## COVID-19 School Guidance Checklist

February 22, 2021





Date:
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## 2021 COVID-19 School Guidance Checklist

Name of Local Educational Agency or Equ	vivalent:
Number of schools:	
Enrollment`	
Superintendent (or equivalent) Name:	
Address:	Phone Number:
	Email:
Date of proposed reopening:	
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 Yellow)	$\square$ K $\square$ 3 <sup>rd</sup> $\square$ 6 <sup>th</sup> $\square$ 9 <sup>th</sup> $\square$ 12 <sup>th</sup>
1 ellow)	□ 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 and not yet open, materials your local health officer (LHO) and the Stareopening, per the Guidance on Schools. The email address for submission to the Stain Purple Tier is:  K12csp@cdph.ca.gov  LEAs or equivalent in Counties with a case submit materials but cannot re-open a school per 100,000 (adjusted rate).	or equivalent) prior to reopening or if for in-person instruction. For those in a must additionally be submitted to the School Safety Team prior to the School Safety for All Team for LEAs are >=25/100.000 individuals can
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For Local Educational Agencies (LEA	
, post to	the website of the local educational
agency (or equivalent) the COVID Safety the COVID-19 Prevention Program (CPP), and this CDPH COVID-19 Guidance Check	oursuant to CalOSHA requirements,

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: □ 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?) If you have departmentalized classes, how will you organize staff and students in stable groups? If you have electives, how will you prevent or minimize in-person contact for members of different stable groups? ☐ 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. ☐ Face Coverings and Other Essential Protective Gear: How CDPH's face covering requirements will be satisfied and enforced for staff and students. ☐ **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. ☐ **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.

persons to support of exposed stude notification of exp	ed case. Confirm that the school(s) have designated so the contact tracing, such as creation and submission of the nts and staff to the local health department and cosed persons. Each school must designate a person follower to contact about COVID-19.
-	<b>cing:</b> How space and routines will be arranged to allow noing of students and staff.
Please provide th students in classro	e planned maximum and minimum distance betweer ooms.
Maximum	feet
	feet. If this is less than 6 feet, please explain was maintain a minimum of at least 6 feet.
☐ <b>Testing of Staff:</b> who have sympto COVID-19 will be while waiting for t	on the application and enforcement of the plan.  How school officials will ensure that students and stafforms of COVID-19 or have been exposed to someone was rapidly tested and what instructions they will be given test results. Below, please describe any planned period
	aff testing cadence.  tic testing cadence. Please note if testing cadence wi
Staff asymptomatic differ by tier:	aff testing cadence.  tic testing cadence. Please note if testing cadence with the students who of COVID-19 or have been exposed to someone with trapidly tested and what instructions they will be given
Staff asymptomatic differ by tier:   Testing of Stude have symptoms of COVID-19 will be while waiting for the staff asymptom to the symptom of the symptom o	aff testing cadence.  tic testing cadence. Please note if testing cadence with the students who of COVID-19 or have been exposed to someone with
Staff asymptomatic differ by tier:   Testing of Stude have symptoms of COVID-19 will be while waiting for tasymptomatic students.	aff testing cadence.  tic testing cadence. Please note if testing cadence we wents: How school officials will ensure that students who of COVID-19 or have been exposed to someone with rapidly tested and what instructions they will be given est results. Below, please describe any planned period

Communication Plans: How the superintendent will communicate with adents, staff, and parents about cases and exposures at the school, insistent with privacy requirements such as FERPA and HIPAA.  Consultation: (For schools not previously open) Please confirm insultation with the following groups  Labor Organization  Name of Organization(s) and Date(s) Consulted:  Name:  Date:  Date:  Name of Organization(s) and Date(s) Consulted:  Name of Organization(s) and Date(s) Consulted:  Name:  Date:  Date:  Date:	
Insultation with the following groups  Labor Organization  Name of Organization(s) and Date(s) Consulted:  Name:  Date:  Parent and Community Organizations  Name of Organization(s) and Date(s) Consulted:  Name:  Date:	
□ Labor Organization Name of Organization(s) and Date(s) Consulted: Name: □ Date: □ Parent and Community Organizations Name of Organization(s) and Date(s) Consulted: Name: □ Date:	
Name of Organization(s) and Date(s) Consulted:  Name:  Date:  Parent and Community Organizations  Name of Organization(s) and Date(s) Consulted:  Name:  Date:	
Date:  Parent and Community Organizations  Name of Organization(s) and Date(s) Consulted:  Name:  Date:	
Name of Organization(s) and Date(s) Consulted:  Name:  Date:	
Name: Date:	
Date:	
no labor organization represents staff at the school, please describe	
process for consultation with school staff:	
cal Educational Agencies (LEAs or equivalent) in <b>PURPLE</b> :	
sai Ladeanonai Ageneies (LLAS of equivalent) in <u>Fort LL.</u>	
ite of Submission to Local Health Department:	
ote: LEAs intending to re-open K-6 schools while in the Purple Tier are t	to su
iP to the LHD and the State Safe Schools for All Team concurrently.	

**Guidance on Schools** Safe Schools for All Hub

Note: This checklist was amended on January 29th to delete language regarding the need to submit this checklist to a County Office of Education. The CSP does not need to be submitted to the County Office of Education as part of the public health guidance, though the County Office of Education may request the CSP as part of other processes.