

COVID-19 School

CAFFRONIA



Date: _____

2021 COVID - 19 School Guidance Checklist

Name of Local Educational Agency or Equivalent: _____

which satisfies requirements for the safe reopening of schools per CDPH [Guidance on Schools](#). For those seeking to open while in the Purple Tier, these plans have also been submitted to the local health officer (LHO) and the State School Safety Team .

I confirm that reopening plan(s) address the following, consistent with guidance from the California Department of Public Health and the local health department:

Stable group structures (where applicable): How students and staff will be kept in stable groups with fixed membership that stay together for all activities (e.g. , ~~gg92(6)w30i4~~ till d

Identification and Tracing of Contacts: Actions that staff will take when
there is a

Identification and Reporting of Cases: At all times, reporting of confirmed positive and suspected cases in students, staff and employees will be consistent with [Reporting Requirements](#).

Communication Plans: How the superintendent will communicate with students, staff, and parents about cases and exposures at the school, consistent with privacy requirements such as FERPA and HIPAA.

Consultation: (For schools not previously open) Please confirm consultation with the following groups

Labor Organization

Name of Organization(s) and Date(s) Consulted:

Name: _____

Date: _____

Parent and Community Organizations

Name of Organization(s) and Date(s) Consulted:

Name: _____

Date: _____

If no labor organization represents staff at the school, please describe the process for consultation with school staff:
