

FIRST DAYS OF SCHOOL

Tuesday, September 1
First day of In-person learning

Wednesday, September 2
First day of remote learning

Thursday, September 3
In-person learning day

Friday, September 4
In-person learning day

Monday, September 7
NO SCHOOL - Labor Day

Tuesday, September 8
In-person learning day

Wednesday, September 9
Remote learning day

Thursday, September 10
In-person learning day

Friday, September 11
NO SCHOOL - Teacher Inservice



RICHLAND SCHOOL DISTRICT

SCHOOL REOPENING MESSAGE



CONSIDERATIONS FOR A SAFE RETURN TO SCHOOL IN FALL 2020

Welcome Back to School From Mr. Burke



The Richland School District is implementing mitigation strategies to ensure the health and safety of our students and staff. While there is still uncertainty surrounding COVID-19, we are confident in the precautions which have been taken to provide a safer environment for those returning to school. The District will continue to partner with our local Health Department and the Department of Public Instruction to assess and make recommended changes.

This family communication is being provided to share the safety measures and protocols which have been implemented, and the expectations of families to contribute toward a safe and healthy school environment. All families are expected to familiarize themselves and fully comply with the policies, protocols and guidelines outlined in this family communication to support the District.

As we return to school, the District is respecting that each person has their own comfort level during this pandemic, and they are to be respected as such. Please do your best to be kind, share empathy, and help others. We are ONE HIVE!

When Will Students NOT Be Allowed at School?

- They have taken any medication (Tylenol, ibuprofen, etc.) to reduce fever within the last 24 hours.
 - They have tested positive for COVID-19 OR have been diagnosed with COVID-19 by a health care provider, and have not finished their isolation period as per Public Health recommendations.
 - Have come in "Close Contact" with anyone who has COVID-19 within the last 14 days.
 - Have experienced any of the following symptoms (above their baseline) within the past 24 hours:
 - Cough, shortness of breath, difficulty breathing, new loss of taste or smell.
- OR any **TWO (2)** of the following symptoms:
- Fever (measured and subjective), chills or rigors, muscle or body aches, headaches, sore throat, fatigue, congestion or runny nose, nausea or vomiting, diarrhea.

What If a Child was in Close Contact to Someone Who Tested Positive for COVID-19?

- Quarantine child for 14 days from last contact with positive person.
- If symptoms develop, contact provider and follow guidance for children with symptoms
- You will be contacted by the local Health Department with further information.

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WHAT IS CONSIDERED A CLOSE CONTACT?

Close contact with someone is being within 6 feet of someone for more than 15 minutes, sharing a drinking glass or eating utensil, physically touching the person or things that may have their germs on them like dirty tissues, or being coughed or sneezed on.



COVID-19 HEALTH SCREENING CHECKLIST

Person conducting screening should maintain 6 feet of distance from patient when asking questions. Questions should be posed to parents of small children, while children/adults old enough to understand and answer for themselves may be asked directly. This tool is intended to assist in screening for COVID-19, but should not replace other communicable disease screening tools or protocols for school programs.

Final decisions should be made by qualified medical personal (school nurse, physician, public health, etc.).

PART 1

	YES	NO
Has the individual been in close contact with anyone who tested positive for COVID-19 or was diagnosed with COVID-19 in the last 14 days?	<input type="checkbox"/>	<input type="checkbox"/>
Has the individual been diagnosed with COVID-19 by a health care provider in the past 10 days?	<input type="checkbox"/>	<input type="checkbox"/>
Has the individual developed any of the following symptoms within the past 24 hours?		
Cough	<input type="checkbox"/>	<input type="checkbox"/>
Shortness of breath or trouble breathing	<input type="checkbox"/>	<input type="checkbox"/>
New loss or sense of taste or smell	<input type="checkbox"/>	<input type="checkbox"/>
Has your child taken medication in the past 24 hours to lower temperature (Tylenol, ibuprofen)?	<input type="checkbox"/>	<input type="checkbox"/>



If you answered YES to ANY Question in Part 1, the individual should be sent home.

Otherwise, proceed to Part 2.

PART 2

Has the individual developed any of the following symptoms within the past 24 hours?

	YES	NO
Sore throat	<input type="checkbox"/>	<input type="checkbox"/>
Unusal fatigue	<input type="checkbox"/>	<input type="checkbox"/>
Nausea (sick to stomach) or vomiting *	<input type="checkbox"/>	<input type="checkbox"/>
Runny nose or nasal congestion	<input type="checkbox"/>	<input type="checkbox"/>

	YES	NO
Headache	<input type="checkbox"/>	<input type="checkbox"/>
Muscle or body aches	<input type="checkbox"/>	<input type="checkbox"/>
Fever ($\geq 100.4^{\circ}\text{F}$) or chills (<i>would indicate fever</i>)*	<input type="checkbox"/>	<input type="checkbox"/>
Diarrhea*	<input type="checkbox"/>	<input type="checkbox"/>



If you answered YES to 2 or MORE questions in Part 2, the individual should be sent home.

In all other cases, individual could be at school unless directed otherwise by school nurse, physician, or public health official.

* - Vomiting, diarrhea, or fever over 100.4 (alone or in combination with other symptoms) should exclude an individual from school.