

STILLWATER TOWNSHIP SCHOOL

P.O. BOX 12
904 STILLWATER ROAD
STILLWATER, NJ 07875

WILLIAM KOCHIS
SUPERINTENDENT
TEL: (973) 383-6635
FAX: (973) 383-1895

MARISSA CRAMER
PRINCIPAL/CST SUPERVISOR
TEL: (973) 383-6171
FAX: (973) 383-7021

October 22, 2020

Stillwater Families,

As stated in my previous letter, New Jersey is now in the “moderate risk” level indicated by the Regional Risk Matrix as per the Department of Health. When we shift into the “moderate risk” level please be reminded of the procedures, as per the Department of Health, that our school will take to ensure student and staff safety. On page two, you will find the daily screener for all students that was sent home at the start of the school year.

1. If students have two or more symptoms from column A or one symptom from column B (see page 2) they should not attend school that day. Please reach out to the absentee line and notify us that your child will be home due to illness and specify symptoms.
2. If a student in school presents with symptoms listed on the attached checklist, you will be notified and asked to pick up your child. Following the guidance from the Dept. of Health, you will be instructed to contact your child’s doctor to obtain a letter of clearance to return to school. Otherwise, you will need to keep your child out of school for 10 days.
3. If a student is home from school sick or is sent home sick from school, they will be marked absent. If the student is feeling well enough they are encouraged to join their class for online learning. The work they complete at home would be considered part of their ‘make up’ work. This allows us to maintain accurate records as to who is physically present in the building in case of emergency.

Thank you for your continued support.

Sincerely,

William Kochis
Superintendent

**Stillwater Township School
COVID-19 Daily Screening for Students/Staff**

Parents/Guardians: Please complete this short check each morning before sending your child to school.

Section 1: Symptoms

Any of the symptoms below could indicate a COVID-19 infection in children and may put your child at risk for spreading illness to others. Please note that this list does not include all possible symptoms and children with COVID-19 may experience any, all, or none of these symptoms. Please check your child daily for these symptoms:

Column A

<input type="checkbox"/>	Fever (measured or subjective)
<input type="checkbox"/>	Chills
<input type="checkbox"/>	Rigors (shivers)
<input type="checkbox"/>	Myalgia (Muscle Aches)
<input type="checkbox"/>	Headache
<input type="checkbox"/>	Sore Throat
<input type="checkbox"/>	Nausea or Vomiting
<input type="checkbox"/>	Diarrhea
<input type="checkbox"/>	Fatigue
<input type="checkbox"/>	Congestion or runny nose

Column B

<input type="checkbox"/>	Cough
<input type="checkbox"/>	Shortness of Breath
<input type="checkbox"/>	Difficulty Breathing
<input type="checkbox"/>	New loss of smell
<input type="checkbox"/>	New loss of taste

If **TWO OR MORE** of the fields in Column A are checked off **OR AT LEAST ONE** field in column B is checked off, please keep your child home and notify the school for further instructions.

Section 2: Close Contact/Potential Exposure

Please verify if:

<input type="checkbox"/>	Your child has had close contact (within 6 feet of an infected person for at least 10 minutes) with a person with confirmed COVID-19
<input type="checkbox"/>	Someone in your household is diagnosed with COVID-19
<input type="checkbox"/>	Your child has traveled to an area of high community transmission

If ANY of the fields in Section 2 are checked off, your child should remain home for 14 days from the last date of exposure (if your child is a close contact of a confirmed COVID-19 case) or date of return to New Jersey. *this form is taken directly from the New Jersey Department of Health