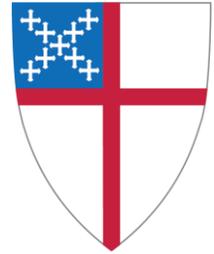


St. Clare's Preschool

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Hello St. Clare's families –

We know that children commonly experience cold, flu, and allergy symptoms even in a typical year. Under the current COVID-19 public health conditions, we must exercise extra caution to keep everyone as safe as possible. In consultation with the Alameda County Public Health Department and their revised protocols, St. Clare's has reinforced our protocols for children who exhibit any symptoms of illness, at home or at school.

Your signature on the daily sign-in form certifies these responses each time you bring your child to school. Please share this information with anyone else who might be bringing your child to school, so they are aware of the most current requirements for signing in.

The daily sign-in sheets state: "St. Clare's Christian Preschool is committed to providing a safe environment for our employees and the children in our care. If anyone has a temperature of 100.4°F/38°C or higher they must be excluded from school."

By signing your child into school each day, you certify that the following information is true:

- My child has not shown any **new or unexplained** symptoms of illness in the last 24 hours (fever, cough, difficulty breathing, shortness of breath, headache, new loss of taste or smell, sore throat, nausea or vomiting, diarrhea).
- My child has not taken any fever-reducing medications in the prior 24 hours (ibuprofen, Advil, Motrin, Tylenol, acetaminophen, aspirin).
- In the last 10 days, my child has not been diagnosed with COVID-19.
- No one in my child's home has shown any **new or unexplained** symptoms of illness in the last 14 days.
- Within the last 14 days, no one in my household has been diagnosed with COVID-19 or has been in isolation for suspected COVID-19.
- Within the last 14 days, no one in my family has had any exposure to another individual with a suspected or confirmed case of COVID-19.

If your child has any of the above symptoms, the protocols below must be followed before they return to school:

1. **Contact your healthcare provider and discuss whether a COVID-19 test is recommended.**
2. **If a COVID-19 test is performed:**
 - a. Family must *share the test results with the school office* as soon as possible.
 - b. Family should follow isolation instructions until COVID-19 is ruled out by a health care provider.
 - c. If **COVID-19 test is positive** the child can return after *all* the following criteria are met:
 - i. 10 days have passed since symptoms began.
 - ii. They have been fever-free for at least 24 hours without taking fever-reducing medication.
 - iii. Other symptoms are improving.
 - d. If **COVID-19 test is negative** the child can return after *all* the following criteria are met:
 - i. A medical evaluator (a doctor, a nurse practitioner, or a certified physician assistant) provides *a letter indicating the* COVID-19 test was negative
 - ii. They have been fever-free for at least 24 hours without taking fever-reducing medication.
 - iii. They are feeling better.
3. **If no COVID-19 test is taken, the child can return after all the following criteria are met:**
 - a. A medical evaluator (a doctor, a nurse practitioner, or a certified physician assistant) provides *a letter indicating both* of the following:
 - i. an alternative diagnosis has been made **AND**
 - ii. the child's symptoms are **NOT** due to COVID-19.
 - b. They have been fever-free for at least 24 hours without taking fever-reducing medication.
 - c. They are feeling better.
4. **If no medical evaluation is received and no COVID test is taken, the child can return after all the following:**
 - a. 10 days have passed since symptoms began.
 - b. They have been fever-free for at least 24 hours without taking fever-reducing medication.
 - c. Other symptoms are improving.

If the child was **excluded from preschool due to close contact** with or exposure to a COVID-positive person, **and has developed no symptoms**, the child may return 14 days following the last household contact or close contact with that person.

Please direct any questions about the COVID-19 Operating Procedures, protocols, or school policies to the Preschool Director.

I acknowledge that I have read and agree to abide by these protocols.

Parent/Guardian Signature: _____ Date: _____

Child's Name: _____