

Haycock ES
December
Principal's Coffee



Celebrating our Haycock Teachers



Allison Kelly- published author



Nellie Williams- media sensation

Haycock Happenings

Focus on high quality virtual instruction



Sixth grade students preparing for National History Day research

Kindergarten students demonstrating their ability to write numbers with pictures, tallies, and grids



Haycock Happenings

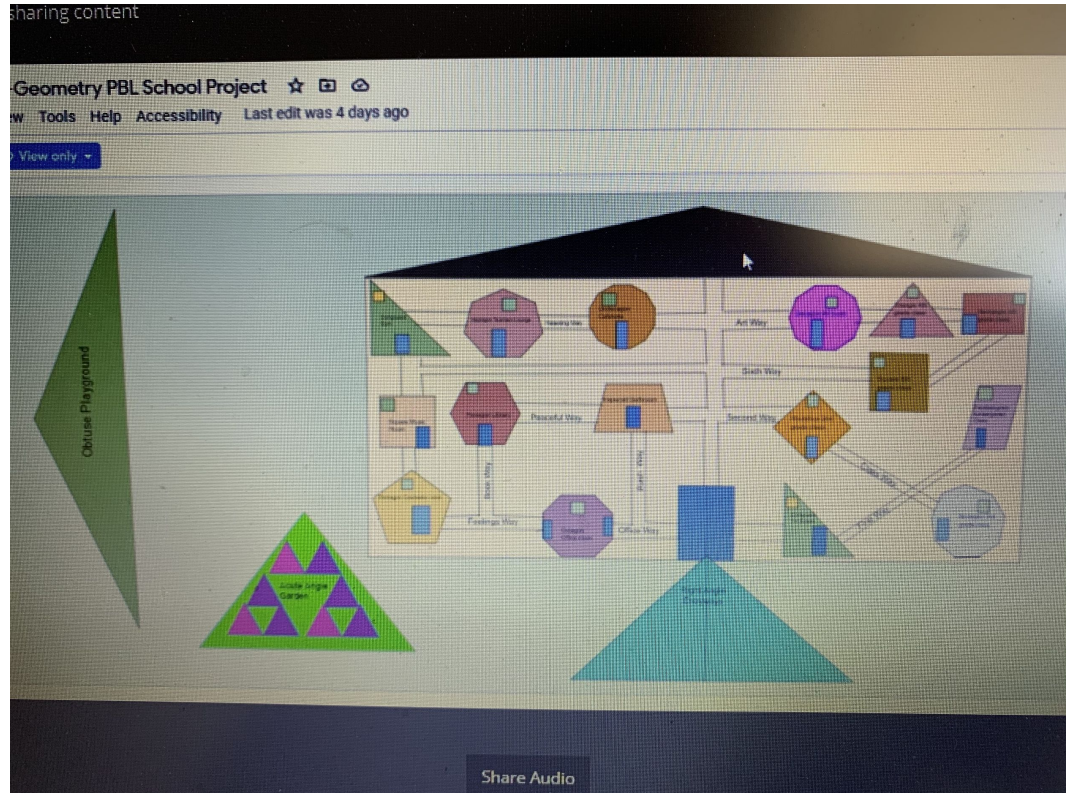


Team Building from a Distance

Haycock Happenings

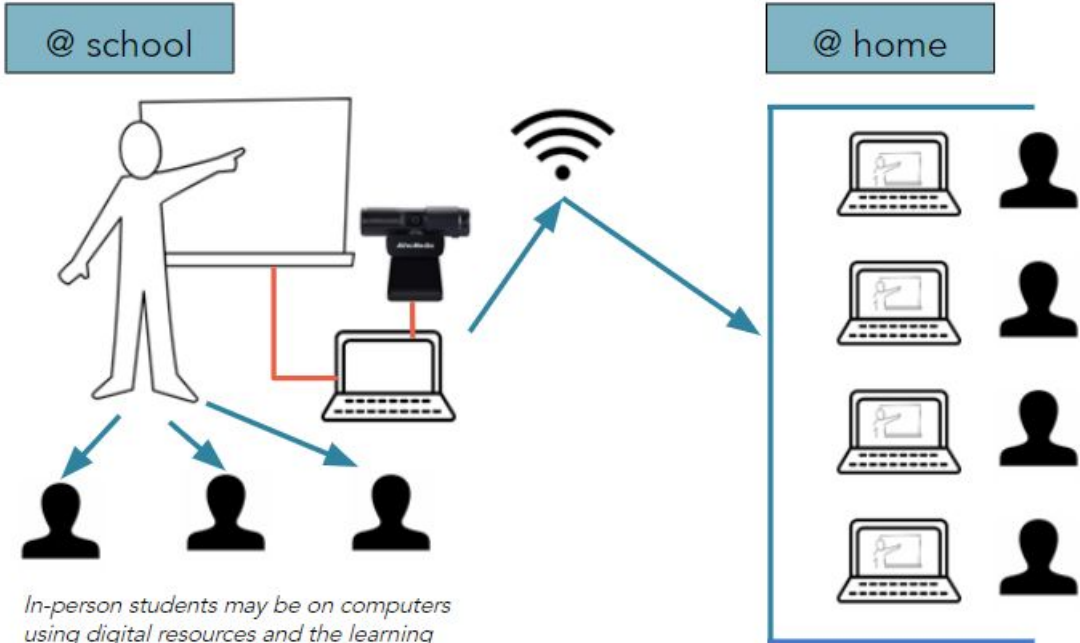
Focus on high quality virtual instruction

PBL in 3rd grade



What Might Concurrent Look Like.....

- [Concurrent Model- 4th](#)
- [Concurrent Model- K](#)
- [Concurrent- Elementary](#)
- [Concurrent- Best Practices](#)



In-person students may be on computers using digital resources and the learning management system, but will not be signed into BbCU or Meet.

External camera or teacher laptop camera may be used.

Haycock Happenings

Staff focus on learning concurrent instruction strategies



PE team was the first to try concurrent



Haycock staff collaborating with Key Middle School staff about holding a concurrent staff meeting



What might it look like?

Plan presented to the School Board last night

When we return in person- revised bell schedule for Haycock becomes 10:05-4:50

- Kindergarten returns the week of January 12
- Grades 1 and 2 return the week of January 19
- Grades 3 and 4 return the week of January 26
- Grade 5 and 6 return the week of February 2



Mitigation Strategies and Safety Teams

Five Key Mitigation Strategies:

- Consistent and correct use of masks
- Social distancing to the largest extent possible
- Hand hygiene and respiratory etiquette
- Cleaning and disinfection
- Contact tracing in collaboration with the health department

Details on Rooms and Hallways

Room Setup - 6 foot spacing, furniture removal (Begin with K; 1 / 2; 3-6)
No rugs or cloth items (ex. bean bags)

