

Prevention Strategies Implemented

School District or Name: *Cole Academy*

Current as of: (mm/dd/yy) *09/07/21*

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	
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	
Isolation of COVID-19 Cases (required by order)	<input checked="" type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Not at this time	
Exclusion of Persons Quarantined 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	
Exclusion of Persons Quarantined of All Close Contacts	<input checked="" type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Not at this time	
Contact Tracing (required by order)	<input checked="" type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Not at this time	
Notification of Close Contacts (required by order)	<input checked="" type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Not at this time	
<i>Indicate Level of Screening for Participants or Members of the Following Groups:</i>		
Teachers and staff who are not fully vaccinated	<input checked="" type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Not at this time	
Students who are not fully vaccinated	<input checked="" type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Not at this time	
Low- Intermediate-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	<i>Cole Academy does not have any sports teams.</i>
Serial Testing ('Test to Stay') for Identified Close Contacts of Confirmed Positive Cases	<input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input checked="" type="checkbox"/> Not at this time	
Promoting Vaccination	<input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input checked="" type="checkbox"/> Not at this time	

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

Prevention Strategy	Status	Additional Notes or Explanation
Wearing Masks Consistently and Correctly Over the Nose and Mouth	<input type="checkbox"/> Always <input checked="" type="checkbox"/> Sometimes <input type="checkbox"/> Not at this time	Always while under mandate, parental choice when no mandate.
<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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
In school hallways	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
In outdoor learning environments	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
During outdoor recess	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
During assemblies and large gatherings	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
During meals	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
During close contact sports	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
During indoor sports	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
During outdoor sports	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
During indoor non-athletic extracurricular activities	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
During outdoor non-athletic extracurricular activities	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
On school bussing (required by federal order)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Physical Distancing	<input type="checkbox"/> At least 6 feet <input type="checkbox"/> At least 3 feet <input checked="" type="checkbox"/> Less than 3 feet	within individual classrooms
Distancing during food service and meals	<input checked="" type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Not at this time	
Cohorting – please describe	<input checked="" type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Not at this time	within individual classrooms
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	
Handwashing & Respiratory Etiquette	<input checked="" type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Not at this time	
Cleaning and Disinfection	<input checked="" type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Not at this time	
Improving Ventilation	<input checked="" type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Not at this time	
Exclusion of Ill (stay home when sick)	<input checked="" type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Not at this time	
Visitor Restrictions	<input type="checkbox"/> Always <input checked="" type="checkbox"/> Sometimes <input type="checkbox"/> Not at this time	