



January 25, 2022

Dear Jack and Jill Families,

Thank you for your continued support as we navigate the ever-changing guidelines surrounding COVID-19. I would like to share an optional opportunity for students and families at Jack and Jill Pre-School from The Department of Early Education and Care and the Commonwealth of Massachusetts. Starting the week of January 31, 2022, we will begin offering optional “test to stay” rapid antigen tests. We will continue to provide weekly pool testing, vigilant masking, frequent handwashing, and increased cleaning protocols as additional mitigation strategies.

Rapid Cohort Testing (test to stay) will be used when a direct exposure is confirmed in a given classroom. Children whose families complete the consent form, will be tested each morning before entering the classroom for the following 5 days after exposure. This will allow children to stay in school if they test negative that morning. Please note; This will only be used for in school exposures. If your child is exposed outside of school they cannot attend Jack and Jill for 5 days. Students can return to school on day 6 with proof of a negative test result.

For those that choose to consent, Symptomatic Rapid Antigen Testing will be used if a child develops symptoms while in our care. If the student tests **positive** they will need to be picked up immediately. If a student tests **negative** and their symptoms do not include fever (100.0 degrees Fahrenheit or higher,) chills or shaking chills, difficulty breathing or shortness of breath, new loss of taste or smell, muscle aches or body aches, cough (not due to other known cause, such as chronic cough), sore throat, nausea, vomiting, diarrhea, headache, runny nose (not due to other known causes, such as allergies) and they are able to fully participate in the school day; they can stay for the remainder of the day. Please know that this testing is optional and your child is not required to participate. If you choose not to participate, your child will not be able to attend school after direct exposure in the classroom until the determined amount of time has concluded as per EEC guidelines

In order to make this process as smooth as possible we are going to set and adhere to a strict testing schedule. If there is a confirmed positive case in your child’s classroom you must arrive to school 20 minutes before your scheduled start time to be tested in Fellowship Hall. Parents/Guardians must remain with your child for the duration of the test each of the 5 days

it occurs. If your child's 5 day period contains non-school days, you will be provided at home tests free of charge. Participating families will be required to test and send a photo of the results via email to me each day. More specific information such as testing dates and times will be shared on a case by case basis if/when a positive case is confirmed.

We are excited to be able to offer this additional safety measure to the families of Jack and Jill Preschool. It is our hope that by adding "test to stay" and continuing to follow the protocols set forth by DPH and EEC, we will increase children learning in person within our classrooms. Attached to this letter you will find the EEC quarantine protocols along with the "test to stay" consent forms. All forms must be completed and returned to school by Friday, January 28, 2022.

Please feel encouraged to reach out with any questions,

Katrina Lay  
Director



## CONSENT FORM FOR Rapid Antigen COVID-19 TESTING

**Jack and Jill Preschool** takes the health and safety of our students and their families very seriously. As such, in addition to steps to screen for the virus and prevent its spread, we are adding temporary COVID-19 rapid antigen testing for students. We will temporarily use COVID-19 Rapid Antigen tests. We will only test with your consent. If you are willing to provide consent for us to administer this test on your child or yourself (if student age 18 or older), please fill out this form.

### **What type of test is it?**

If you consent, we will conduct OR you will receive a free iHealth, or other FDA approved diagnostic Rapid Antigen rapid test for the COVID-19 virus. Collecting a specimen for testing is non-invasive. It involves using a swab, similar to a Q-Tip, placed inside the tip of the nose. For families administering the test, a staff member will supervise, or training materials will be provided so that tests are conducted properly. Test results will be made available to the individual who signs this form below. This program is optional, although we hope you choose to have the test to keep our program as healthy & safe as possible. The tests are being offered in addition to existing COVID mitigation protocols such as mask-wearing, social distancing, and frequent disinfection of surfaces.

