



## KA'A'AWA ELEMENTARY SCHOOL

51-296 KAMEHAMEHA HIGHWAY

KA'A'AWA, HAWAII 96730

(808) 305-6650

December 2020

Aloha Ka'a'awa Elementary 'Ohana,

It has been so nice to have students on campus and hearing the sound of children learning. Thank you for working with us to open our campus safely and for supporting our distance learning platform. It is important that we build systems to create the most healthy environment for our children to learn and for our faculty and staff to work in.

With winter break approaching, many families may be traveling. It is vital that you receive a negative Covid test upon return. **Besides a negative Covid test, Ka'a'awa Elementary School requires all students and staff to stay at home for 10 days when traveling off island.** Please inform the office or your teacher if you have taken a trip or think you were exposed to the Covid-19. Our students will be allowed to use our distance learning platform when at home.

It is imperative that all families perform wellness checks every morning before school (see attachments). As we work together, we will be able to increase the number of students on campus and keep our teachers and support staff healthy. If you have any questions or concerns, please call the office at (808)305-6650.

Mahalo,

Jennifer Luke-Payne  
Principal



## HAWAII'S STATE DEPARTMENT OF EDUCATION

# RETURN TO LEARN: DAILY WELLNESS CHECK

## WE NEED YOUR HELP!

HIDOE employees, contracted service providers, visitors, and students must complete a wellness check each morning before going to school. Please report any illness or COVID-19 exposure to the school.



### 1 CHECK FOR SYMPTOMS OF ILLNESS

Do you or your child have any of these symptoms? If yes, **do not go to school.**

- |  |  |
|--|--|
| <input type="checkbox"/> Fever (higher than 100°F or hot to the touch) | <input type="checkbox"/> Headache                          |
| <input type="checkbox"/> Chills  | <input type="checkbox"/> New loss of taste or smell        |
| <input type="checkbox"/> Cough   | <input type="checkbox"/> Sore throat                       |
| <input type="checkbox"/> Shortness of breath or difficulty breathing   | <input type="checkbox"/> Congestion or runny nose          |
| <input type="checkbox"/> Fatigue (tiredness or weakness)               | <input type="checkbox"/> Nausea or vomiting (stomach ache) |
| <input type="checkbox"/> Muscle or body aches                          | <input type="checkbox"/> Diarrhea                          |

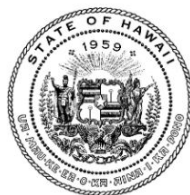


### 2 CHECK FOR RECENT COVID-19 EXPOSURE

Do any of the following apply to you or your child? If yes, **do not go to school.**

- ☐ Recently tested positive for COVID-19
- ☐ Waiting for COVID-19 test results
- ☐ Self-quarantining due to possible COVID-19 exposure (e.g. travel quarantine)
- ☐ Living with someone with COVID-19
- ☐ Been in close contact with someone with COVID-19

**HELP US TO KEEP OUR SCHOOLS HEALTHY AND SAFE!**



## COVID-19-like Symptoms of Illness and Return to School/Work Criteria\*

### School Year 2020-2021

If you or your child has any symptoms of illness, stay home. If someone develops symptoms at school, the person will be sent home immediately. If the person who is ill needs to wait for pick-up, he/she will be isolated in a supervised area away from those who are well.

\_\_\_\_\_ has the following COVID-19-like symptoms on \_\_\_\_\_:

First and Last Name Date (mm/dd/yyyy)

- |  |   |
|--|---|
| <input type="checkbox"/> Fever (100°F or higher)                     | <input type="checkbox"/> Headache                   |
| <input type="checkbox"/> Chills                                      | <input type="checkbox"/> New loss of taste or smell |
| <input type="checkbox"/> Cough                                       | <input type="checkbox"/> Sore throat                |
| <input type="checkbox"/> Shortness of breath or difficulty breathing | <input type="checkbox"/> Congestion or runny nose   |
| <input type="checkbox"/> Fatigue (tiredness, weakness)               | <input type="checkbox"/> Muscle or body aches       |
| <input type="checkbox"/> Nausea or vomiting (stomach ache)           | <input type="checkbox"/> Diarrhea                   |