Room Filtration - Room air is cycled to remove classroom air and bring in fresh air from outside at a rate that is higher than full capacity of room;
Bathrooms, air moves straight outside building.

Handwashing/Sanitization - Frequent, built into the schedule, hand sanitizing machines and sanitizer throughout the building, in all classroom

6 Foot separation in halls - Markers in main areas to help support instruction and explicit instruction for students

Lunch - Eat in classroom, courtyards or cafeteria

Hallways



Room Setup

- Students must sit all facing one direction, 6 feet apart from middle of desk.
- Roughly 12 - 15 desks per classroom or combination of tables/desks
- Limited carpets
- No communal supplies
- Students keep supplies in backpack/gallon bag to take to and from school
- Laptops to and from school-need to be fully charged for school
- Desks cleaned at end of each day.



Cafeteria Set Up



Cares Room

Student with Covid like symptoms will be taken to the Cares Room

Parents will be called and will need to pick up student within the hour



SICK STUDENT NOTIFICATION

Student Name: _____

Date: _____

School: _____

Time: _____ AM/PM

Parent/Guardian:

Your student presented to the health room today with the following new and unexplained symptoms:

- | | | | |
|---------------------------------------|-----------------------------------|--|--|
| <input type="checkbox"/> Fever/chills | <input type="checkbox"/> Cough | <input type="checkbox"/> Shortness of breath | <input type="checkbox"/> New Loss of taste/smell |
| Temp: _____ | | | |
| <input type="checkbox"/> Sore throat | <input type="checkbox"/> Fatigue | <input type="checkbox"/> Muscle aches | <input type="checkbox"/> Runny nose/congestion |
| <input type="checkbox"/> Stomachache | <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Nausea/Vomiting | <input type="checkbox"/> Headaches |
| <input type="checkbox"/> Other: _____ | | | |

Due to COVID-19 in the community, evaluation by a healthcare provider is recommended for all sick children. Please take this form to your healthcare provider.

