Please respond to all questions in as much detail as possible.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Health Security Program Section** | | | | | |
| 1. **Is there a dedicated staff member accountable for your COVID-19 health security program?** | | | | | Yes/No |
| **Please explain.** Explain | | | | | |
| **2. Are you following current federal, state, and local guidance regarding COVID-19, including a requirement for employees/students to wear face masks, as appropriate?** | | | | | Yes/No |
| **Please explain.** Explain | | | | | |
| **3. Have all employees who can carry out their work duties from home been directed to do so?** | | | | | Yes/No |
| **Please explain.** Explain | | | | | |
| **4. Do you mandate that all employees be vaccinated unless an accommodation has been approved?** | | | | | Yes/No |
| **5. Have all employees/students been told not to come to school if they are sick?** | | | | | Yes/No |
| **Please explain.** Explain | | | | | |
| **6. Do you perform daily screening of employees/students before they are allowed into facility?** | | | | | Yes/No |
| **If yes, explain your screening protocol in detail.** Explain | | | | | |
| **7. What procedures are in place**   1. **if an employee refuses to follow the guidelines?** Explain | | | | | |
| 1. **if a student refuses to follow the guidelines?** Explain | | | | | |
| **8. Is there signage at each entrance of the facility to inform all who enter that they should:** | | | | | |
| 1. avoid entering the facility if they have COVID-19 symptoms; | 1. maintain a minimum six-foot distance from one another; | 1. sneeze and cough into a cloth or tissue or, if not available, into one’s elbow; | 1. wear face coverings, as appropriate; | 1. not to shake hands or engage in any unnecessary physical contact. | |
| Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | |
| **9. For those students that cannot yet read, how will you message and encourage these rules on a regular basis?** | | | | | |
| **Please explain.** Explain | | | | | |
| **10. Are all desks/work areas at least six feet apart?** | | | | | Yes/No |
| **Please explain.** Explain | | | | | |
| **11. Is alcohol-based hand sanitizer with greater than 60% ethanol or 70% isopropanol available in every classroom and as you enter the facility?** | | | | | Yes/No |
| **Please explain.** Explain | | | | | |
| **12. Are disinfecting supplies available to all employees?** | | | | | Yes/No |
| **Please explain.** Explain | | | | | |
| **13. Are there cleaning/disinfecting policies that include handling of equipment shared among employees/students?** | | | | | Yes/No |
| **Please explain.** Explain | | | | | |
| **14. Describe physical distancing controls in breakrooms, restrooms, elevators, and other common areas where employees/students/visitors congregate.** | | | | | |
| **Please describe.** Describe physical distancing controls. | | | | | |
| 1. **How frequently are these common areas disinfected?** Explain | | | | | |
| **15. Has environmental cleaning of your facility, including the sanitation of playgrounds, increased or changed?** | | | | | Yes/No |
| **Please elaborate.** Please elaborate. | | | | | |
| **16. Are you involving the local public health department if you suspect you have an employee or student with  COVID-19?** | | | | | Yes/No |

|  |  |
| --- | --- |
| **School Operations** | |
| 1. How do you plan to operate classes? Classroom/online/combination. Please explain. |  |
| Explain | |
| 1. If classroom or combination, how do you plan to properly social distance your students? Please explain. |  |
| Explain | |
| 1. **In the classroom?** Explain | |
| 1. **In the hallways?** Explain | |
| 1. **On the playground?** Explain | |
| 1. **In group areas such as gymnasiums, cafeterias, libraries, etc.?** Explain | |
| 1. Will you continue gym classes? | Yes/No |
| **How do you plan to social distance during these classes? Please Explain.** Explain | |
| 1. Will any sporting or after school activities be offered this year? | Yes/No |
| 1. Will student transportation be offered this year? | Yes/No |
| 1. How do you plan to protect your employees when any child needs personal assistance – teaching, writing, toileting, injuries, etc.? | |
| **Please explain.** Explain | |
| 1. What training is provided to the staff as to how to detect COVID-19 in other staff members or students? | |
| **Please explain.** Explain | |
| 1. If anyone tests positive for COVID-19, what procedures are in place before: |  |
| 1. **A student can return to school?** Explain | |
| 1. **An employee can return to school?** Explain | |
| 1. If anyone appears ill at school, what procedures are in place to separate them from others? Please explain. | |
| Explain | |
| 1. Will specific staff be responsible for caring for them until they can be released to go home? | Yes/No |
| 1. Will ALL employees receive special training regarding recognizing COVID symptoms? | Yes/No |
| **Use of proper PPE?** | Yes/No |
| **How to deal with students who have problems following the guidelines?** | Yes/No |
| 1. Do you have a contingency plan in the event of staffing shortages? |  |
| **Please explain.** Explain | |
| 1. Do you have a contingency plan in the event a teacher calls in ill? |  |
| **Please elaborate.** Please elaborate. | |