



Department of Health
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Child Care COVID-19 Test to Stay Parent/Guardian Test Tracker

Instructions: Please record the date and time of each at-home test for the 5-day testing period. Share the form with your child care provider each morning to attest for each test result. At the end of the 5 days, give the form to your child care provider to keep for their records.

Name of Staff/Child:

Date of Test	Time of Test	Result of Test (Negative/Positive)
Day 1:		
Day 2:		
Day 3:		
Day 4:		
Day 5:		

My signature is certification that the test dates, times, and results are accurately reported and that I have agreed to adhere to the conditions of Test to Stay. If I/my child develops symptoms or tests positive, I will notify the child care provider and my child will isolate according to the Rhode Island Department of Health guidelines.

Parent/Guardian or Staff Signature

Date