

Prevention Strategies Implemented

School District or Name: Click or tap here to enter text. **CCHS**

Current as of: Click or tap here to enter text.(mm/dd/yy) **8-14-21**

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	Click or tap here to enter text.
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 checked="" type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Not at this time	Click or tap here to enter text.
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	Click or tap here to enter text.
<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 type="checkbox"/> Sometimes <input checked="" type="checkbox"/> Not at this time	Click or tap here to enter text.
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 type="checkbox"/> Always <input type="checkbox"/> Sometimes <input checked="" type="checkbox"/> Not at this time	Click or tap here to enter text.

¹ https://ncaaorg.s3.amazonaws.com/ssi/COVID/SSI_ResocializationDevelopingStandardsSecondEdition.pdf

Wearing Masks Consistently and Correctly Over the Nose and Mouth	<input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input checked="" type="checkbox"/> Not at this time	Click or tap here to enter text.
<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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Click or tap here to enter text.
In school hallways	<input type="checkbox"/> Yes <input checked="" 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 type="checkbox"/> Yes <input checked="" 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Click or tap here to enter text.
During indoor sports	<input type="checkbox"/> Yes <input checked="" 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 type="checkbox"/> Yes <input checked="" 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 type="checkbox"/> Yes <input type="checkbox"/> No N/A	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 type="checkbox"/> Always <input type="checkbox"/> Sometimes <input checked="" type="checkbox"/> Not at this time	Click or tap here to enter text.
Cohorting – <i>please describe</i>	<input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input checked="" type="checkbox"/> Not at this time	Click or tap here to enter text.
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	Click or tap here to enter text.
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	Click or tap here to enter text.
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	Click or tap here to enter text.