



COOPERSTOWN CENTRAL SCHOOL

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October 28, 2021

Dear Parents and Guardians,

As shared in my previous letters, the New York State Department of Health released a document entitled, "Commissioner's Determination on COVID-19 Testing Pursuant to 10 NYCRR 2.62". The acronym "NYCRR" represents the New York Codes Rules and Regulations. This regulation and Order of the Commissioner of Health implemented requirements for school districts located in a geographic area identified by the CDC as having low, moderate, substantial, or high transmission rates. Employees must be vaccinated or be subject to weekly COVID-19 testing. While this regulation does not require mandatory testing or vaccination of students, schools must have the capacity to offer COVID-19 screening testing to unvaccinated students on a weekly basis.

On September 27, 2021, we initiated the required weekly testing for unvaccinated staff as well as fully vaccinated staff wishing to opt-in to weekly testing. We are still hoping for more direction relative to whom and how to conduct large-scale student screenings and complete the associated data entry. We are hopeful this will be forthcoming soon. In the meantime, we recognize the need to determine just how large-scale this endeavor may be.

Regarding weekly COVID-19 safety screenings, whether or not you wish to have your child participate in the screening process, you will need to complete the attached consent form for COVID-19 Test Screening and return it to Janelle Brown, Junior/Senior High School Main Office Secretary by email jbrown@cooperstowncs.org, fax to 607-547-1083, or in person, **by November 5, 2021**. If we do not receive a consent from you, your child will NOT be tested weekly once this practice is underway.

This will allow us to gauge who wishes to be part of the weekly testing. If you chose not to include your child in our screening testing, please know you cannot opt into the testing should your child be exposed to someone with COVID-19, or should they develop symptoms. The purpose of this effort is for screening purposes only and not intended as a method of diagnosis.

Schools are also required to share information regarding diagnostic testing for any student, faculty, and/or staff member regardless of vaccination status who are COVID-19 symptomatic, or asymptomatic following exposure to someone with COVID-19. Such testing will still need to be arranged through your child's healthcare provider or local COVID-19 test centers.

Additional updates pertaining to the above-mentioned process will be forthcoming once we determine how many students will be participating in the weekly screening. For now, thank you and stay well. If you have questions, please do not hesitate to contact me at sspross@cooperstowncs.org.

Sincerely,


Sarah Spross
Superintendent

Attachment: PARENT/GUARDIAN WEEKLY COVID-19 SAFETY CONSENT FORM

COOPERSTOWN CENTRAL SCHOOL DISTRICT	
PARENT/GUARDIAN WEEKLY COVID-19 SAFETY CONSENT FORM	
TO BE COMPLETED BY PARENT / GUARDIAN	
<p>Based on the New York State Department of Health Commissioner's Determination on COVID-19 Testing Pursuant to 10 NYCRR 2.62, the Cooperstown Central School District is in the process of determining who is seeking that their child(ren) be opted-in to weekly COVID-19 safety screenings conducted in school. By consenting, your child will receive a free safety screening test for the COVID-19 virus.</p> <p>A rapid COVID-19 test will be used, which will involve inserting a small swab, like a Q-Tip, into the front of the nose or an oral swab to collect saliva, whichever is available. If your child has a specimen collected for testing at school, and a positive result is indicated you will be contacted immediately, and all COVID-19 return to school protocols will then be in place including your child remaining home until meeting County Health Department criteria to return to school.</p>	
Parent / Guardian Information	
Parent / Guardian Name:	
Parent / Guardian Cell#:	
NOTE: Best number to reach you at in the event of a positive test result?	
Student's Information	
Student's Name:	
School and Grade:	
Consent Choice:	<p><input type="checkbox"/> Yes, I provide consent for my child to participate in COVID-19 testing (<i>please read and sign the form below</i>)</p> <p><input type="checkbox"/> No, I do not provide consent for my child to participate in COVID-19 testing (no further action needed)</p>
Consent	
<p>The law allows some information about your child to be shared with County and New York State Public Health Agencies, which may include notifying close contacts of your child if they have been exposed to COVID-19 and taking other steps to prevent the spread of COVID-19.</p> <p>By signing below, I attest that:</p> <ul style="list-style-type: none"> I have signed this form freely and voluntarily, and I am legally authorized to make decisions for the child named above. I consent to my child being tested for COVID-19 infection. By consenting, I understand that my child will be tested in this fashion weekly during the 2021-2022 school year. I understand that this consent form will be valid through June 30, 2022, unless I revoke such consent in writing. I understand that my child's test results, and other information may be disclosed as permitted by law. I understand that if I am a student 18 years of age or older, or may otherwise legally consent for my own healthcare, references to "my child" refer to me and I may sign this form on my own behalf. I understand that there is the potential for a false positive or false negative. As always, with any COVID-like symptoms, regardless of test outcome, I understand that we should continue to follow all COVID safety protocols and keep my child home from school and seek testing at your local health care provider or one of the areas COVID testing sites. I understand and agree that neither the test administrator nor the Cooperstown Central School District nor any of its Board of Education members, officers, or employees are liable for any accident or injuries that may occur from participation in the COVID-19 testing program. 	
Signature of Parent/Guardian:	
(if Child is under age 18)	
Signature of Student:	
(18 or over or otherwise authorized to consent)	
Date:	