### **When will rapid tests be used?**

In alignment with EEC's Testing for Childcare program, rapid antigen tests will be used in two instances:

- *Symptomatic Rapid Testing:* Rapid antigen testing for staff or children who show symptoms consistent with COVID-19. When a child or staff member has onset of symptoms consistent with COVID-19 while attending care, they will be isolated first in accordance with our program's illness policy, and an antigen test will be administered to determine if continued isolation and quarantine is necessary. If a child tests negative, they can continue to stay in care as long as symptoms continue to remain mild, or in accordance with our program's illness policy.
- *Asymptomatic Rapid Cohort Testing:* Rapid antigen testing for individuals with a known direct exposure to an individual who has been confirmed COVID positive. Exposure to the COVID-19 positive case must occur at the EEC-licensed program during care hours in order to participate in this option. All asymptomatic members (age 2 and older) of the individual's cohort can commit to daily rapid antigen testing either administered by the child care program or the family (parent) for the five consecutive calendar days instead of being required to quarantine. Unvaccinated children and staff participating in this option instead of quarantining must test negative at the start of each day. If a child tests positive in the cohort, they will be isolated immediately for pick up. And all members of the cohort must reset the clock to 5 consecutive days from the last date of exposure to the positive individual.

### **Who can participate?**

All staff and children 2 and older can participate in Rapid Antigen testing, with a signed consent

form. The US Food and Drug Administration (FDA) has only approved use of rapid antigen COVID-19 tests for children two (2) and older.

**How will results be shared?**

For families who will be conducting tests at home as part of Asymptomatic Rapid Cohort Testing, results will need to be confirmed through photo verification over email. Failure to provide proof will result in your child’s required quarantine time of 5 days from date of exposure.

**What does the result mean?**

In accordance with EEC’s COVID-19 Recommended Guidelines & Protocols, anyone participating in the testing program must adhere to all EEC protocols. Protocols for responding to confirmed positive cases of COVID-19 within the program are outlined in these protocols. *If your child tests negative but has symptoms of COVID-19, or if you have concerns about your child’s exposure to COVID-19, you should call your child’s doctor, a licensed medical authority, or your local health department.*

**Disclaimer:** While we realize precautions will be taken for the safety of students, and staff administering the testing have received training on safe and proper test administration, please understand that neither the test administrator nor Jack and Jill Preschool, nor any of its trustees, officers, employees, or organization sponsors are liable for any accident or injuries that may occur to your child or yourself, as a result of agreeing to the test.

<b>TO BE COMPLETED BY PARENT, GUARDIAN OR ADULT</b>				
<b>Parent/Guardian Information</b>				
You will be notified with test results either via cell phone or email, or both.				
<b>Parent/Guardian Print Name:</b>				
<b>Parent/Guardian Cell/Mobile #:</b> <i>Note: Results will be texted to this cell #</i>				
<b>Parent/Guardian Email Address:</b>				
<b>Child/Student Information</b>				
<b>Child/Student Print Name:</b>				
<b>Driver’s License #:</b> <i>(if applicable)</i>				
<b>Street Address:</b>		<b>City:</b>		<b>State:</b> PA
<b>Zip Code:</b>		<b>County:</b>		

<b>School:</b>		<b>Grade Level:</b>	
<b>Date of Birth:</b> <i>(MM/DD/YYYY)</i>		<b>Age:</b>	
<b>Race/Ethnicity:</b>	Asian Hispanic Native American/Indigenous Black White Unknown	<b>Gender:</b>	Female Male Non-binary
<b>CONSENT</b>			
<p><b>By signing below, I attest that:</b></p> <p><b>A. I authorize the program to conduct collection and testing of my child for COVID-19 by a shallow nasal swab.</b></p> <p><b>B. I acknowledge that a positive test result is an indication that my child must self-isolate and also continue wearing a mask or face covering as directed in an effort to avoid infecting others.</b></p> <p><b>C. I understand the program is not acting as my child’s medical provider, this testing does not replace treatment by my child’s medical provider, and I assume complete and full responsibility to take appropriate action with regards to my child’s test results. I agree I will seek medical advice, care and treatment from my child’s medical provider if I have questions or concerns, or if their condition worsens.</b></p> <p><b>D. I understand that, as with any medical test, there is the potential for a false positive or false negative COVID-19 test result.</b></p> <p><b>I, the undersigned, have been informed about the test purpose; procedures, possible benefits and risks, and I have received a copy of this Informed Consent. I have been given the opportunity to ask questions before I sign, and I have been told that I can ask additional questions at any time and may cancel my consent at any time. I voluntarily agree to this testing for COVID-19.</b></p>			
<b>Signature of Parent/Guardian:</b>		<b>Date:</b>	
<b>Signature of Student:</b> <i>(If age 18 or over or otherwise authorized to consent)</i>		<b>Date:</b>	