School Public Health Nurse/Aide Observation:

Comments: _____

Signature: _____ RN / Health Aide

Follow the Return to School Policy if your child was sent home with any of the above symptoms:

IF NO KNOWN EXPOSURE TO COVID-19 AND:

- No COVID-19 test or Positive COVID-19 test – Stay home until 10 days from onset of symptoms, no fever for 24 hours without fever-reducing medication AND symptoms are improving.
- COVID-19 Test is negative – Stay home until no fever for 24 hours without fever-reducing medication AND symptoms are improving.
- Alternate diagnosis by a healthcare provider that explains symptoms – stay home until no fever for 24 hours without fever-reducing medication AND symptoms are improving or longer per healthcare provider's instructions.

IF KNOWN EXPOSURE TO COVID-19:

- No Covid-19 test or negative test: Stay home for 14 days from date of last exposure, no fever for 24 hours without fever-reducing medication AND symptoms are improving.
- COVID-19 test is positive: Stay home until 10 days from onset of symptoms, no fever for 24 hours without fever-reducing medication AND symptoms are improving.

Permission to Return to School Form

- It is the form the student will take to the primary care physician for completion.
- It is the form the student will bring to the school on the first day they return to in-person instruction
- The form must indicate the return date
- The form must be signed and dated by the primary care physician

Permission to Return to School/Child Care

Patient Name: _____ Date of Visit: _____
Date of Most Recent Exposure (if applicable): _____ Date of Test (if applicable): _____
Date of First Symptoms (if applicable): _____

The following return-to-school guidance aligns with the recommendations of the Centers for Disease Control & Prevention and the Virginia Department of Health and reflects the best possible clinical assessment of a healthcare provider at the time of service and any applicable test results. This guidance is not a guarantee of any individual's current health status.

Check one:

Patient tested POSITIVE for COVID-19 and experienced symptoms. Patient may return to school 10 days after symptoms started, as long as patient has been free of fever for at least 24 hours* and symptoms have improved.

Patient tested POSITIVE for COVID-19 and has NOT experienced symptoms. Patient can return to school 10 days after the test was taken.

Patient was evaluated according to VDH guidelines for community incidence level of COVID-19. A non-COVID source of symptoms was identified so TESTING WAS NOT INDICATED. Patient can return to school when fever-free for 24 hours* and symptoms have improved.

Patient experienced symptoms that may be consistent with COVID-19, but was NOT TESTED. Patient may return to school 10 days after the start of symptoms as long as patient has been free of fever for at least 24 hours* and symptoms have improved.

Patient tested NEGATIVE or was NOT TESTED, but has been in close contact with a person known to have COVID-19. Patient may return to school 14 days after last contact with the person with COVID-19 as long as no symptoms develop.

Patient tested NEGATIVE or was NOT TESTED but is a household contact of a person known to have COVID-19 and is unable to fully isolate from that person. Patient may return to school 14 days after the person with COVID-19 was able to end isolation.

Patient experienced symptoms that could be related to COVID-19, but tested NEGATIVE and does not have any known exposures or ill contacts. Patient does not require quarantine. Patient may return to school when free of fever for 24 hours* and symptoms have improved.

The patient/caregiver was notified of the test results and has been instructed to follow the guidelines above with regard to school attendance.

* without using fever-reducing medication

The earliest date this patient may return to school is _____. This statement is valid based on current relevant information but may change based on new symptoms, exposures, or results. The patient's family has been instructed to notify the office for any changes.

Signature: _____ MD/DO/NP/PW/RN/LPN Phone #: _____
Name: _____

- Return to School Webpage:
<https://www.fcps.edu/returntoschool>
- Return to School FAQs:
<https://www.fcps.edu/return-school/return-school-questions-and-answers>
- [Student Health and Guidance Document](#)

info

Follow Up Items

- Digital Consent - Parent Approval Requested
- ParentVue - Please go Paperless
- For those returning to school in person- completion of the Parental Guardian Health Screening Commitment Form
- Playground closed to community Tuesday-Friday during school hours- beginning the week of Jan. 12



Haycock Strong!



