

Self-Checker For Families

1. Have you been within 6 ft of a person with a lab-confirmed case of COVID 19 cumulatively for at least 15 minutes over a 24 hour period?

2. Are any of the following symptoms present?
 - A. Fever (100.4°F or higher)
 - B. New onset of moderate to severe headache
 - C. Shortness of breath
 - D. New cough, sore throat
 - E. Vomiting, diarrhea, abdominal pain from unknown cause
 - F. New congestion/runny nose
 - G. New loss of sense of taste or smell
 - H. Nausea
 - I. Fatigue from unknown cause
 - J. Muscle or body aches.

3. Are any of your household members or close contacts experiencing any of the above symptoms as listed in #2?

4. If you answered **YES** to any of the above questions, contact the school office, keep your student at home, manage your symptoms.

Students will be asked to follow the exclusion and return to school guidelines by the Illinois Department of Public Health. The specific return to school guidance will be communicated with you by the school office when contacted.

Needed documentation will be required for all families to return to school. This may include a negative COVID RT-PCR Test or a doctor's note indicating an alternative diagnosis and documentation of no need of receiving a test. Negative Rapid Tests are not an acceptable form of documentation. Needed documentation for each case is included in the IDPH School Exclusion Chart. SSPP utilizes the IDPH School Exclusion Chart to aid in health decisions.

Source: Illinois Department of Public Health COVID Exclusion Guidance Rev. 10/21/2020 Interim Guidance,