# COVID-19 School Guidance Checklist

January 14, 2021





Date:	

#### 2021 COVID-19 School Guidance Checklist

Name of Local Educational Agency or Equivalent:			
Number of schools:			
Enrollment:`			
Address:	Phone Number:		
	Email:		
Date of proposed reopening:  Already open (as of October 2020)			
County:	Grade Level (check all that apply)		
Current Tier:	$\square$ TK $\square$ 2 <sup>nd</sup> $\square$ 5 <sup>th</sup> $\square$ 8 <sup>th</sup> $\square$ 11 <sup>th</sup>		
(please indicate Purple, Red, Orange or	□ K □ 3 <sup>rd</sup> □ 6 <sup>th</sup> □ 9 <sup>th</sup> □ 12 <sup>th</sup>		
Yellow)	□1st □ 4th □ 7th □ 10th		
Type of LEA:			
This form and any applicable attachments website of the local educational agency (an LEA or equivalent has already opened the Purple Tier, materials must additionally officer (LHO), local County Office of Educatem prior to reopening.  The email address for submission to the Statin Purple Tier is:  K12csp@cdph.ca.gov  LEAs or equivalent in Counties with a case submit materials but cannot re-open a scheper 100,000 (adjusted rate) for 5 consecutives.	or equivalent) prior to reopening or if for in-person instruction. For those in be submitted to your local health ation, and the State School Safety  the School Safety for All Team for LEAs  rate >=25/100,000 individuals can gool until the county is below 25 cases		
For Local Educational Agencies (LEA	s or equivalent) in <u>ALL TIERS:</u>		
□ I,, post to	the website of the local educational		
agency (or equivalent) the COVID Safety I the COVID-19 Prevention Program (CPP), p			

which satisfies requirements for the safe reopening of schools per CDPH <u>Guidance on Schools</u>. For those seeking to open while in the Purple Tier, these plans have also been submitted to the local health officer (LHO) and the State School Safety Team.

I confirm that reopening plan(s) address the following, consistent with guidance from the California Department of Public Health and the local health department:

#### See §6(B) of the CCRP

□ **Stable group structures (where applicable):** How students and staff will be kept in stable groups with fixed membership that stay together for all activities (e.g., instruction, lunch, recess) and minimize/avoid contact with other groups or individuals who are not part of the stable group.

Please provide specific information regarding:

How many students and staff will be in each planned stable, group structure? (If planning more than one type of group, what is the minimum and maximum number of students and staff in the groups?)

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If you have departmentalized classes, how will you organize staff and students in stable groups?

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If you have electives, how will you prevent or minimize in-person contact for members of different stable groups?

\_\_\_\_\_\_

## See §6(A), 6(C) of the CCRP

☐ Entrance, Egress, and Movement Within the School: How movement of students, staff, and parents will be managed to avoid close contact and/or mixing of cohorts.

# See §3 of the CCRP

☐ Face Coverings and Other Essential Protective Gear: How CDPH's face covering requirements will be satisfied and enforced for staff and students.

# See §9 of the CCRP

☐ **Health Screenings for Students and Staff**: How students and staff will be screened for symptoms of COVID-19 and how ill students or staff will be separated from others and sent home immediately.

### See §2 of the CCRP

☐ **Healthy Hygiene Practices:** The availability of handwashing stations and hand sanitizer, and how their safe and appropriate use will be promoted and incorporated into routines for staff and students.

See §10 of the CCRP	□ Identification and Tracing of Contacts: Actions that staff will take when there is a confirmed case. Confirm that the school(s) have designated staff persons to support contact tracing, such as creation and submission of lists of exposed students and staff to the local health department and notification of exposed persons. Each school must designate a person for the local health department to contact about COVID-19.	
See §6 of the CCRP	☐ <b>Physical Distancing:</b> How space and routines will be arranged to allow for physical distancing of students and staff.	
	Please provide the planned maximum and minimum distance between students in classrooms.	
	Maximum:feet	
	Minimum:feet. If this is less than 6 feet, please explain why it is not possible to maintain a minimum of at least 6 feet.	
See §8 of the CCRP	will be educated on the application and enforcement of the plan.	
_	☐ Staff Training and Family Education: How staff will be trained and families will be educated on the application and enforcement of the plan.  ☐ Testing of Staff: How school officials will ensure that students and staff who have symptoms of COVID-19 or have been exposed to someone with	
	COVID-19 will be rapidly tested and what instructions they will be given while waiting for test results. Below, please describe any planned periodic asymptomatic staff testing cadence.	
	Staff asymptomatic testing cadence. Please note if testing cadence will differ by tier:	
See §11(E)(b) of the CCRP	☐ <b>Testing of Students:</b> How school officials will ensure that students who have symptoms of COVID-19 or have been exposed to someone with COVID-19 will be rapidly tested and what instructions they will be given while waiting for test results. Below, please describe any planned periodic asymptomatic student testing cadence.	
	Planned student testing cadence. Please note if testing cadence will differ by tier:	

See §10(J) of the CCRP	positive and suspected cases in students, staff and employees will be consistent with Reporting Requirements.
See §12(B) of the CCRP	☐ <b>Communication Plans:</b> How the superintendent will communicate with students, staff, and parents about cases and exposures at the school, consistent with privacy requirements such as FERPA and HIPAA.
See §13(B) of the CCRP	□ Consultation: (For schools not previously open) Please confirm  consultation with the following groups □ Labor Organization  Name of Organization(s) and Date(s) Consulted:  Name: □ Date: Ongoing □ Parent and Community Organizations  Name of Organization(s) and Date(s) Consulted:  Name: □ Date: Ongoing  If no labor organization represents staff at the school, please describe the process for consultation with school staff: □ Cocal Educational Agencies (LEAs or equivalent) in PURPLE:  T Local Educational Agencies (LEAs or equivalent) in PURPLE:
	□ Local Health Officer Approval: The Local Health Officer, for (state County) County has certified and approved the CRP on this date: If more than 7 business days have passed since the submission without input from the LHO, the CRP shall be deemed approved.

Guidance on Schools
Safe Schools for All Hub