DOH Reporting Line List							
NAME OF SCHOOL:							
NAME OF CONFIRMED STUDENT:							
Student's Parent & Contact Number:							
Student's Grade Level:							
After School Programs							
Bus Route:							
Teacher Name:							
Teacher Contact Information:							
LIST MITIGATION MEASURES IN PLACE IN AFFECTED							
CLASSROOM(S)/AREAS:							
Total Number of Staff in Physical Building							
Total Number of Students in Face-to-Face Instruction							

EMPLOYEE/STUDENT NAME	LOCATION OF EXPOSURE (ie: classroom, cafeteria, bus route)	GRADE	PARENT/GUARDIAN	CONTACT NUMBER (Employee/Guardian)	E-mail (Employee/ Guardian)

None
Face coverings worn at all times
Desks/work areas at least 6 feet apart
Plexiglass shields