-2 reinfection, this person should be isolated following the recommendations above.

**A person who had known close contact with a confirmed COVID-19 case should quarantine for 14 days from their last exposure to the case. However, individuals may be eligible for shortened quarantine or may not be required to quarantine if certain conditions are met.

Shortened Quarantine

- Individuals must meet ALL of the following criteria:
 - Are not inpatients/residents in healthcare or congregate settings; AND
 - Have remained asymptomatic since the most recent COVID-19 exposure; AND
 - Continues daily symptom monitoring for 14 days after the most recent COVID-19 exposure; AND
 - Continues strict adherence to all recommended non-pharmaceutical interventions (e.g., correct and consistent mask use, physical distancing) for 14 days after the most recent COVID-19 exposure.
- If they experience symptoms consistent with COVID-19, they should immediately self-isolate and be evaluated by their healthcare provider for COVID-19, including testing.
- Persons who test positive for COVID-19 by PCR or antigen test should follow isolation guidance.
- The following options to shorten quarantine are acceptable alternatives if the conditions above are met:
 - Quarantine can end on Day 11 (i.e., quarantine at home for 10 full days) without testing and if no symptoms have been reported during daily monitoring.
 - Quarantine can end as early as Day 8 (i.e., quarantine at home for at least 7 full days) if a specimen tests negative by PCR or antigen testing and if no symptoms were reported during daily monitoring. The specimen must be collected and tested no earlier than Day 6 (i.e., after at least 5 full days) following their last known exposure, and quarantine still cannot be discontinued earlier than Day 8.

Not Required to Quarantine – Fully Vaccinated Persons

- Vaccinated persons with an exposure to someone with COVID-19 do not need to quarantine if they meet ALL of the following criteria:
 - Are not inpatients/residents in healthcare or congregate healthcare settings; AND
 - Are fully vaccinated (i.e., 2 weeks or more have passed after receiving the second dose in a 2-dose series, or 2 weeks or more have passed after receiving one dose of a 1-dose vaccine); AND
 - Have remained asymptomatic since the most recent COVID-19 exposure.
 - Fully vaccinated persons should follow CDC guidance: Interim Public Health Recommendations for Fully Vaccinated People.
- If fully vaccinated persons experience symptoms consistent with COVID-19, they should immediately self-isolate and be evaluated by their healthcare provider for COVID-19, including testing.
- Persons who test positive for COVID-19 by PCR or antigen test should follow isolation guidance, regardless of vaccination status.

Not Required to Quarantine – Previously Infected Persons (that are not fully vaccinated)

- Previously infected persons (that are not fully vaccinated) with an exposure to someone with COVID-19 do not need to quarantine if they meet ALL of the following criteria:
 - Exposure is within 3 months of symptom onset of their initial illness or since specimen collection (if asymptomatic) of the first positive COVID-19 PCR/antigen test; AND
 - Have met criteria to end isolation; AND
 - Remain asymptomatic.
- However, if a person is identified as a contact of a case 3 months or more after symptom onset or since specimen collection (if asymptomatic) of the first positive COVID-19 PCR/antigen test, they should follow quarantine recommendations for contacts.
- There might be clinical scenarios in which the uncertainty about a prior infection or the durability of the immune response exist, for which providers could consider testing inpatients/residents in healthcare or congregate settings for SARS-CoV-2 and quarantine following exposure that occurs less than 3 months after their initial infection. Examples could include:
 - Residents with underlying immunocompromising conditions (e.g., patient after organ transplantation) or who become immune compromised (e.g., receive chemotherapy) in the 3 months following SARS-CoV-2 infection and who might have an increased risk for reinfection. However, data on which specific conditions may lead to higher risk and the magnitude of risk are not available.
 - Residents for whom there is concern that their initial diagnosis of SARS-CoV-2 infection might have been based on a false positive test result (e.g., resident was asymptomatic, antigen test positive, and a confirmatory nucleic acid amplification test (NAAT) was not performed).

