

COVID-19 Prevention Strategy for Schools Form

Current local public health orders require that “Schools must provide public notice to the school community in a highly visible location on the school’s website that outlines the school’s COVID-19 prevention strategies for the 2021-2022 school year by completing the COVID-19 Prevention Strategy for Schools Form. Public notice must be published no later than September 7, 2021. The school must notify the school community and the Ingham County Health Department of any subsequent changes in the school’s COVID-19 prevention strategies by indicating revision date and revision history in the COVID-19 Prevention Strategy for Schools Form”.

The following form should be used to clearly demonstrate the prevention strategies being utilized by local schools. The status of each prevention strategy on this form must be completed by schools. Items containing the label “required by order” are prevention strategies that are required per local or MDHHS public health order. Additional notes or explanation should be added where clarity is needed. This form may be completed at the district level if the status of all prevention strategies are applicable to all schools in the district. Where differences in prevention strategies exist between schools in the same district, individual Prevention Strategy for Schools Forms should be posted for each school, or noted clearly on a single district-level Prevention Strategy for Schools Form.

Prevention strategies listed on the following form are based on CDC Guidance for COVID-19 Prevention in K-12 Schools, found at the following website:

<https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/k-12-guidance.html>

Prevention Strategies Implemented

School District or Name: Click or tap here to enter text.

Current as of: (mm/dd/yy) Click or tap here to enter text.

| 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 | Click or tap here to enter text. |
| 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 | Click or tap here to enter text. |
| Isolation of COVID-19 Cases (required by order) | <input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Not at this time | Click or tap here to enter text. |
| Exclusion of Persons Quarantined of Outbreak and Household Close Contacts (required by order) | <input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Not at this time | Click or tap here to enter text. |
| Exclusion of Persons Quarantined of All Close Contacts | <input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Not at this time | Click or tap here to enter text. |
| Contact Tracing (required by order) | <input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Not at this time | Click or tap here to enter text. |
| Notification of Close Contacts (required by order) | <input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Not at this time | Click or tap here to enter text. |
| <i>Indicate Level of Screening 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 | Click or tap here to enter text. |
| Students who are not fully vaccinated | <input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Not at this time | Click or tap here to enter text. |
| Low- Intermediate-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 | Click or tap here to enter text. |
| Serial Testing ('Test to Stay') for Identified Close Contacts of Confirmed Positive Cases | <input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Not at this time | Click or tap here to enter text. |
| Promoting Vaccination | <input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Not at this time | Click or tap here to enter text. |

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

| Prevention Strategy | Status | Additional Notes or Explanation |
|---|---|----------------------------------|
| 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 | Click or tap here to enter text. |
| <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 | Click or tap here to enter text. |
| In school hallways | <input type="checkbox"/> Yes <input type="checkbox"/> No | Click or tap here to enter text. |
| In outdoor learning environments | <input type="checkbox"/> Yes <input type="checkbox"/> No | Click or tap here to enter text. |
| During outdoor recess | <input type="checkbox"/> Yes <input type="checkbox"/> No | Click or tap here to enter text. |
| During assemblies and large gatherings | <input type="checkbox"/> Yes <input type="checkbox"/> No | Click or tap here to enter text. |
| During meals | <input type="checkbox"/> Yes <input type="checkbox"/> No | Click or tap here to enter text. |
| During close contact sports | <input type="checkbox"/> Yes <input type="checkbox"/> No | Click or tap here to enter text. |
| During indoor sports | <input type="checkbox"/> Yes <input type="checkbox"/> No | Click or tap here to enter text. |
| During outdoor sports | <input type="checkbox"/> Yes <input type="checkbox"/> No | Click or tap here to enter text. |
| During indoor non-athletic extracurricular activities | <input type="checkbox"/> Yes <input type="checkbox"/> No | Click or tap here to enter text. |
| During outdoor non-athletic extracurricular activities | <input type="checkbox"/> Yes <input type="checkbox"/> No | Click or tap here to enter text. |
| On school bussing (required by federal order) | <input type="checkbox"/> Yes <input type="checkbox"/> No | Click or tap here to enter text. |
| Physical Distancing | <input type="checkbox"/> At least 6 feet <input type="checkbox"/> At least 3 feet <input type="checkbox"/> Less than 3 feet | Click or tap here to enter text. |
| Distancing during food service and meals | <input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Not at this time | Click or tap here to enter text. |
| Cohorting – <i>please describe</i> | <input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Not at this time | Click or tap here to enter text. |
| 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 | Click or tap here to enter text. |
| Handwashing & Respiratory Etiquette | <input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Not at this time | Click or tap here to enter text. |
| Cleaning and Disinfection | <input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Not at this time | Click or tap here to enter text. |
| Improving Ventilation | <input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Not at this time | Click or tap here to enter text. |
| Exclusion of Ill (stay home when sick) | <input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Not at this time | Click or tap here to enter text. |
| Visitor Restrictions | <input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Not at this time | Click or tap here to enter text. |

Additional measures being taken:

Click or tap here to enter text.

Revision History:

| Date | Revisions |
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| Date | Revisions |
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