

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-19 Case Counts in Schools (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.
Public Posting of COVID-19 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 Household Close Contacts Meeting Criteria Specified in OCDPH Order (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 Non-Household Close Contacts Who Meet CDC Criteria for Quarantine CDC Criteria	<input type="checkbox"/> Always <input checked="" type="checkbox"/> Sometimes <input type="checkbox"/> Not at this time	Click or tap here to enter text.
Test-to-Stay for Quarantined Non-Household Close Contacts Who Meet CDC Criteria for Quarantine Description <i>Please describe if utilizing</i>	<input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input checked="" type="checkbox"/> Not at this time	Click or tap here to enter text.
Contact Tracing	<input type="checkbox"/> Always <input checked="" type="checkbox"/> Sometimes <input type="checkbox"/> Not at this time	We are considering every child to be exposed every single day so don't specifically contact trace but assume every child is a close contact.
Notification of Close Contacts <i>School close contacts sent to OCDPH will be notified by OCDPH according to OCDPH process and in accordance with applicable MDHHS orders</i>	<input checked="" type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Not at this time	We communicate every positive case with our parents so they are aware of exactly how many positive cases are in their child's classroom. We have communicated with parents that we believe each child is considered a close contact and to monitor for symptoms.
<i>Indicate Level of Screening Testing for Participants or Members of the Following Groups:</i>		
Teachers and staff	<input type="checkbox"/> Always <input checked="" type="checkbox"/> Sometimes	Click or tap here to enter text.

	<input type="checkbox"/> Not at this time	
Students	<input type="checkbox"/> Always X <input type="checkbox"/> Sometimes <input type="checkbox"/> Not at this time	Click or tap here to enter text.
High-risk sports ¹ and extracurricular activities ²	<input type="checkbox"/> Always <input type="checkbox"/> Sometimes X <input type="checkbox"/> Not at this time	Click or tap here to enter text.
Low- and intermediate-risk sports ¹	<input type="checkbox"/> Always <input type="checkbox"/> Sometimes X <input type="checkbox"/> Not at this time	Click or tap here to enter text.
Promoting Vaccination	X <input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Not at this time	Click or tap here to enter text.
Wearing Well-Fitting Masks Consistently and Correctly Over the Nose and Mouth	<input type="checkbox"/> Always X <input type="checkbox"/> Sometimes <input type="checkbox"/> Not at this time	Click or tap here to enter text.
<i>Which of the Following Settings/Activities Require the Wearing of Well-Fitting Face Masks over the Nose and Mouth:</i>		
In indoor school classrooms	<input type="checkbox"/> Yes X <input type="checkbox"/> No	Click or tap here to enter text.
In school hallways	<input type="checkbox"/> Yes X <input type="checkbox"/> No	Click or tap here to enter text.
In outdoor learning environments	<input type="checkbox"/> Yes X <input type="checkbox"/> No	Click or tap here to enter text.
During outdoor recess	<input type="checkbox"/> Yes X <input type="checkbox"/> No	Click or tap here to enter text.
During assemblies and large gatherings	X <input type="checkbox"/> Yes <input type="checkbox"/> No	Click or tap here to enter text.
During meals	<input type="checkbox"/> Yes X <input type="checkbox"/> No	Click or tap here to enter text.
During close contact sports	<input type="checkbox"/> Yes X <input type="checkbox"/> No	Click or tap here to enter text.
During indoor sports	<input type="checkbox"/> Yes X <input type="checkbox"/> No	Click or tap here to enter text.
During outdoor sports	<input type="checkbox"/> Yes X <input type="checkbox"/> No	Click or tap here to enter text.
During indoor non-athletic extracurricular activities	<input type="checkbox"/> Yes X <input type="checkbox"/> No	Click or tap here to enter text.
During outdoor non-athletic extracurricular activities	<input type="checkbox"/> Yes X <input type="checkbox"/> No	Click or tap here to enter text.
On school bussing (required by order)	X <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 X <input type="checkbox"/> No regulated distancing	Many classrooms do distance very well. Many classrooms don't distance if space is an issue.
Distancing during food service and meals	<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.

	X <input type="checkbox"/> No regulated distancing	
Cohorting – <i>please describe</i>	<input type="checkbox"/> Always <input type="checkbox"/> Sometimes X <input type="checkbox"/> Not at this time	
Accommodations provided to those with disabilities or Other health care needs	X <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	X <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	X <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 X <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)	X <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 X <input type="checkbox"/> Not at this time	Click or tap here to enter text.

1. Examples of low-risk sports are diving and golf; intermediate-risk sport examples are baseball and cross-country; high-risk sport examples are football and wrestling ([CDC](#)).
2. High-risk extracurricular activities are those in which increased exhalation occurs, such as activities that involve singing, shouting, band, or exercise, especially when conducted indoors ([CDC](#)).

Additional measures being taken:

If parents would like information related to their child and a specific close contact at school, they are welcome to email and ask for that information and the liaison will do individual tracing for that student. The option for more information is always there!