Early Return Certification

My household has been excluded from the center for ten (10) days due to the presence of symptoms or because of an exposure and has met the following conditions for an earlier return. *Please check the box that corresponds with your situation and provide the supporting documentation if any is required.*

Returning after Symptoms:

❒ **Negative Antigen Certification: <u>For Children Two and Older ONLY</u>**

Because there are no FDA Approved at-home tests available for children under two, they must be tested by a medical provider/technician and provide the Medical Clearance form to certify.

Symptom Onset Date: _____

Date antigen test taken: _____ (must be at least two days *after* the Symptom Onset Date)

Understanding that the date of symptom onset = day "zero", each symptomatic household member has:

- Been out of the center at least 48 hours after their symptom onset; and
- Been tested for COVID-19 **on day two or after** with an antigen test and received negative results.

Returning after Exposure:

❒ **Negative Test (on or after Day 5): <u>For Children Two and Older ONLY</u>**

Because there are no FDA Approved at-home tests available for children under two, they must be tested by a medical provider/technician and provide the Medical Clearance form to certify.

Date of last exposure: _____

Date test taken: _____ (must be at least five days *after* last exposure date)

Understanding that the date of exposure = day "zero", each exposed member of my household:

- Has been out of the center for at least 5 days;
- Remains symptom-free;
- Tested for COVID-19, on or after day 5, and received negative results; and
  (*May be antigen, PCR or other molecular test. Reminder: children under 2 must be tested by a medical provider/technician.)*
- Can return on or after day 6.

ALL CLEARANCES ARE SUBJECT TO REVIEW AND APPROVAL. TO EXPEDITE MY CLEARANCE I WILL PROVIDE ALL DOCUMENTATION IN A TIMELY MANNER AND I WILL WAIT TO RECEIVE CONFIRMATION THAT MY CHILD HAS BEEN CLEARED BEFORE ARRIVING AT THE CENTER. ALL RETURNS ARE SUBJECT TO MY HOUSEHOLD BEING FEVER FREE FOR 24 HOURS (WITHOUT THE USE OF FEVER-REDUCERS), SYMPTOMS IMPROVING, AND MEETING ANY APPLICABLE RETURN CRITERIA UNDER BRIGHT HORIZONS (NON-COVID) ILLNESS POLICY. ADDITIONAL LOCAL REGULATIONS MAY APPLY.

I CONFIRM MY HOUSEHOLD MEETS THE CONDITIONS INDICATED ABOVE AND UNDERSTAND BRIGHT HORIZONS WILL RELY ON MY STATEMENT TO ALLOW MY HOUSEHOLD TO RETURN TO THE CHILD CARE CENTER.

Name of Children (if applicable):	
Parent/Staff Name:	
Signature:	
Date:	

January 27, 2022