

Dear Parent/Guardian,

*Daily Wellness Checks are a **VERY IMPORTANT** part in keeping your child, our student body, and staff safe. **PLEASE** complete this Wellness Checklist each day prior to sending your child to school to prevent viruses from spreading rapidly.*

Keep your child home if they are sick and follow up with your primary care provider. If your child has signs or symptoms of COVID-19, they will not be able to return to school until the following conditions are met per Pennsylvania Department of Education guidelines:

Symptomatic but not tested: exclude for 10 days from symptom onset AND at least 24 hours after fever resolution (if present) AND improved respiratory symptoms;

or Symptomatic individual/child clinically cleared by primary medical provider: exclude until fever free for 24 hours (if fever present) and symptoms improving;

or Symptomatic individual/child with test negative: exclude until fever free for 24 hours (if fever present) AND improved respiratory symptoms.

If you travel to the following states, it is recommended that you quarantine for 14 days upon return per Gov. Wolf and Pennsylvania Department of Health most recent guidelines(8/15/20):

- Alabama
- Arizona
- Arkansas
- California
- Florida
- Georgia
- Idaho
- Kansas
- Louisiana
- Mississippi
- Missouri
- Nevada
- North Dakota
- Oklahoma
- South Carolina
- Tennessee
- Texas

Please notify the School Nurse if you or your child have symptoms of COVID-19 and/or tested positive for COVID-19 or if you have been exposed to an individual who tested positive for COVID-19.

If you have any questions or concerns, please contact Susan Shiley, School Nurse at (814)484-3550 ext. 106 or via email at sshiley@tidioutecharter.com

Tidioute Community Charter School COVID-19 Daily Wellness Check

1. After checking my child’s temperature this morning before school, does he or she have a temperature of 100.0 or greater? Y/N

2. Has my child taken any medication to treat or reduce a fever such as Ibuprofen (i.e. Advil, Motrin) or Acetaminophen (Tylenol)? Y/N

3. Is my child experiencing any of the following? Y/N

Group A 1 or more symptoms	Group B 2 or more symptoms
Cough Shortness of breath Difficulty breathing New olfactory disorder (loss of smell) New taste disorder (loss of taste)	Fever (measured or subjective) Chills Rigors (shivering) Myalgia (muscle aches) Headache Sore throat Nausea or vomiting Diarrhea Fatigue Congestion or runny nose

Stay home if, you or the student:

- Have one or more symptoms in Group A **OR**
- Have two or more symptoms in Group B **OR**
- Are taking fever reducing medication.