Return to School/Work Criteria for COVID-19-like Symptoms of Illness (Must meet ALL three criteria in one of these columns)		
Negative COVID-19 Test	Doctor's Note	At Least 10 Days
<input type="checkbox"/> Proof of a negative COVID-19 test result. <input type="checkbox"/> At least 24 hours have passed since last fever without the use of fever-reducing medication. <input type="checkbox"/> Symptoms have improved.	<input type="checkbox"/> A signed note from a licensed healthcare provider. <input type="checkbox"/> At least 24 hours have passed since last fever without the use of fever-reducing medication. <input type="checkbox"/> Symptoms have improved.	<input type="checkbox"/> At least 10 days have passed since symptoms first appeared. <input type="checkbox"/> At least 24 hours have passed since last fever without the use of fever-reducing medication. <input type="checkbox"/> Symptoms have improved.
Return to School/Work Criteria for Someone Who Tests Positive for COVID-19 (Must meet ALL three criteria)		
<input type="checkbox"/> At least 10 days have passed since symptoms first appeared or if there are no symptoms, at least 10 days have passed since the date when the positive test was conducted. <input type="checkbox"/> At least 24 hours have passed since last fever without the use of fever-reducing medication. <input type="checkbox"/> Symptoms have improved.		

\* Based on the Hawaii State Department of Health's [COVID-19 Interim Return to Work/School Guidance](#).

Please consult with your primary healthcare provider. If you do not have one, please see the following options.

- The Hawaii Keiki Health Hotline and Telehealth Service is available free for HIDOE students by calling (844) 436-3888, Monday through Friday, from 8:00 a.m. - 3:00 p.m., excluding holidays and breaks.
- Community health centers serve all patients regardless of their ability to pay or health insurance status. See the list below to find a community health center near you.

#### **Hawaii Island**

Bay Clinic, Inc. – Hilo Family Health Center  
1178 Kinoole Street - Bldg B  
Hilo, HI  
808-333-3600

Hamakua Health Center  
45-549 Plumeria Street  
Honokaa, HI  
808-775-7204

West Hawaii Community Health Center  
75-5751 Kuakini Hwy Suite 104  
Kailua-Kona, HI  
808-326-5629

#### **Kauai**

Kauai Community Health Center  
4800 Kawaihau Road  
Kapaa, HI  
808-240-0170

#### **Lanai**

Lanai Community Health Center  
333 Sixth Street  
Lana'i City, HI  
808-565-6919

#### **Maui**

Hana Health  
4590 Hana Hwy  
Haiku, HI  
808-248-8294

Malama I Ke Ola Health Center  
1881 Nani Street  
Wailuku, HI  
808-871-7772

#### **Molokai**

Molokai Community Health Center  
30 Oki Place  
Kaunakakai, HI  
808-553-5038

#### **Oahu**

Kalihi-Palama Health Center  
915 N King Street  
Honolulu, HI  
808-848-1438

Koolauloa Health Center  
56-119 Pualalea Street  
Kahuku, HI  
808-293-9231

Kokua Kalihi Valley Comprehensive Family Services  
2239 N School Street  
Honolulu, HI  
808-791-9410

Wahiawa Health Center  
302 California Ave Suite 106  
Wahiawa, HI  
808-622-1618

Waianae Coast Comprehensive Health Center  
86-260 Farrington Hwy  
Waianae, HI  
808-697-3300

Waikiki Health Center  
277 Ohua Ave  
Honolulu, HI  
808-922-4787

Waimanalo Health Center  
41-1295 Kalaniana'ole Hwy.  
Waimanalo, HI  
808-259-7948