**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: Adams Christian School

Current as of: 08/23/21(mm/dd/yy)

| **Prevention Strategy** | **Status** | **Additional Notes or Explanation** |
| --- | --- | --- |
| Public Posting of COVID Case Counts in Schools(required by order) | ☐ Always☐ Sometimes☒ Not at this time | Not required by order |
| Public Posting of COVID Prevention Strategy School Form(required by order) | ☒ Always☐ Sometimes☐ Not at this time | Click or tap here to enter text. |
| Isolation of COVID-19 Cases(required by order) | ☒ Always☐ Sometimes☐ Not at this time | Click or tap here to enter text. |
| Quarantine of Outbreak and Household Close Contacts (required by order) | ☒ Always☐ Sometimes☐ Not at this time | As specified by 1/11/22 Kent County Health Department Order |
| Quarantine of All Close Contacts  | ☐ Always☒ Sometimes☐ Not at this time | If no exception applies |
| Contact Tracing   | ☐ Always☒ Sometimes☐ Not at this time | If school deems necessary |
| Notification of Close Contacts | ☐ Always☐ Sometimes☐ Not at this time | Click or tap here to enter text. |
| *Indicate Level of Screening Testing for Participants or Members of the Following Groups:*  |
| Teachers and staff who are not fully vaccinated | ☐ Always☐ Sometimes☒ Not at this time | Teachers and staff will be encouraged to self screen |
| Students who are not fully vaccinated | ☐ Always☐ Sometimes☒ Not at this time | Parents will be encouraged to screen their children who are students |
| High-risk sports[[1]](#footnote-0) and extracurricular activities for those who are not fully vaccinated | ☐ Always☐ Sometimes☒ Not at this time | Parents will be encouraged to screen their children who are students |
| Low- and intermediate-risk sports1 for those who are not fully vaccinated | ☐ Always☐ Sometimes☒ Not at this time | Parents will be encouraged to screen their children who are students |
| Promoting Vaccination | ☐ Always☐ Sometimes☒ Not at this time | Click or tap here to enter text. |

| Wearing Masks Consistently and Correctly Over the Nose and Mouth | ☐ Always☒ Sometimes☐ Not at this time | For Student/staff who have someone in their household test positive for COVID:**Non vaccinated student/staff** after household quarantine must wear a mask for an additional 5 days.**Vaccinated student/staff** - must come to school with a mask during the household isolation period + an additional 10 days after |
| --- | --- | --- |
| *Which of the Following Settings or Activities Require the Wearing of Face Masks over the Nose and Mouth:* |
| In indoor school classrooms | ☐ Yes ☒ No | Click or tap here to enter text. |
| In school hallways | ☐ Yes ☒ No | Click or tap here to enter text. |
| In outdoor learning environments | ☐ Yes ☒ No | Click or tap here to enter text. |
| During outdoor recess | ☐ Yes ☒ No | Click or tap here to enter text. |
| During assemblies and large gatherings | ☐ Yes ☒ No | Click or tap here to enter text. |
| During meals | ☐ Yes ☒ No | Click or tap here to enter text. |
| During close contact sports | ☐ Yes ☒ No | Indoor sports only |
| During indoor sports | ☐ Yes ☒ No | Click or tap here to enter text. |
| During outdoor sports | ☐ Yes ☒ No | Click or tap here to enter text. |
| During indoor non-athletic extracurricular activities | ☐ Yes ☒ No | Click or tap here to enter text. |
| During outdoor non-athletic extracurricular activities | ☐ Yes ☒ No | Click or tap here to enter text. |
| On school bussing(required by order) | ☒ Yes ☐ No | Click or tap here to enter text. |
| Physical Distancing | ☐ At least 6 feet☐ At least 3 feet☒ Less than 3 feet | Click or tap here to enter text. |
| Distancing during food service and meals  | ☐ Always☐ Sometimes☒ Not at this time | Click or tap here to enter text. |
| Cohorting – *please describe* | ☐ Always☒ Sometimes☐ Not at this time | Click or tap here to enter text. |
| Accommodations provided to those with disabilities or Other health care needs  | ☒ Always☐ Sometimes☐ Not at this time | Click or tap here to enter text. |
| Handwashing & Respiratory Etiquette | ☐ Always☒ Sometimes☐ Not at this time | Normal handwashing and respiratory etiquette will be practiced |
| Cleaning and Disinfection  | ☐ Always☒ Sometimes☐ Not at this time | Normal cleaning and disinfecting on a daily basis |
| Improving Ventilation | ☒ Always☐ Sometimes☐ Not at this time | Increased fresh air intake |
| Exclusion of Ill (stay home when sick)  | ☒ Always☐ Sometimes☐ Not at this time | Click or tap here to enter text. |
| Visitor Restrictions | ☐ Always☐ Sometimes☒ Not at this time | Click or tap here to enter text. |

**Additional measures being taken:**

Click or tap here to enter text.

**Revision History:**

| **Date** | **Revisions** |
| --- | --- |
| 1/18/22 | 1. Removed facial covering mandate
2. Facial covering requirement for household positive case
3. Modified quarantine and close contact reporting as allowed in the 1/11/22 Kent County Health Department Order
 |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |

1. <https://ncaaorg.s3.amazonaws.com/ssi/COVID/SSI_ResocializationDevelopingStandardsSecondEdition.pdf> [↑](#footnote-ref-0)