

Date:

Child Care COVID-19 Test to Stay Staff Consent Form

Dear Staff,

Your child care program, _____, has opted into **Rhode Island Department of Health's Test to Stay program** which allows staff and children to utilize at-home tests in the event of a COVID-19 exposure. By implementing Test to Stay, eligible staff and children aged 2 and older who are asymptomatic close contacts (except through a household exposure) will be able to attend child care during their quarantine period if they test negative on an at-home test each morning for five days following the last date of exposure. This program aims to help keep staff and children in child care with minimal disruption from quarantine when an exposure occurs.

By signing this Consent Form, you are agreeing to follow the program's expectations which include:

- Notifying your employer when you have been identified as a close contact in a setting outside of the child care program (household exposure is not eligible for TTS).
- If you are asymptomatic, properly test each morning prior to attending child care with at-home tests for 5 days from last exposure. If the test result is negative, you may attend work. If the test result is positive, you may not attend work and must isolate according to the Rhode Island Department of Health's [isolation guidance](#).
- Monitoring for symptoms throughout the day and wearing a mask if possible (except when eating, napping, or outdoors) for 5 days from last exposure.
- If you develop symptoms, you will stay home and get tested for COVID-19. You may return with a negative lab-based test and symptom improvement with no fever or no fever-reducing medicine for 24 hours.

Through June 2022, the state will provide your employer with at-home tests for you to use if you need to Test to Stay.

Your employer may have additional requirements outlined separately which should be communicated to you in addition to this consent form. This program is optional, and you can make to the decision to participate or not. If you choose not to participate in Test to Stay, you must follow the child care program's alternative quarantine options outlined in the program's illness policy. You will not be eligible to receive any at-home tests from your employer that are designated for Test to Stay.

Your signature below confirms that you agree to participate in the child care's Test to Stay program and confirms you will follow the expectations stated above along with any additional requirements by the child care program. Thank you for helping to support your child care program and keep staff and children safe and healthy.

Staff Signature

Date