

COVID-19 Prevention Strategy for Schools Form

Current local public health orders require that “Schools must provide public notice to the school community in a highly visible location on the school’s website that outlines the school’s COVID-19 prevention strategies for the 2021-2022 school year by completing the COVID-19 Prevention Strategy for Schools Form. Public notice must be published no later than **January 21, 2022**. The school must notify the school community and the OCDPH of any subsequent changes in the school’s COVID-19 prevention strategies by indicating revision date and revision history in the COVID-19 Prevention Strategy for Schools Form”.

The following form should be used to clearly demonstrate the prevention strategies being utilized by local schools. The status of each prevention strategy on this form must be completed by schools. Items containing the label “required by order” are prevention strategies that are required per local, MDHHS, or CDC public health order. Additional notes or explanation should be added where clarity is needed. This form may be completed at the district level if the status of all prevention strategies is applicable to all schools in the district. Where differences in prevention strategies exist between schools in the same district, individual Prevention Strategy for Schools Forms should be posted for each school or noted clearly on a single district-level Prevention Strategy for Schools Form.

Prevention strategies listed on the following form are based on CDC Guidance for COVID-19 Prevention in K-12 Schools and the MDHHS MI Safer Schools Guidance for Managing COVID-19 Exposures in School Settings found at the following websites:

CDC:

<https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/k-12-guidance.html>

MDHHS:

https://www.michigan.gov/documents/coronavirus/MI_Safer_Schools_Guidance_for_Managing_Students_Exposed_to_COVID-19_734750_7.pdf

Prevention Strategies Implemented

School District or Name: Unity Christian High School

Current as of: (mm/dd/yy) 02/01/2022

Prevention Strategy	Status	Additional Notes or Explanation
Public Posting of COVID-19 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-19 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 Household Close Contacts Meeting Criteria Specified in OCDPH Order (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 Non-Household Close Contacts Who Meet CDC Criteria for Quarantine CDC Criteria	<input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input checked="" type="checkbox"/> Not at this time	Click or tap here to enter text.
Test-to-Stay for Quarantined Non-Household Close Contacts Who Meet CDC Criteria for Quarantine Description <i>Please describe if utilizing</i>	<input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input checked="" type="checkbox"/> Not at this time	Click or tap here to enter text.
Contact Tracing	<input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input checked="" type="checkbox"/> Not at this time	Click or tap here to enter text.
Notification of Close Contacts <i>School close contacts sent to OCDPH will be notified by OCDPH according to OCDPH process and in accordance with applicable MDHHS orders</i>	<input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input checked="" type="checkbox"/> Not at this time	Click or tap here to enter text.
Indicate Level of Screening Testing for Participants or Members of the Following Groups:		
Teachers and staff	<input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input checked="" type="checkbox"/> Not at this time	Click or tap here to enter text.
Students	<input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input checked="" type="checkbox"/> Not at this time	Click or tap here to enter text.

Prevention Strategy	Status	Additional Notes or Explanation
High-risk sports ¹ and extracurricular activities ²	<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	<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 checked="" type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Not at this time	Click or tap here to enter text.
Wearing Well-Fitting 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/Activities Require the Wearing of Well-Fitting 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 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 type="checkbox"/> At least 3 feet <input checked="" type="checkbox"/> Less than 3 feet <input type="checkbox"/> No regulated distancing	Click or tap here to enter text.
Distancing during food service and meals	<input type="checkbox"/> At least 6 feet <input type="checkbox"/> At least 3 feet <input checked="" type="checkbox"/> Less than 3 feet <input type="checkbox"/> No regulated distancing	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 type="checkbox"/> Always <input checked="" type="checkbox"/> Sometimes <input type="checkbox"/> Not at this time	Click or tap here to enter text.

Prevention Strategy	Status	Additional Notes or Explanation
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.

1. Examples of low-risk sports are diving and golf; intermediate-risk sport examples are baseball and cross-country; high-risk sport examples are football and wrestling ([CDC](#)).
2. High-risk extracurricular activities are those in which increased exhalation occurs, such as activities that involve singing, shouting, band, or exercise, especially when conducted indoors ([CDC](#)).

Additional measures being taken:

Click or tap here to enter text.

Revision History:

Date	Revisions
Click or tap here to enter text.	Click or tap here to enter text.
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Date	Revisions
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