School Infection Control Plan Data Extraction Form

* Required

* This form will record your name, please fill your name.

1. Initials of person entering data *

Details of School District

2. test *

3. Name of County (Free Text)

4. State of School district *

5. FIPS code

The value must be a number

6. District population size

The value must be a number

7. School District Label

   First four letters of the district name + state 2 letter code *

8. Zip code of school district *

   The value must be a number

9. Size of school district

   The value must be a number

10. Data Source for School Infection Control Plan

11. Date of School Infection Control Plan

    Format: M/d/yyyy

12. Elementary/middle/high same model *

- ◯ Yes
- ◯ No

13. School District Model *

- ◯ Full in person
- ◯ Hybrid
- ◯ Full remote
- ◯ Other

14. Elementary School Model *

- ◯ Full in person
- ◯ Hybrid
- ◯ Full remote
- ◯ Other

15. Middle School Model *

- ◯ Full in person
- ◯ Hybrid
- ◯ Full remote
- ◯ Other

16. High School Model *

- ◯ Full in person
- ◯ Hybrid
- ◯ Full remote
- ◯ Other

17. Date school district opened for any in-person learning

Format: M/d/yyyy

18. Has the school district closed this year due to COVID-19? *

- ◯ Yes
- ◯ No
- ◯ Other - add in notes
- ◯ Unknown

19. School district closure details

20. Full days in hybrid model (e.g., lunch included) *

- ◯ Yes
- ◯ No
- ◯ Unknown
- ◯ Other

Infection Control Strategies

Infection control interventions implemented at the district level

21. District Infection Control Plan Available

- ◯ Yes
- ◯ No

22. Elementary, Middle, High, all with the same plan

- ◯ Yes
- ◯ No

23. School infection control interventions - elementary, middle, high all the same.

Please check all that apply.

- [ ] Cohorting, size not specified
- [ ] Cohorting </= 25
- [ ] Cohorting </=15
- [ ] Cohoritng </= 10
- [ ] No cohorting
- [ ] Masking for students
- [ ] Masking for teachers
- [ ] No Masking
- [ ] Physical distancing >/= 6 feet
- [ ] Physical distancing >/= 3 feet
- [ ] No phyiscal distancing
- [ ] Ventilation intervention
- [ ] Vaccination mandate
- [ ] Surveillance testing
- [ ] Deep cleaning protocol
- [ ] Daily symptom screen
- [ ] Unknown
- [ ] Other

24. Elementary school infection control interventions.

Please check all that apply.

- [ ] Cohorting, size not specified
- [ ] Cohorting </= 25
- [ ] Cohorting </=15
- [ ] Cohorting </= 10
- [ ] No cohorting
- [ ] Masking for students
- [ ] Masking for teachers
- [ ] No Masking
- [ ] Physical distancing >/= 6 feet
- [ ] Physical distancing >/= 3 feet
- [ ] No physical distancing
- [ ] Ventilation intervention
- [ ] Vaccination mandate
- [ ] Surveillance testing
- [ ] Deep cleaning protocol
- [ ] Daily symptom screen
- [ ] Unknown
- [ ] Other

25. Middle school infection control interventions.

Please check all that apply.

- [ ] Cohorting, size not specified
- [ ] Cohorting </= 25
- [ ] Cohorting </= 15
- [ ] Cohorting </= 10
- [ ] No cohorting
- [ ] Masking for students
- [ ] Masking for staff
- [ ] No masking
- [ ] Physical distancing >/= 6 feet
- [ ] Physical distancing >/= 3 feet
- [ ] No physical distancing
- [ ] Ventilation intervention
- [ ] Vaccination mandate
- [ ] Surveillance testing
- [ ] Deep cleaning protocol
- [ ] Daily symptom screen
- [ ] Unknown
- [ ] Other

26. High school infection control interventions.

Please check all that apply.

- [ ] Cohorting, size not specified
- [ ] Cohorting </= 25
- [ ] Cohorting </= 15
- [ ] Cohorting </= 10
- [ ] No cohorting
- [ ] Masking for students
- [ ] Masking for staff
- [ ] No masking
- [ ] Physical distancing >/= 6 feet
- [ ] Physical distancing >/= 3 feet
- [ ] No physical distancing
- [ ] Ventilation intervention
- [ ] Vaccination mandate
- [ ] Surveillance testing
- [ ] Deep cleaning protocol
- [ ] Daily symptom screen
- [ ] Unknown
- [ ] Other

27. Testing available

- ◯ Yes
- ◯ No
- ◯ Unknown
- ◯ Other

28. If Testing available, type

- ◯ Surveillance antigen
- ◯ Surveillance PCR
- ◯ Symptomatic antigen
- ◯ Symptomatic PCR
- ◯ Sewage Testing
- ◯ Other

29. Masking policy comments

30. Cohorting Comments

31. Distancing comments

32. Ventilation mandate comments

33. Plan for use of outdoor spaces *

- ◯ Yes
- ◯ No
- ◯ Unknown

34. Outdoor spaces (notes)

35. Other notes about infection control strategies