- Residents for whom there is evidence that they were exposed to a novel SARS-CoV-2 variant (e.g., exposed to a person known to be infected with a novel variant) for which the risk of reinfection might be higher.

Quarantine Recommendations for Admissions and Readmissions of Residents to Post-Acute Care Facilities

- Quarantine is no longer recommended for residents who are being admitted or readmitted to a post-acute care facility if they are fully vaccinated and have not had an exposure to someone with COVID-19, including residing in a facility with a COVID-19 outbreak, in the prior 14 days.
- Previously infected persons (that are not fully vaccinated) with an exposure to someone with COVID-19 do not need to quarantine if they meet ALL of the following criteria:
 - Exposure is within 3 months of symptom onset of their initial illness or since specimen collection (if asymptomatic) of the first positive COVID-19 PCR/antigen test; AND
 - Have met criteria to end isolation; AND
 - Remain asymptomatic.
- However, if a previously infected person (that is not fully vaccinated) is identified as a contact of a case 3 months or more after symptom onset or since specimen collection (if asymptomatic) of the first positive COVID-19 PCR/antigen test, they should follow quarantine recommendations for contacts.
- There might be clinical scenarios in which the uncertainty about a prior infection or the durability of the immune response exist, for which providers could consider testing inpatients/residents in healthcare and congregate settings for SARS-CoV-2 and quarantine following exposure that occurs less than 3 months after their initial infection. Examples could include:
 - Residents with underlying immunocompromising conditions (e.g., patient after organ transplantation) or who become immune compromised (e.g., receive chemotherapy) in the 3 months following SARS-CoV-2 infection and who might have an increased risk for reinfection. However, data on which specific conditions may lead to higher risk and the magnitude of risk are not available.
 - Residents for whom there is concern that their initial diagnosis of SARS-CoV-2 infection might have been based on a false positive test result (e.g., resident was asymptomatic, antigen test positive, and a confirmatory nucleic acid amplification test (NAAT) was not performed).
 - Residents for whom there is evidence that they were exposed to a novel SARS-CoV-2 variant (e.g., exposed to a person known to be infected with a novel variant) for which the risk of reinfection might be higher.

Healthcare workers and critical infrastructure workers should follow guidance that includes special consideration for these groups. If you are a healthcare worker or critical infrastructure worker, please follow-up with your employer or HR for specific guidelines. Employers may consider allowing exposed and asymptomatic critical infrastructure workers that do not fit the exemption from quarantine conditions listed above to continue to work in select instances when it is necessary to preserve the function of critical infrastructure workplaces. This option should be used as a last resort and only in limited circumstances, such as when cessation of operation of a facility may cause serious harm or danger to public health or safety.

Public health may use additional considerations in determining the need to quarantine on a case-by-case basis, including outbreaks of variants of SARS-CoV-2 and serology results.

Recent Updates to Guidance

The following changes were made to the guidance:

- Updated guidance on quarantine for fully vaccinated individuals.
- Updated guidance on quarantine for previously infected individuals.
- Updated guidance on quarantine for admissions and readmissions of residents to post-acute care facilities.
- Added guidance for public health consideration on a case-by-case basis in determining the need for quarantine.

Glossary of Terms

1. **Close contact*** for COVID-19 is defined as any of the following exposures to an individual during their infectious period:

- Individual who was within 6 feet of an infected person for a cumulative total of 15 minutes or more over a 24-hour period**
- Individual providing care in a household without using recommended infection control precautions
- Individual who has had direct physical contact (hugging or kissing)
- Individual who has shared eating and/or drinking utensils, or
- Individual who has been sneezed on, coughed on, or got respiratory droplets on them.

*Close contact does not include healthcare providers or EMS providers using appropriate PPE and implementing appropriate infection control practices.

