



# Carruthers Creek This Week

Week of Oct. 5th

905-683-0921 <http://carruthers.ddsb.ca> Twitter: @Carruthers\_PS

WE ARE

"ALLERGY AWARE & NUT FREE!"

## Switching from In-Person Learning to DDSB@Home (Elementary)

### Deadline to Request a Transfer

For us to re-staff classrooms by November 16, 2020, you must inform the Durham District School Board no later than October 5, 2020 if you would like your child(ren) to switch to DDSB@Home. Requests received after this date will be placed on a waitlist closing January 7, 2021 for a transfer to take place at the start of Term 2 on February 1, 2021.

### How to Request a Transfer

You can request to be added to the waitlist by logging into the Parent Portal, clicking the DDSB@Home Waitlist button in the navigation menu and following the instructions on the page. You can opt to be added or removed from the waitlist this way and can change your selection there. Please do not email the school office to request a transfer as the page on the parent portal is the best way to make this request. If you are having trouble logging into your parent portal account, please email [parentportal@ddsb.ca](mailto:parentportal@ddsb.ca).

## SCC - 2020-2021

The School Community Council (SCC) supports student achievement and well-being through an advisory role with the school principal. SCC also supports parent engagement and communication between home and school. More information can be found at <https://www.ddsb.ca/en/family-and-community-support/school-community-councils.aspx>.

This year with the creation of the DDSB@Home virtual schools, parents/guardians may wish to be involved in both their home school SCC as well as the virtual DDSB@Home SCC. Students have been cross-enrolled in the virtual school with their home school allowing parents/guardians to participate in both SCCs. For DDSB@Home students, parents/guardians can also be involved in their home in-person school SCC by sending their nomination form to [carrutherscreekps@ddsb.ca](mailto:carrutherscreekps@ddsb.ca).

We welcome your involvement in our SCC. Please complete the nomination form (**attached**) and send to [carrutherscreekps@ddsb.ca](mailto:carrutherscreekps@ddsb.ca) by Wednesday, October 7, 2020. If you are wanting to be a parent representative (voting member), you are required to attend the virtual SCC election.

Our SCC elections will be held virtually at our SCC meeting on Thursday, October 8th at 6:30—7:30 pm.

At this time, all of our SCC meetings will be taking place virtually. You can access the SCC meeting at:

[meet.google.com/dde-jezt-uwv](https://meet.google.com/dde-jezt-uwv)

Ministry of Health | Ministry of Education **Ontario**

**COVID-19 school and child care screening tool**

Version 2, October 1, 2020

Children must screen for COVID-19 every day before going to school or child care. Parents can fill this out on behalf of a child.

**Screening Questions (place an "X" in the appropriate column)**

1. Does your child have any of the following new or worsening symptoms? Symptoms should not be absent or related to other known causes or conditions.

	Yes	No
Fever and/or child temperature of 38°C (100°F) or greater	<input type="checkbox"/>	<input type="checkbox"/>
Cough more than usual if chronic cough including cough lasting longer than 2 weeks when breathing	<input type="checkbox"/>	<input type="checkbox"/>
Not related to other known causes or conditions (e.g., asthma, recent surgery)	<input type="checkbox"/>	<input type="checkbox"/>
Shortness of breath/tightness, pain or trouble, unable to breathe deeply, wheezing that is worse than usual if chronically short of breath	<input type="checkbox"/>	<input type="checkbox"/>
Not related to other known causes or conditions (e.g., asthma)	<input type="checkbox"/>	<input type="checkbox"/>
Decrease or loss of smell or taste (nocturnal or taste disorder)	<input type="checkbox"/>	<input type="checkbox"/>
Not related to other known causes or conditions (e.g., nasal polyps, allergies, neurological disorder)	<input type="checkbox"/>	<input type="checkbox"/>

2. Does your child have any of the following new or worsening symptoms? Symptoms should not be absent or related to other known causes or conditions.

	Yes	No
New throat (sore throat or difficulty swallowing)	<input type="checkbox"/>	<input type="checkbox"/>
Not related to other known causes or conditions (e.g., post nasal drip, gastroesophageal reflux)	<input type="checkbox"/>	<input type="checkbox"/>
Runny nose and/or new nose (nasal congestion and/or rhinitis)	<input type="checkbox"/>	<input type="checkbox"/>
Not related to other known causes or conditions (e.g., seasonal allergies, returning inside from the cold, chronic sinusitis, unchanged from baseline, recent surgery)	<input type="checkbox"/>	<input type="checkbox"/>
Headache (that is new and persistent, unusual, unexpected, or long-lasting)	<input type="checkbox"/>	<input type="checkbox"/>
Not related to other known causes or conditions (e.g., tension-type headaches, chronic migraines)	<input type="checkbox"/>	<input type="checkbox"/>
Nausea, vomiting and/or diarrhea	<input type="checkbox"/>	<input type="checkbox"/>
Not related to other known causes or conditions (e.g., transient vomiting due to anxiety in children, chronic vestibular dysfunction, intestinal bowel conditions, inflammatory bowel disease, side effect of medication)	<input type="checkbox"/>	<input type="checkbox"/>
Fatigue, lethargy, muscle aches or weakness (prolonged feeling of being unwell, lack of energy, extreme tiredness, poor feeding in infants that is unusual or unexpected)	<input type="checkbox"/>	<input type="checkbox"/>
Not related to other known causes or conditions (e.g., depression, excessive thyroid dysfunction, anemia)	<input type="checkbox"/>	<input type="checkbox"/>

3. Has your child travelled outside of Canada in the past 14 days?  
☐ Yes ☐ No

4. Has your child been identified as a close contact of someone who is confirmed as having COVID-19 by your local public health unit for the COVID Alert app if they have their own phone?  
☐ Yes ☐ No

5. Has your child been directed by a health care provider including public health official to isolate?  
☐ Yes ☐ No

**Results of Screening Questions**

• If you answered "YES" to any of the symptoms included under question 1:  
 - Your child should stay home to isolate immediately.  
 - Contact your child's health care provider for further advice or assessment, including if your child needs a COVID-19 test or other treatment.

• If you answered "YES" to only one of the symptoms included under question 2:  
 - Your child should stay home for 24 hours from when the symptom started.  
 - If the symptom is improving, your child may return to school/child care when they feel well enough to do so. A negative COVID-19 test is not required to return.  
 - If the symptom persists or worsens, contact your child's health care provider for further advice or assessment, including if your child needs a COVID-19 test or other treatment.

• If you answered "YES" to two or more of the symptoms included under question 2:  
 - Your child should stay home to isolate immediately.  
 - Contact your child's health care provider for further advice or assessment, including if your child needs a COVID-19 test or other treatment.

• If you answered "YES" to question 3, 4 or 5:  
 - Your child should stay home to isolate immediately and follow the advice of public health.  
 - If your child develops symptoms, you should contact your local public health unit or your child's health care provider for further advice.

• If you answered "NO" to all the questions, your child may go to school.

**Public Health Ontario - Contact Tracing**

Answering these questions is optional. This information will only be used by Public Health officials for contact tracing. All information will be deleted in 30 days.

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Phone or Email: \_\_\_\_\_

**Ontario**





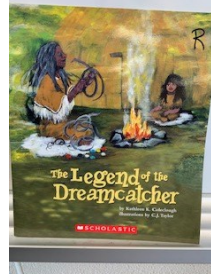
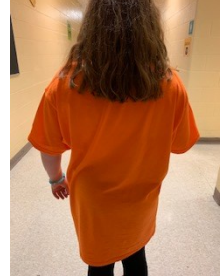
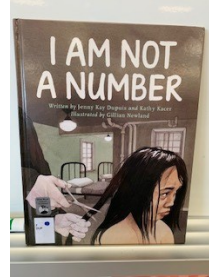
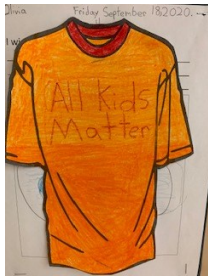
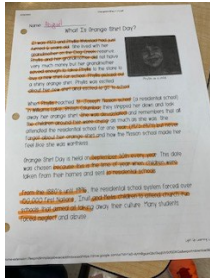
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## ORANGE SHIRT DAY



### The Boys and Girls Club of Durham at Carruthers Creek Public School After-School Program

The Boys and Girls Club of Durham afterschool program offers a wide range of programs for children and youth ages 6 to 13 across the Durham Region, giving them a place to belong. Our Club offers fun, interactive activities and we aim to meet the needs of our members through various workshops and programs focusing on issues that are present concerns of children and youth in our community.

The Club runs at Carruthers Creek PS from 3:45pm-6:00pm Monday to Friday. We have a maximum of 15 spots in our afterschool programs.

#### Daily After-School Service Fee

Children ages 4-12: \$85/person/year

Youth ages 13-18: \$25/person/year

Three or more children: \$75/person/year

#### Daily After-School Service Fee

During the registration period we will be accepting membership fees (as listed above) and the after-school service fees. Fees for the 2020/2021 school year will be \$760. Parents/guardians can pay the full amount up-front, break the payments in two with one payment in September and one payment in February, or pay \$76/month.

To Register for The Boys and Girls Club After-School Program at Carruthers Creek PS please go to [www.bgcddurham.com/register](http://www.bgcddurham.com/register) or contact Carolyn O'Neill Ajax Program Coordinator for more information on our programs or assistance with registration [conell@bgcddurham.com](mailto:conell@bgcddurham.com) or 289-927-0360



## NEW OFFICE PROCEDURES FOR SIGN-OUTS

Please report any early sign outs on the attendance reporting app and we will book an appointment for your pick-up. If you miss the cut-off time, please call the school office to arrange an appointment for pick-up. At this time, only one visitor is allowed in the school office at a time.



Superintendent: Margaret Lazarus

Principal: S. Pipher-Hogg

[www.ddsbs.ca](http://www.ddsbs.ca)

Trustee: Donna Edwards

Vice Principal: R. Saati

905-666-5500

## CANDIDATE NOMINATION FORM (ELECTIONS)

### SCHOOL COUNCIL PARENT SELF-NOMINATION FORM

School Name \_\_\_\_\_

☐

I wish to declare my candidacy for an elected position as a parent/guardian representative on the school council.

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City/Town) (Postal Code)

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

I am the parent/guardian of \_\_\_\_\_, who is currently registered  
(Student's Name)  
at \_\_\_\_\_  
(School Name)

I am an employee of the Board ☐ Yes ☐ No

I am interested in an officer position

☐ Chair ☐ Secretary ☐ Treasurer

\_\_\_\_\_  
(Candidate's Signature) (Date)

### Parent Nomination Form Receipt

The nomination form for a parent representative on the SCC has been received for:

\_\_\_\_\_  
(Parent Name – please print) (Parent Signature)

\_\_\_\_\_  
(School Official Signature) (Date)