

Dear Custer School District families of students,

The challenge of reopening schools for the 2020-2021 school year has required extensive preparation, coordination and communication. School leaders are working with local government and health officials to make decisions based on current conditions, considering the various aspects of student and staff well-being, including physical, academic and social-emotional.

Custer School District is asking that you screen your student(s) *at home* every day, prior to attending school, for symptoms of COVID-19 and other contagious and communicable illnesses. We have attached a copy of a screening checklist for you to use at home. Please use this as a reference. We do not need it turned into the school every day. **Please do not send your student(s) to school if they answer yes to any of the screening questions on the following page.** Copies of the screening tool can be found on the district website, www.csd.12.sd.us, under District Nurse–forms.

Teach your children to wash their hands frequently with soap and water for at least 20 seconds—about the amount of time it takes to sing the ABC song. This is the single most important thing you can do to stop the spread of disease. Teach your children to cover their nose and mouth when coughing or sneezing with either a tissue or their inner elbow, and wash their hands again after. Talk to them about keeping an appropriate distance from others and to be aware of and avoid sharing objects which may lead to the transmission of a virus.

At this time, masks are not required, but **strongly** encouraged. Please plan to purchase a few masks for each student when purchasing school supplies this year, as we may shift between category one (masks encouraged) and category two (masks required) operations throughout the school year. Any student exhibiting symptoms of COVID-19 while at school will be asked to wear a mask by school staff and we will request that they wear a mask until a parent or guardian is able to take them home from the isolation area. Please be sure send students to school with clean masks each day and instruct them on proper use.

Written authorization by the parent(s)/guardian(s) is required for **ALL** medications, including over the counter medications. Please fill out the correct permission paperwork when you bring the medication to the office. **All medications are to be brought to the school by a parent or guardian, not a student.** Prescription medication *must* be in the original container and clearly state the student's name, the physician's name, the name of the medication, the name of the pharmacy, and the dose to be given. Over-the counter medications *must* be in the original container in an age appropriate form and dose. *Please be sure that they are not expired, as we are unable to administer expired medication.*

Existing school immunization requirements should be maintained and not deferred. *Free* student influenza vaccinations will be available later this fall and are **highly** recommended.

The Custer School District has reserved the right to restrict school visitation at this time. If you need to come to the school, please call ahead of time.

Copies of forms, links to informational websites, instructional videos, and other information can be found on the Custer School District website under the "District Nurse" tab.

Thank you for your patience as we continually seek to review and revise our practices to improve the back-to-school experience. We wish you all a happy, healthy school year!

The Custer School District school nurses:

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and

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STUDENT SYMPTOM SCREENING CHECKLIST

Parents must complete a daily symptom screening check by answering these questions before sending their child to school.

Has your child had close contact (within 6 feet for at least 15 minutes) with a confirmed case of COVID-19?	_____ YES	_____ NO
Does your child have new or worsening shortness of breath?	_____ YES	_____ NO
Does your child have new or worsening cough?	_____ YES	_____ NO
Does your child have a fever of 100.4 or greater?	_____ YES	_____ NO
Does your child have chills?	_____ YES	_____ NO
Does your child have diarrhea?	_____ YES	_____ NO
Does your child have unexplained muscle pain?	_____ YES	_____ NO
Does your child have a headache (not related to a known health condition i.e. migraines)?	_____ YES	_____ NO
Does your child have a sore throat?	_____ YES	_____ NO
Does your child have a new loss of taste or smell?	_____ YES	_____ NO
Has your child been vomiting or is experiencing nausea?	_____ YES	_____ NO



If **YES** to **ANY** of the questions **DO NOT SEND YOUR CHILD TO SCHOOL**. Please seek guidance from your medical provider. Contact your school to inform them of your child's symptoms. You may also contact the South Dakota Department of Health at 1-800-592-1861 with questions.



If **NO** to **ALL** questions go to school.