



Number of on-site faculty and staff:

Date of proposed start:

## 2. Consultation

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Please confirm consultation with the following groups:

Labor Organization/s

Name of Organization(s) and Date(s) Consulted. If no labor organization represents staff at the school, please describe the process for consultation with school staff:

Parent and Community Organizations

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

## 3. School Plans for Reopening to In-Person Instruction

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School or district website address where reopening plan is posted:

Please confirm that the school reopening plan published on the above website addresses each of the following in a manner consistent with guidance from the California Department of Public Health, San Mateo County Health, and the Pandemic Recovery Framework (PRF). Include a brief summary and the page(s) that include(s) the relevant content for each section that follows.

Cleaning and Disinfection: How shared surfaces will be regularly cleaned and disinfected and how use of shared items will be minimized.

Page/s of Plan:

Please summarize your plan to address this:

Cohorting: How students will be kept in small, stable groups.

Page/s of Plan:

Please summarize your plan to address this:

Entrance, Egress, and Movement within the School: How movement of students, staff, and parents will be managed to avoid close contact and/or mixing of cohorts.

Page/s of Plan:

Please summarize your plan to address this:

Face Coverings and Other Essential Protective Gear: How CDPH face covering requirements will be satisfied and monitored.

Page/s of Plan:

Please summarize your plan to address this:

Health Screenings for Students and Staff: How students and staff will be screened for symptoms of COVID-19 and how ill students or staff will be separated from others and sent home immediately.

Page/s of Plan:

Please summarize your plan to address this:

Healthy Hygiene Practices: The availability of handwashing stations and hand sanitizer, and how their use will be promoted and incorporated into routines.

Page/s of Plan:

Please summarize your plan to address this:

Identification and Tracing of Contacts: Actions staff will take when there is a confirmed case. Confirm that the school(s) have designated staff persons to support contact tracing. This includes submitting case and contact numbers to SMCOE, which will then notify SMC Health, and notifying exposed persons. Each school must designate a person for SMCOE and SMC Health staff to contact about COVID-19.

Page/s of Plan:

Please summarize your plan to address this:

Physical Distancing: How space and routines will be arranged to allow for physical distancing of students and staff.

Page/s of Plan:

Please summarize your plan to address this:

Staff Training and Family Education: How staff will be trained and families educated on the implementation and enforcement of the plan.

Page/s of Plan:

Please summarize your plan to address this:

Testing of Students and Staff: How school officials will ensure that students and staff who have symptoms of COVID-19 or have been exposed to someone with COVID-19 will be rapidly tested and what instructions they will be given while waiting for test results. Describe how staff will be tested periodically to detect asymptomatic infections.

Page/s of Plan:

Please summarize your plan to address this:

Triggers for Transitioning to Distance Learning: The criteria the superintendent or equivalent will use to determine when to close the campus to in-person learning.

Page/s of Plan:

Please summarize your plan to address this:

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

Page/s of Plan:

Please summarize your plan to address this:

#### **4. COVID-19 Contact Information**

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Designated staff contact for COVID-19 information and cases:

Email:

Phone Number:

Name of Superintendent (or Equivalent):

Signature of Superintendent (or Equivalent):

Date: