



WASHINGTONVILLE CENTRAL SCHOOL DISTRICT

52 West Main Street, Washingtonville, New York 10992
PHONE 845.497.4000 • FAX 845.497.4030 • www.ws.k12.ny.us

Larry Washington, Ed.D., *Superintendent of Schools*
Barbara Quinn, *Assistant Superintendent for Curriculum and Instruction*
Lorine Van Put-Lamerand, *Assistant Superintendent for Business*
Michael Cogliano, Ed.D., *Assistant Superintendent for Pupil Personnel Services*
Paul Nienstadt, *Assistant Superintendent for Operations and Safety*
Lynn Imperato, *Director of Personnel and Staff Development*

September 14, 2020

Welcome Back!

As students prepare to attend in-person instruction, it is important that all families are familiar with the guidelines and protocols related to health and safety and to the Health Offices of each school. In our endeavor to provide and maintain a safe school experience for your child, as well as meet his/her needs, we need to work together! Compiled here are a number of important health and safety reminders that we require all families to follow.

Emergency Contact Information: Please update your contact information for yourself and any emergency contact designees in order to ensure that you are able to receive notification from the district AND to ensure student can be picked up **within 1 hour** of notification from health office when ill. Students with COVID-like symptoms will need to be isolated until picked up. Current contact information will be mailed or sent by backpack to each student's family; please respond promptly if changes need to be made.

Daily Self Screen Check: Parents /Guardians need to complete the Self-Screening Checker on the District website **daily** prior to sending their child to school. This must be completed for EACH child. It is imperative that sick children are kept home; the following questions will be asked. Please note these questions are to be answered for the student **PRIOR** to the child taking any medication.

1. Since your last day in WCSD, or last visit here, have you had any of these symptoms *of greater intensity or frequency than what you normally experience?* Cough, Shortness of breath or difficulty breathing, Fever (**temperature of greater than 100.0° F in the last 14 days**), Repeated shaking with chills, Muscle or body aches, Headache, Sore throat, New loss of taste or smell, Congestion or runny nose, Nausea or Vomiting, Diarrhea
 2. Have you had a positive COVID-19 test within the last 14 days?
 3. Have you had close contact with a confirmed or suspected case of COVID-19 case within 14 days?
 4. Have you traveled internationally or from a state with widespread community transmission of COVID-19 per the New York State Travel Advisory in the past 14 days?
- Older students may complete on their own screening with their school email.
 - For those families without access to the website, contact your school's main office for paper copies which must be completed daily.



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- Please note student screenings and temperatures will be periodically checked at school.
- **If any Self-Screening questions are answered YES, keep your child home from school and contact the school nurse.**

Ill Student with COVID 19 Symptoms at school:

- Health Office has an 'isolation' room separate from a 'well' room. Student with symptoms will be placed in the isolation room. Students will be picked up outside of school (no parents/guardians in the Health Office).
- Parent/Emergency Contact will be called for pick up.
- If the student has siblings in the District, those siblings will be screened to confirm they do not also have symptoms.

If your child is sent home from school by the school nurse due to a positive screen for COVID-19 symptoms, the individual picking them up will be asked to sign a Medical Provider Clearance to Return to School form. This form **MUST BE COMPLETED BY A MEDICAL HEALTH PROVIDER (including COVID test result) AND RETURNED TO THE SCHOOL NURSE IN ORDER FOR YOUR CHILD TO RETURN TO SCHOOL.**

Criteria to Return to School:

Student has symptoms of possible COVID-19, BUT determined not to have Covid-19 by Health Care Provider CAN RETURN TO SCHOOL WHEN

- Fever Free x 24 hours without medication AND
- Negative Covid Test documented by Health Care Provider AND
- Health Care Provider Clearance Note stating can return to school

Student is diagnosed with Covid-19 by Health Care Provider based on test or symptoms, they CAN RETURN TO SCHOOL WHEN

- It has been at least TEN (10) days since the students first symptoms AND
- It has been at least THREE (3) days since student had fever without medication AND
- It has been at least THREE (3) days of improved symptoms AND
- Health Care Provider Clearance Note stating can return to school

Student was quarantined because of notification by DOH of close contact to a positive case OR student is returning from an area on the NYS Travel Ban list.

- It has been Fourteen (14) days since the student last was in contact with the infected individual or since the student entered NY.
- Even with a Negative Covid Test, students must quarantine for 14 days after close contact with a confirmed positive case.



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Remember we are in this together so feel free to reach out with any questions or concerns.

Sincerely,

Lynn R. Imperato
Director of Personnel & Staff Development
COVID 19 Safety Co-Coordinator

Maryke Troast
Nurse Practitioner
COVID 19 Safety Co-Coordinator

School Contact Information	Fax Number	Phone-845-497-4000
Washingtonville High School Daniela Brickhouse, RN Janice Rowe, RN Marianna Sackmann, RN	845-497-4034	Ext. 24531
Washingtonville Middle School Marianna Sackmann, RN Maryke Troast, CPNP	845-497-4037	Ext. 21531
Little Britain Elementary School Sherri Fraser, RN	845-497-4003	Ext. 23531
Round Hill Elementary School Val Sullivan, RN	845-497-4082	Ext. 25531
Taft Elementary School Colleen Davy, RN	845-497-4085	Ext. 22531