

Prevention Strategies Implemented

School District or Name:

Current as of:

Prevention Strategy	Status	Additional Notes or Explanation
Public Posting of COVID Case Counts in Schools (required by order)	<input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Not at this time	
Public Posting of COVID Prevention Strategy School Form (required by order)	<input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Not at this time	
Isolation of COVID-19 Cases (required by order)	<input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Not at this time	
Quarantine of Outbreak and Household Close Contacts (required by order)	<input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Not at this time	
Quarantine of All Close Contacts	<input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Not at this time	
Contact Tracing (required by order)	<input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Not at this time	
Notification of Close Contacts (required by order)	<input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Not at this time	
<i>Indicate Level of Screening Testing for Participants or Members of the Following Groups:</i>		
Teachers and staff who are not fully vaccinated	<input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Not at this time	
Students who are not fully vaccinated	<input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Not at this time	
High-risk sports ¹ and extracurricular activities for those who are not fully vaccinated	<input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Not at this time	
Low- and intermediate-risk sports ¹ for those who are not fully vaccinated	<input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Not at this time	
Promoting Vaccination	<input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Not at this time	

¹ https://ncaaorg.s3.amazonaws.com/ssi/COVID/SSI_ResocializationDevelopingStandardsSecondEdition.pdf

Wearing Masks Consistently and Correctly Over the Nose and Mouth	<input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Not at this time	
<i>Which of the Following Settings or Activities Require the Wearing of Face Masks over the Nose and Mouth:</i>		
In indoor school classrooms	<input type="checkbox"/> Yes <input type="checkbox"/> No	
In school hallways	<input type="checkbox"/> Yes <input type="checkbox"/> No	
In outdoor learning environments	<input type="checkbox"/> Yes <input type="checkbox"/> No	
During outdoor recess	<input type="checkbox"/> Yes <input type="checkbox"/> No	
During assemblies and large gatherings	<input type="checkbox"/> Yes <input type="checkbox"/> No	
During meals	<input type="checkbox"/> Yes <input type="checkbox"/> No	
During close contact sports	<input type="checkbox"/> Yes <input type="checkbox"/> No	
During indoor sports	<input type="checkbox"/> Yes <input type="checkbox"/> No	
During outdoor sports	<input type="checkbox"/> Yes <input type="checkbox"/> No	
During indoor non-athletic extracurricular activities	<input type="checkbox"/> Yes <input type="checkbox"/> No	
During outdoor non-athletic extracurricular activities	<input type="checkbox"/> Yes <input type="checkbox"/> No	
On school bussing (required by order)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Physical Distancing	<input type="checkbox"/> At least 6 feet <input type="checkbox"/> At least 3 feet <input type="checkbox"/> Less than 3 feet	
Distancing during food service and meals	<input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Not at this time	
Cohorting – <i>please describe</i>	<input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Not at this time	
Accommodations provided to those with disabilities or Other health care needs	<input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Not at this time	
Handwashing & Respiratory Etiquette	<input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Not at this time	
Cleaning and Disinfection	<input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Not at this time	
Improving Ventilation	<input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Not at this time	
Exclusion of Ill (stay home when sick)	<input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Not at this time	
Visitor Restrictions	<input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Not at this time	

Additional measures being taken:

Revision History:

Date	Revisions

