

## Prevention Strategies Implemented

School District or Name: Heritage Chr School

Current as of: 08/27/21

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 type="checkbox"/> Always <input checked="" 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 checked="" type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Not at this time	Self screening as instructed
Students who are not fully vaccinated	<input checked="" type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Not at this time	Self screening as instructed
High-risk sports and extracurricular activities for those who are not fully vaccinated	<input checked="" type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Not at this time	Click or tap here to enter text.
Low- and intermediate-risk sports <sup>1</sup> for those who are not fully vaccinated	<input checked="" type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Not at this time	Click or tap here to enter text.
Promoting Vaccination		Click or tap here to enter text.

	<input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input checked="" type="checkbox"/> Not at this time	
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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	For K-6 as ordered, not for 7-8
<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	Click or tap here to enter text.
In school hallways	<input checked="" type="checkbox"/> Yes <input 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 checked="" type="checkbox"/> Yes <input 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	For K-6 as ordered, not for 7-8
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	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 checked="" type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Not at this time	Click or tap here to enter text.
Cohorting - <i>please describe</i>	<input type="checkbox"/> Always <input checked="" type="checkbox"/> Sometimes <input type="checkbox"/> Not at this time	with homerooms when possible
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	Click or tap here to enter text.

	<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	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 type="checkbox"/> Always <input checked="" type="checkbox"/> Sometimes <input type="checkbox"/> Not at this time	if in K-4 hallway and choose not to mask

**Additional measures being taken:**

Click or tap here to enter text.

**Revision History:**

Date	Revisions
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