



**Little Hands Children's Learning Centre Inc.**

#1: 824 Thompson Road (OCB), Milton ON, L9T 9H2.

Tel: 905-864-6635 ext. 1

#2: 824 Thompson Road (CYC), Milton ON, L9T 9H2.

Tel: 905-864-6635 ext. 2

**LITTLE HANDS RETURN TO CARE ATTESTATION**

Please complete this form to confirm that your child is healthy and able to return to our program following the requirements in the screening results of the Ontario COVID-19 School and Child Care Screening Tool (<https://covid-19.ontario.ca/school-screening/>). Return the completed form to the Centre prior to your child returning back to our program.

Child's Name: \_\_\_\_\_

**My child failed the Ontario COVID-19 School and Child Care Screening Tool:**

Due to the above named child being ill:

- Date symptom(s) began & isolation began: \_\_\_\_\_
- Symptom(s) exhibited: \_\_\_\_\_

*Return Requirements:*

- Option #1 (only for 1 mild symptom exhibited): Symptom started improving on: \_\_\_\_\_.
- Option #2: 5 day isolation (or 10 days if an individual 12+ years is unvaccinated in the household) completed on: \_\_\_\_\_ & symptom(s) started improving on \_\_\_\_\_.
- Option #3: Rapid Test #1 completed: \_\_\_\_\_ (date & time) & Rapid Test #2 completed: \_\_\_\_\_ (date & time) & symptom(s) started improving on \_\_\_\_\_.

Due to an individual in the household being ill with COVID-19 symptom(s) and instructed to isolate:

- Date symptom(s) began & isolation began: \_\_\_\_\_

*Return Requirements:*

- Option #1: 5 day isolation (or 10 days if an individual 12+ years is unvaccinated in the household) completed on: \_\_\_\_\_ & symptom(s) started improving on \_\_\_\_\_.
- Option #2: Rapid Test #1 completed: \_\_\_\_\_ (date & time) & Rapid Test #2 completed: \_\_\_\_\_ (date & time) & symptom(s) started improving on \_\_\_\_\_.

My child or someone in our household tested positive for COVID-19 OR was identified as a close contact of someone who tested positive for COVID-19 and are required to isolate:

- Date isolation began: \_\_\_\_\_

*Return Requirements:*

- 5 day isolation (or 10 days if an individual 12+ years is unvaccinated in the household) completed on \_\_\_\_\_.

My child travelled outside of Canada, and returned on \_\_\_\_\_ (date).

*Return Requirements:*

- They have been home for the required time frame on the Ontario COVID-19 School and Child Care Screening Tool before returning back to the Centre.

I, \_\_\_\_\_ have completed the Ontario COVID-19 School and Child Care Screening Tool on behalf of my child, which states that they are clear to Go to School/Child Care (green screen) effective \_\_\_\_\_.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_