

This letter serves as an acknowledgement that I (the Undersigned) take the responsibility to allow _____ to work in the following capacity: _____ after 10 days of completed COVID-19 quarantine. I also certify that this employee has remained symptom-free for the entire 10-day period. I understand that to allow him/her to return to work, certain requirements must be met:

1. _____ remains in quarantine but is allowed to work for the final 4 days of quarantine time. They are allowed to go to work, and then back home, but no additional stops or extra-curricular activities are permitted outside of the standard school day (e.g., lunch, social gatherings, shopping, sporting event).
2. I assume the responsibility to ensure that all of the following additional criteria are met through Day 14:
 - a) Correct and consistent mask use (including within homes)
 - b) Social distancing
 - c) Hand hygiene
 - d) Environmental cleaning and disinfection
 - e) Avoiding crowds
 - f) Ensuring adequate indoor ventilation
 - g) Monitoring for symptoms of COVID-19 illness, and
 - h) Avoiding contact with persons at increased risk for severe illness, including vulnerable and congregate populations
3. I, or my designee, will confirm that this employee is completing daily check-ins with their contact tracer.
4. I understand that there is a risk of disease transmission between staff and students until the 14 days of quarantine are completed.
5. Should there be any suspected transmission of COVID-19 illness from this employee to another employee or student during the 4-day period being monitored, it will be reported to the Sangamon County Department of Public Health that same day (including weekend days). Call 217-535-3101 on weekdays and 217-753-6666 on weekends and afterhours. Fax number: 217-391-2657.
6. I hereby attest that the employee has been fully informed of the above guidelines, expresses understanding of them, and has expressed agreement in following them.

This employee will be monitored starting: _____ ending: _____
(Date day 11) (Date day 14)

Employee Signature

Principal / Superintendent Signature

Printed Name

Date