



DATE: 9/25/2020

Dear Parent or Guardian:

As we make plans for safely resuming school for school year 2020 – 2021, strong communication channels between you and our school nurses and administrators will be essential. Schools and teachers know that good communication with parents and guardians is an important part of their jobs. Effective communication is critical for the transfer of information concerning COVID-19 to students, staff, parents and guardians, and the community. It is as important that communication is accurate, ongoing and transparent.

The purpose of this letter is to establish some parameters by which students would be excluded from school and criteria for their return if COVID-19 was confirmed or suspected. We have included a Daily Wellbeing Checklist that will help guide you in determining whether your student should be excluded from school due to illness or suspected COVID-19.

To limit unnecessary exposure to illness the daily operations of the clinic may look a bit different from previous years. We appreciate your patience and understanding as we navigate the road back to face to face learning.

Attached you will find information and a list of resources from the CDC related to COVID-19 that can help guide you in helping us keep our students safe at school.

Cobb County School Health Services follows the guidance of the CDC and Georgia Department of Health. For additional questions please call the Georgia Department of Public Health COVID-19 Hotline at 844-442-2681 or visit <https://www.cdc.gov/coronavirus/2019-nCoV/index.html>

Sincerely,

*Tim Churchill, LPN*



FECHA: 9/25/2020

Queridos padres / tutores:

A medida que hacemos planes para reanudar la escuela de manera segura para el año escolar 2020-2021, será esencial contar con maneras de comunicación sólidas entre usted y nuestras enfermeras y administradores escolares. Las escuelas y los maestros saben que la buena comunicación con los padres y tutores es una parte importante de su trabajo. La comunicación efectiva es fundamental para comunicar información sobre COVID-19 a los estudiantes, el personal, los padres y tutores y la comunidad. Es igualmente importante que la comunicación sea precisa, continua y transparente.

El propósito de esta carta es establecer algunos parámetros por los cuales los estudiantes serían excluidos de la escuela y los criterios para su regreso si se confirma o sospecha COVID-19. Hemos incluido una lista de verificación de bienestar diario que lo guiará para determinar si su estudiante debe ser excluido de la escuela debido a una enfermedad o sospecha de COVID-19.

Para limitar la exposición innecesaria a enfermedades, las operaciones diarias de la clínica pueden parecer un poco diferentes a las de años anteriores. Agradecemos su paciencia y comprensión mientras navegamos por el camino de regreso al aprendizaje cara a cara.

Adjunto encontrará información y una lista de recursos de los CDC relacionados con COVID-19 que pueden ayudarlo a ayudarnos a mantener seguros a nuestros estudiantes en la escuela.

Los Servicios de Salud Escolar del Condado de Cobb siguen la guía de los CDC y el Departamento de Salud de Georgia. Si tiene preguntas adicionales, llame a la línea directa COVID-19 del Departamento de Salud Pública de Georgia al 844-442-2681 o visita <https://www.cdc.gov/coronavirus/2019-nCoV/index.html>

Sincerely,

*Kim Burdell, LPN*

# Can My Child Go To School Today?

## DAILY WELLBEING CHECKLIST



ONE TEAM. ONE GOAL.  
STUDENT SUCCESS.

**1** Has the child been in **CONTACT** with an individual testing positive for COVID-19?

— YES →

Exclude from school. The child can return 14 days after the last time he/she had contact with someone with COVID-19.  
\*If child becomes symptomatic see step 2 below.

**2** Does the child have **SYMPTOMS** and have they tested **POSITIVE** for COVID-19?  
*i.e. shortness of breath, cough, fever, chills, muscle pain, sore throat, new loss of taste or smell, vomiting/diarrhea*

— YES →

Exclude until the person can answer yes to ALL of these questions:  
1. Has it been 10 days since they first had symptoms?  
2. Have they been without fever for 24 hours without any medicine for fever?  
3. Are the other respiratory symptoms, like cough and shortness of breath, improved?  
**\*\*Other criteria may be required by local health department**

**3** Is the child **UNWELL** with cold/flu-like **SYMPTOMS**?

— YES →

Exclude from school until symptoms resolve and student has been fever free for 24 hours **WITHOUT** any fever reducing medication.

**4** Does the child have a **FEVER** ?  
• 99.5 °F with one or more symptoms  
• 100.4 °F with no other symptoms

— YES →

Exclude from school until symptoms resolve and student has been fever free for 24 hours **WITHOUT** any fever reducing medication.

↓ NO ↓

YOUR CHILD MAY ATTEND SCHOOL

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Student(s) Name / Grade(s) -----  
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Signature Box -----  
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I attest that I will monitor my student(s) daily for symptoms and follow the guidelines listed above.