Dear Troop (insert troop #) Families,

I have been notified that someone from our troop/SU (insert troop or SU #) has tested positive for COVID-19.  This individual was present at our recent (insert date and name of in-person event).

Your Girl Scout has been identified as having been in close contact (within 6 feet for at least 15 minutes) with the individual who has tested positive for COVID-19. Your child may have been exposed to the virus which causes COVID-19.

I have notified GSEP and filed an incident report to document this positive COVID-19 case.

Per CDC health guidance, you should:

**What to do**

* Stay home for 14 days after your last contact with a person who has COVID-19.
* Watch for fever (100.4◦F), cough, shortness of breath, or [other symptoms](https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html) of COVID-19.
* If possible, stay away from people you live with, especially people who are at [higher risk](https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/index.html) for getting very sick from COVID-19.
* Have your Girl Scout tested for COVID-19 on or about day 5 after last exposure

**After quarantine**

* Watch for symptoms until 14 days after exposure.
* If you have symptoms, immediately self-isolate and contact your local public health authority or healthcare provider.

**You may be able to shorten your quarantine**

Your local public health authorities make the final decisions about how long quarantine should last, based on local conditions and needs. Follow the recommendations of your local public health department if you need to quarantine. Options they will consider include stopping quarantine

* After day 10 without testing
* After day 7 after receiving a negative test result (test must occur on day 5 or later)

Full CDC guidelines and recommendations can be found at <https://www.cdc.gov/coronavirus/2019-nCoV/index.html>

GSEP considers the health and well-being of our Girl Scouts to be of the utmost importance.  If you have any questions or concerns regarding your well-being, please contact your health care provider for additional guidance.

Yours in Girl Scouting,

(Insert Troop Leader/SUM name)