## COVID-19 School Guidance Checklist





## 2021 COVID-19 School Guidance Checklist

Name of Local Educational Agency or Equ	iivalent:
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	□ K □ 3 <sup>rd</sup> □ 6 <sup>th</sup> □ 9 <sup>th</sup> □ 12 <sup>th</sup>
Yellow)	□ 1st □ 4th □ 7th □ 10th
Type of LEA:	
website of the local educational agency (an LEA or equivalent has already opened one part of the COVID19 School Safety Pla Schools for additional information on the Control of the Contro	for in-person instruction. This form is n (CSP). See the Guidance on CSP. For those in the Purple Tier and soon, LEAs must submit their CSP to be Safe Schools for All Team A's website homepage, per the to re-opening.
in Purple Tier is: K12csp@cdph.ca.gov	
LEAs or equivalent in counties with a case	rate >=25/100.000 individuals can
submit materials at least 5 days prior to reschool until the county is below 25 cases p	oer 100.000 (adjusted rate).
For Local Educational Agencies (LEA	• • • • • • • • • • • • • • • • • • • •
□ I,, post to agency (or equivalent) the COVID Safety the COVID-19 Prevention Program (CPP), pand this CDPH COVID-19 Guidance Check	Plan, which consists of two elements: oursuant to Cal OSHA 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 concurrently 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 <u>CDPH's face</u> <u>covering requirements</u> will be satisfied and enforced for staff and students.
☐ <b>Health Screenings for Students and Staff:</b> 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.
☐ <b>Healthy Hygiene Practices:</b> 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.

	□ <b>Identification and Reporting of Cases:</b> At all times, reporting of confirmed positive and suspected cases in students, staff and employees will be consistent with <u>Reporting Requirements</u> .
	□ <b>Communication Plans:</b> How the superintendent will communicate with students, staff, and parents about cases and exposures at the school, consistent with privacy requirements such as FERPA and HIPAA.
	□ Consultation: (For schools not previously open) Please confirm  consultation 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: □ Date:
	If no labor organization represents staff at the school, please describe the process for consultation with school staff:
For I	Local Educational Agencies (LEAs or equivalent) in <u>PURPLE:</u>
	<b>Date of Submission to Local Health Department:</b> Note: LEAs intending to re-open K-12 schools while in the Purple Tier are to submit the CSP to the LHD and the State Safe Schools for All Team concurrently.

## Additional Resources:

Guidance on Schools

Safe Schools for All Hub

Note: This section is not applicable to Laurence School because we reopened in October 2020 after LACDPH's approval of our K-2 waiver (as listed on the LACDPH website.)

Note: This checklist was published on January 14, 2021. It 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. It was amended again on April 2, 2021 to reflect revised CDPH K-12 guidance from March 20, 2021 regarding changes to physical distancing guidance and school re-opening criteria.