



VERNON TOWNSHIP SCHOOL DISTRICT
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Dear Parents/Guardians:

The State of New Jersey has recently been designated a "YELLOW" state. Due to the change in the Covid-19 Activity Report, school districts are required to elevate their quarantine actions as per the NJDOH. Please review this document carefully. Changes are bolded and highlighted.

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 Taste
<input type="checkbox"/>	New Loss of Smell

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.

The State of New Jersey has recently been designated a "YELLOW" state. Due to the change in the Covid-19 Activity Report, school districts are required to elevate their quarantine actions as per the NJDOH. **If any student, faculty member, or other employee in our school district, during the "Yellow" designation has two symptoms from Column A or one symptom from Column B, they will be required to quarantine for 10 days.**

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 child is a close contact of a confirmed COVID-19 case) or date of return to New Jersey.

Contact your child's provider or your local health department for further guidance.

**** PER VTSD POLICY, STUDENTS WITH A TEMPERATURE OF 100.0 F OR ABOVE, WITH OR WITHOUT OTHER SYMPTOMS, MUST BE EXCLUDED FROM SCHOOL. A DOCTOR'S NOTE IS REQUIRED FOR STUDENT TO RETURN TO SCHOOL.**

Sincerely,

Karen D'Avino

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Superintendent of Schools