

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 August 27, 2021. The school must notify the school community and the Kent 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: 08/27/21(mm/dd/yy)

| Prevention Strategy | Status | Additional Notes or Explanation |
|---|---|---|
| Public Posting of COVID Case Counts in Schools (required by order) | <input checked="" type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Not at this time | In accordance with KCHD, these will be made visible within 24 hours of the school being notified. |
| Public Posting of COVID Prevention Strategy School Form (required by order) | <input checked="" 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 checked="" type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Not at this time | Click or tap here to enter text. |
| Quarantine of Outbreak and Household Close Contacts (required by order) | <input checked="" type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Not at this time | Click or tap here to enter text. |
| Quarantine of All Close Contacts | <input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input checked="" type="checkbox"/> Not at this time | In the event of an outbreak, we will align with KCHD recommendations and mandate quarantine for all close contacts in a linked case. |
| Contact Tracing (required by order) | <input checked="" 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 checked="" type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Not at this time | Communication will be sent out in response to each positive or probable case. |
| <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 checked="" type="checkbox"/> Sometimes <input type="checkbox"/> Not at this time | NHA has been promoting vaccination for all staff since eligibility opened up. Although staff is not required to disclose their vaccination status, employees may voluntarily provide this information via an anonymous online form. |
| Students who are not fully vaccinated | <input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input checked="" type="checkbox"/> Not at this time | Click or tap here to enter text. |
| High-risk sports ¹ and extracurricular activities for those who are not fully vaccinated | <input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input checked="" type="checkbox"/> Not at this time | Click or tap here to enter text. |
| Low- and intermediate-risk sports ¹ for those who are not fully vaccinated | <input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input checked="" type="checkbox"/> Not at this time | Click or tap here to enter text. |
| Promoting Vaccination | <input checked="" 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

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| Wearing Masks Consistently and Correctly Over the Nose and Mouth | <input checked="" type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Not at this time | As mandated by public health order issued 08/20/2021. Masks are required for all persons grades K-6. |
| <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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Click or tap here to enter text. |
| In school hallways | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Click or tap here to enter text. |
| In outdoor learning environments | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Click or tap here to enter text. |
| During outdoor recess | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Click or tap here to enter text. |
| During assemblies and large gatherings | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Click or tap here to enter text. |
| During meals | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Click or tap here to enter text. |
| During close contact sports | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Click or tap here to enter text. |
| During indoor sports | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Click or tap here to enter text. |
| During outdoor sports | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Click or tap here to enter text. |
| During indoor non-athletic extracurricular activities | <input checked="" 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 checked="" type="checkbox"/> No | Click or tap here to enter text. |
| On school bussing (required by order) | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Click or tap here to enter text. |
| Physical Distancing | <input type="checkbox"/> At least 6 feet <input checked="" 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 checked="" 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 checked="" type="checkbox"/> Sometimes <input type="checkbox"/> Not at this time | Cohorting will be done in all self contained classrooms. |
| Accommodations provided to those with disabilities or Other health care needs | <input checked="" type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Not at this time | Persons who have a medical reason confirmed in writing from a Medical Doctor (MD) or Doctor of Osteopathic Medicine (DO) currently licensed to practice medicine in the State of Michigan. |
| Handwashing & Respiratory Etiquette | <input checked="" 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 checked="" type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Not at this time | High contact areas will be cleaned 3x a day |
| Improving Ventilation | <input checked="" 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 checked="" type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Not at this time | Click or tap here to enter text. |
| Visitor Restrictions | <input checked="" type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Not at this time | Visitors are limited to the front office. Anything beyond that will be taken case by case in accordance with all CDC guidelines. |

Additional measures being taken:

Click or tap here to enter text.

Revision History:

| Date | Revisions |
|----------------------------------|----------------------------------|
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