



NORTH ROSE - WOLCOTT CENTRAL SCHOOL DISTRICT

Academics 🐾 Commitment 🐾 Excellence

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September 23, 2022

NRW families,

As schools and communities continue to navigate the ever-changing COVID-19 situation, the District would like to issue the following reminders and information for families:

- Please screen your students' temperatures before they attend school each day and ***do not send a child to school who has a fever or other symptoms of COVID-19.*** At-home temperature screenings will assist the District in mitigating the potential spread of COVID-19 and will allow our staff to more effectively address any symptoms that may occur in school.
- In the event of a positive COVID-19 test, please follow the guidance issued by the New York State Department of Health and isolate from others for at least five (5) days from the onset of symptoms or from the date of a positive test. If your child must isolate due to COVID-19, please fill out the Affirmation of Isolation form attached to this letter and return it to Melanie Geil at mgeil@nrwcs.org.
- The District will continue to provide access to hand sanitizing stations and ensure our students and staff adhere to hand hygiene and other COVID-19 mitigation measures while in school.

We will continue to follow the guidance of the Wayne County Department of Health (DOH) to ensure our students can safely learn in person. Thank you for your understanding and cooperation.

Respectfully,

Michael Pullen
Superintendent of Schools



Department of Health

KATHY HOCHUL
Governor

MARY T. BASSETT, M.D., M.P.H.
Acting Commissioner

KRISTIN M. PROUD
Acting Executive Deputy Commissioner

AFFIRMATION OF ISOLATION

Complete if you or your child or dependent has tested positive for COVID-19 and have been in isolation

I, (print name) _____, do hereby affirm that I or my child or dependent isolated from (date) _____ through (date) _____ consistent with guidance issued by the New York State Department of Health (NYSDOH). As per NYSDOH guidance, since I or my child or dependent tested positive for COVID-19, I or my child or dependent must isolate for the appropriate amount of time, depending upon hospitalization, length of symptoms and particular circumstances, consistent with guidance issued by the NYSDOH, for at least five (5) days from the onset of COVID-19 symptoms OR from the date of the positive COVID-19 test if asymptomatic. Day 1 of isolation begins the day after I or my child or dependent became symptomatic OR the day after I or my child or dependent tested positive if I or my child were asymptomatic.

Name of COVID-19 Positive Person: _____

Date of Birth of COVID-19 Positive Person: _____

Specimen Collection Date of Positive Test: _____


Sworn and subscribed by me on (today's date) _____

(SIGNATURE)

NOTE:

YOUR SIGNATURE DOES NOT HAVE TO BE ACKNOWLEDGED BY A NOTARY PUBLIC; YOU ARE SWEARING UNDER PENALTY OF LAW TO THE VERACITY OF THE INFORMATION YOU HAVE PROVIDED ON THE FORM.

This affirmation be sworn to as indicated, then based solely on such affirmation above, and accepting such information as fact, I, Mary T. Bassett, Acting Commissioner, New York State Department of Health, do hereby find the that the affirming individual herein met the criteria for isolation as the case may be during the dates affirmed to above.


Mary T. Bassett MD, MPH, Acting Commissioner
New York State Department of Health

This form may be used for Isolation Release or for New York Paid Family Leave COVID-19 claims as if it was an individual Order for Isolation issued by the New York State Department of Health or relevant County's Commissioner of Health or designee.