**Individual exposures added together over a 24-hour period (e.g., three 5-minute exposures for a total of 15 minutes). Data are limited, making it difficult to precisely define "close contact;" however, 15 cumulative minutes of exposure at a distance of 6 feet or less can be used as an operational definition for contact investigation. Factors to consider when defining close contact include proximity (closer distance likely increases exposure risk), the duration of exposure (longer exposure time likely increases exposure risk), whether the infected individual has symptoms (the period around onset of symptoms is associated with the highest levels of viral shedding), if the infected person was likely to generate respiratory aerosols (e.g., was coughing, singing, shouting), and other environmental factors (crowding, adequacy of ventilation, whether exposure was indoors or outdoors). Because the general public has not received training on proper selection and use of respiratory PPE, such as an N95, the determination of close contact should generally be made irrespective of whether the contact was wearing respiratory PPE. At this time, differential determination of close contact for those using fabric face coverings is not recommended.

2. **Congregate setting:** Any facility where people living in a group setting share living space (including bathroom or kitchen) **AND** those living there depend on the facility for:

- Completion of activities of daily living; OR
- Temporary shelter; OR
- Medical services.

Congregate healthcare settings include, but are not limited to:

- Long-term care facilities (LTCFs)
- Hospice
- Assisted living facilities
- Group homes (Division of Developmental Disabilities - DDD, Department of Child Safety - DCS)
- Inpatient physical rehabilitation facilities
- Inpatient behavioral/addiction rehabilitation

Non-healthcare congregate settings include but are not limited to:

- Shelters with dormitories
- Jails, prisons, and detention centers (ICE and ORR)
- Temporary shelters for people who are asylum-seeking/unaccompanied children

Non-congregate settings include, but are not limited to:

- Student or faculty housing (e.g., dormitories or residence halls)
- Apartments
- Independent living facilities
- Shelters with apartment-style living arrangements (own bathroom and kitchen)
- Outpatient behavioral/addiction rehabilitation
- Multi-generational or multi-family homes

3. **Fully Vaccinated:**

- 2 weeks or more have passed after receiving the second dose in a 2-dose series; OR
- 2 weeks or more have passed after receiving one dose of a single-dose vaccine.

CDC has not systematically evaluated the efficacy of COVID-19 vaccines from manufacturers that have not sought an emergency use authorization (EUA) in the United States. For the purposes of these quarantine criteria, considerations for accepting a vaccination series that is not FDA-authorized include whether the vaccine product has received emergency approval from the World Health Organization or authorization from a national regulatory agency.

4. **Infectious period** is the timeframe an individual can transmit disease to others. For COVID-19, this starts from 2 days before illness onset (or, for asymptomatic patients, 2 days prior to positive specimen collection) until the time the individual discontinues isolation.
5. **Isolation** separates sick people with a contagious disease from people who are not sick.
6. **Non-pharmaceutical interventions** that can be practiced by individuals include the following: correct and consistent mask use, physical distancing, hand and cough hygiene, environmental cleaning and disinfection, avoiding crowds, ensuring adequate indoor ventilation, and self-monitoring for symptoms of COVID-19 illness. These are also summarized [here](#).
7. **Quarantine** separates and restricts the movement of people who were exposed to a contagious disease to see if they become sick. For COVID-19, this means staying home or in a private room with a private bathroom for 14 days after last contact with a person who has COVID-19. However, individuals may be eligible for the acceptable options to shorten quarantine outlined [here](#).
8. **Severe/critical illness:** illness due to COVID-19 that required any intensive care during hospitalization.
9. **Severely immunocompromised** means you have:
 - Been taking chemotherapy for cancer recently;
 - HIV and a CD4 T-cell count <200;
 - An immunodeficiency disorder;
 - Been taking high-dose steroids (like prednisone 20mg/day for >14days); OR
 - Another condition that a healthcare provider has told you makes you severely immunocompromised.
10. **Symptomatic:** People with these symptoms may have COVID-19:

<ul style="list-style-type: none">● Fever or chills● Cough● Shortness of breath or difficulty breathing● Fatigue● Muscle or body aches	<ul style="list-style-type: none">● Headache● New loss of taste or smell● Sore throat● Congestion or runny nose● Nausea or vomiting● Diarrhea
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This list does not include all possible symptoms. Public Health will [continue to update](#) this list as we learn more about COVID-19.