

July 13, 2020

Subject: Daily Health Screenings.

Dear Parents

The SCS On-Site Education Task Force continues to meet on a weekly basis to develop plans for reopening school in-person this Fall. It is the goal of the Task Force that every SCS student be provided face-to-face education each school day, rather than providing a rotating or split schedule. We believe that we can do this under the current physical distancing mandate (6-feet between desks), using anticipated enrollment numbers, and with creative use of available space.

There is still the possibility that the State may not allow on-site education in the Fall, or that SCS would be closed by the local health department. For these reasons, SCS is also preparing a schedule for distance learning even though distance learning is not the first choice of SCS. Therefore, SCS cannot guarantee face-to-face education each school day for every SCS student, but we are doing everything that we can to make this happen.

As mentioned in Mr. Van Beek's July 6th letter to SCS parents, some of the mandates that we know will be required for on-site education include (1) cloth face masks for staff; (2) cloth face masks or face shields for students; (3) 6-foot physical distancing among students and staff when seated; and (4) daily health screenings.

The State's daily health screening requirement appears to be allowing health screenings either at home before school or on-site. Since SCS has a limited number of staff and since parent volunteers are strongly discouraged, the Task Force believes that it will be significantly easier for SCS to have the student's health screening completed at home before school. In addition, this would allow any sick students to be identified *before* they go to school. At home health screenings will require that parents provide SCS with evidence of such screening each school day.

Included with this parent letter is a sample of the Student Daily Health Screening "tickets" that SCS will be using if approved by the School Board. SCS will request that a ticket be completed for each student immediately before sending them to school. This ticket must be completed with the date, the student's name, the student's temperature, a mark indicating that the student does not have a cough, a mark indicating that the student does not have shortness of breath, and the initials of a parent or guardian. For those students who will ride the bus, this ticket will need to be provided to the bus driver as they enter the bus, and for those students who are not riding the bus, this ticket will need to be provided to school staff as they enter the school building. No student should be sent to SCS if they have a temperature that is greater than 100.3° F, cough, or shortness of breath.

Thank you for your patience and understanding!

Sincerely,

SCS On-Site Education Task Force

Student Daily Health Screening

Date _____

Name _____

Temperature _____ ° F

No Cough _____ (please check)

No Shortness of Breath _____

Parent Initials _____

If your child has a fever (>100.3°F), cough, or shortness of breath, please keep him/her home.

Student Daily Health Screening

Date _____

Name _____

Temperature _____ ° F

No Cough _____ (please check)

No Shortness of Breath _____

Parent Initials _____

If your child has a fever (>100.3°F), cough, or shortness of breath, please keep him/her home.

Student Daily Health Screening

Date _____

Name _____

Temperature _____ ° F

No Cough _____ (please check)

No Shortness of Breath _____

Parent Initials _____

If your child has a fever (>100.3°F), cough, or shortness of breath, please keep him/her home.

Student Daily Health Screening

Date _____

Name _____

Temperature _____ ° F

No Cough _____ (please check)

No Shortness of Breath _____

Parent Initials _____

If your child has a fever (>100.3°F), cough, or shortness of breath, please keep him/her home.

Student Daily Health Screening

Date _____

Name _____

Temperature _____ ° F

No Cough _____ (please check)

No Shortness of Breath _____

Parent Initials _____

If your child has a fever (>100.3°F), cough, or shortness of breath, please keep him/her home.

Student Daily Health Screening

Date _____

Name _____

Temperature _____ ° F

No Cough _____ (please check)

No Shortness of Breath _____

Parent Initials _____

If your child has a fever (>100.3°F), cough, or shortness of breath, please keep him/her home.