



COVID-19 Parent Information Sheet

Form 1519a

Notify the Children's Center provider of **ALL** positive COVID 19 test results in the home!

Symptoms of COVID-19 include:

- Fever
- Chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

What do I do if someone in my house is sick? —Contact your doctor and stay home.

Follow specific return guidance from your health care provider. If symptoms related to a pre-existing condition change or worsen, talk to a health care provider to determine next steps.

I think or *know* that someone in my home had COVID-19

When will my child be able to return?

Return after:

- The individual in your home has gone 3 days with **NO** fever**, without using fever-reducing medicine **AND**
- Symptoms improved **AND**
- 10 days since symptoms first appeared

**If a child's fever is due to a known, non-worsening chronic condition, child may return after 24 hours with no fever.

Children with household members who are known to have COVID-19 should be excluded from the childcare facility.

For more information on *What to do if you have confirmed or suspected coronavirus disease (COVID-19)?*, visit the VDH website: <https://www.vdh.virginia.gov/coronavirus/coronavirus/what-to-do-if-you-have-confirmed-or-suspected-coronavirus-disease-covid-19/>

The below signed statement of understanding must be completed for each child attending our program.

I, **Parent/Legal Guardian**, have received information about the possible symptoms of COVID-19. To protect the children, families, and staff at the Children's Center, I agree to keep my child home and notify the Children's Center if household members are exhibiting symptoms that may be due to COVID-19.

Printed Child's Full Name: _____

Printed Parent's Full Name: _____

Parent Signature: _____

Date: _____

Effective: 9 June 2020