Checklist #1: School Demographics, Staff Characteristics, and Community Information

This checklist captures important information about the school, staff, and community to inform the implementation of COVID-19 mitigation strategies. If working with local, state, or territorial public health officials, completing this checklist first is recommended.

Assessment Information

Date of assessment: _____ Assessment conducted by: _____

Type of assessment: **Virtual**   **On-site**   **Other (specify):** _____

School Information

School name: _____

School district and county served: _____

School address: _____

Type of school: Public   Private   Public Charter   Other (specify): _____

Grade levels taught at school (select all that apply) :

Pre- K   K   1   2   3   4   5   6   7   8   9   10   11   12
Career and technical (CTE)

Current class structure (determined by school/district) :   virtual-only   hybrid   in-person only

School schedule (if hybrid, describe hours/days in-person, cohorting, efforts to limit contact, etc.):

Total number of...	Number
Total number of enrolled students	
Total number of students enrolled for in-person only learning	
Total number of students enrolled for hybrid learning	
Total number of students enrolled in virtual only learning	
Average class size (i.e., number of students per in-person room)	
Total number of buildings	
Total number of classrooms	
Estimated date when in-person class will start or when in-person classes started	

School Staff Information

Total number of...	Number
Full-time staff	
Part-time staff	
Contractors	
Teachers or classroom instructors	
Office and administrative staff	
Facilities and janitorial/custodial/maintenance staff	
Nurses, health aides/assistants, or designated staff	
Counselors	
Other/support staff *(e.g., librarians, coaches, paraprofessionals, nutritionists, security officers, bus drivers, or other direct service providers)*	

Do staff travel between campuses or buildings? (If yes, describe when/how often)   Yes   No

List staff positions and names of those who travel:

Union representation (if applicable) :   Yes   No

Name of union(s) :

Points of Contact (POC) – designate with an asterisk (*) those serving on your health and safety working group

POC	Information
School POC	Name:
	Email:
	Phone:
COVID-19 Coordinator/Lead	Name:
	Email:
	Phone:
COVID-19 Co-Coordinator/Co-Lead	Name:
	Email:
	Phone:
School Nurse/Designated Staff	Name:
	Email:
	Phone:
Ventilation/Building Systems Maintenance	Name:
	Email:
	Phone:
Union Representative or other employee representative #1 (if applicable)	Name:
	Email:
	Phone:

POC	Information
Union Representative or other employee representative #2 (if applicable)	Name:
	Email:
	Phone:
Federal or state Occupational Safety and Health Administration (OSHA) representative	Name:
	Email:
	Phone:
State Public Health Authority	Name:
	Email:
	Phone:
Local Public Health Authority	Name:
	Email:
	Phone:
Parent-Teacher Organization/Association representative (PTO or PTA)	Name:
	Email:
	Phone:
Other Point of Contact, specify:	Name:
	Email:
	Phone:

Community Information:

For communication, what are the primary language(s) spoken by staff, students, and parents, caregivers, and guardians?

Staff: _____

Students: _____

Parents, Caregivers, Guardians: _____

What is the current level of transmission of COVID-19 in the counties that the school serves?

Number of new cases per 100,000 persons (within the last 14 days) per county: _____

Percentage of RT-PCR tests that are positive (during the last 14 days) per county: _____

Do staff, students, parents, caregivers and guardians with disabilities require any auxiliary aids and services to ensure that information from the appropriate authorities is effectively communicated?   Yes   No

How is information received for levels of COVID-19 transmission in the community (e.g., notice from local health department)?

_____

In the current school year, have confirmed COVID-19 cases been identified among students or staff?   Yes   No

If **yes**, please specify details (e.g., dates, times):

_____

Confirmed number of **staff** cases: _____   Confirmed number of **student** cases: _____

Do you plan to provide on-site testing at the school?   Yes   No

Additional Information to Note: