COVID-19 School Guidance Checklist

January 14, 2021

CALIFORNIA ALL

Your Actions Save Lives

CDPH California Department Of PublicHealth

Date: 1/29/2021

2021 COVID-19 School Guidance Checklist

Name of Local Educational Agency or Equivalent: Saint Paul's School

Number of schools: 1

Enrollment: 363

Superintendent (or equivalent) Name: Seth Yocum

Address: _____

_____

Phone Number: _____

Email: syocum@spsvisalia.com

Date of proposed reopening:

_____

County: Tulare

Current Tier: _____
(please indicate Purple, Red, Orange or Yellow)

Type of LEA: Private

Grade Level (check all that apply)

☐ TK ☐ 2nd ☐ 5th ☐ 8th ☐ 11th

☐ K ☐ 3rd ☐ 6th ☐ 9th ☐ 12th

☐ 1st ☐ 4th ☐ 7th ☐ 10th

This form and any applicable attachments should be posted publicly on the website of the local educational agency (or equivalent) prior to reopening or if an LEA or equivalent has already opened for in-person instruction. For those in the Purple Tier, materials must additionally be submitted to your local health officer (LHO), local County Office of Education, and the State School Safety Team prior to reopening.

The email address for submission to the State School Safety for All Team for LEAs in Purple Tier is:
K12csp@cdph.ca.gov

LEAs or equivalent in Counties with a case rate >=25/100,000 individuals can submit materials but cannot re-open a school until the county is below 25 cases per 100,000 (adjusted rate) for 5 consecutive days.

For Local Educational Agencies (LEAs or equivalent) in ALL TIERS:

☐ I, _____, post to the website of the local educational agency (or equivalent) the COVID Safety Plan, which consists of two elements: the **COVID-19 Prevention Program (CPP),** pursuant to CalOSHA requirements, and this **CDPH COVID-19 Guidance Checklist** and accompanying documents,

which satisfies requirements for the safe reopening of schools per CDPH Guidance on Schools. 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.

☐ **Identification and Tracing of Contacts:** Actions that staff will take when there is a confirmed case. Confirm that the school(s) have designated staff persons to support contact tracing, such as creation and submission of lists of exposed students and staff to the local health department and notification of exposed persons. Each school must designate a person for the local health department to contact about COVID-19.

☐ **Physical Distancing:** How space and routines will be arranged to allow for physical distancing of students and staff.

Please provide the planned maximum and minimum distance between students in classrooms.

Maximum: _____feet

Minimum: _____feet. If this is less than 6 feet, please explain why it is not possible to maintain a minimum of at least 6 feet.

_____

☐ **Staff Training and Family Education:** How staff will be trained and families will be educated on the application and enforcement of the plan.

☐ **Testing of Staff:** How school officials will ensure that students and staff who have symptoms of COVID-19 or have been exposed to someone with COVID-19 will be rapidly tested and what instructions they will be given while waiting for test results. Below, please describe any planned periodic asymptomatic staff testing cadence.

Staff asymptomatic testing cadence. Please note if testing cadence will differ by tier:

_____

☐ **Testing of Students:** How school officials will ensure that students who have symptoms of COVID-19 or have been exposed to someone with COVID-19 will be rapidly tested and what instructions they will be given while waiting for test results. Below, please describe any planned periodic asymptomatic student testing cadence.

Planned student testing cadence. Please note if testing cadence will differ by tier:

_____

☐ **Identification and Reporting of Cases:** At all times, reporting of confirmed positive and suspected cases in students, staff and employees will be consistent with Reporting Requirements.

☐ **Communication Plans:** 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: _____

If no labor organization represents staff at the school, please describe the process for consultation with school staff:

_____

_____

_____

_____

_____

For Local Educational Agencies (LEAs or equivalent) in PURPLE:

☐ **Local Health Officer Approval:** The Local Health Officer, for (state County) _____. County has certified and approved the CSP on this date: _____. If more than 7 business days have passed since the submission without input from the LHO, the CSP shall be deemed approved.

Additional Resources:

Guidance on Schools

Safe Schools for All Hub