**Returning to Child Care Confirmation Form**

Please complete this form to confirm that your child is healthy and able to return to the child care. By adding your signature, you are verifying that the information is true. Return the completed form to your child's child care operator. *Please Note: It is up to the operator to decide if they choose to accept and use this form.*

Child's Name: ________________________________________________________________

**My child did not attend/was excluded from child care because of a suspected illness:**

- [ ] My child's health care provider has confirmed that my child does not have COVID-19, and their symptoms have been improving for more than 24 hours. My child does not have a cold or respiratory infection.
- [ ] My child tested negative for COVID-19 and their symptoms have improved for more than 24 hours.
- [ ] My child did not have a COVID-19 test, but has completed 10 days of self-isolation from when their symptom(s) started. My child does not have a fever (without the use of medication), and his/her symptoms have been improving for at least 24 hours.
- [ ] My child tested positive for COVID-19 and has completed 10 days of self-isolation from when their symptom(s) started (or the test was done). My child was not hospitalized. My child does not have a fever (without the use of medication), and his/her symptoms have been improving for at least 24 hours.

**My child was a close contact of someone who tested positive for COVID-19:**

- [ ] My child tested negative for COVID-19 and has completed 14 days of self-isolation. My child is well with no symptoms.
- [ ] My child did not have a COVID-19 test, but has completed 14 day self-isolation and is well with no symptoms.
- [ ] My child tested positive for COVID-19 and has completed 10 days of self-isolation from when the symptoms started (or the test was done). My child was not hospitalized. My child does not have a fever (without the use of medication), and his/her symptoms have been improving for at least 24 hours.

**Sibling/child in my household had symptoms of COVID-19:**

- [ ] A sibling or other child in my household received an alternative diagnosis by a health care provider and confirmed that they do not have COVID-19. My child (name listed above) can return to child care.
- [ ] A sibling or other child in my my household tested negative for COVID-19 and my child (name listed above) can return to child care.
- [ ] A sibling or other child in my household did not have a COVID-19 test, but all the children have completed 10 days of self-isolation. My child is well with no symptoms.

Date of COVID-19 test *(if applicable):* ________________________________ *(day/ month/ year)*

**I declare that my child is well, and is able to return to the child care setting.**

Parent/Guardian Name: ____________________________________________________________

Signature: _______________________________ Date: __________________________ *(day/ month/ year)*