



Onondaga County School Contacts

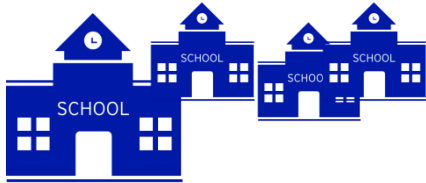
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The Onondaga County Health Department is looking forward to working with your school district to help combat the spread of COVID19 in our community. To help facilitate this process, we are requesting information about school personnel contacts, should the Onondaga County Health Department need to contact your school during the school week day and/or evening and also weekend hours. Thank you in advance for completing this survey.

School District:	
Person completing form:	
Phone number:	
Email address:	
Date:	
Designated point people for critical roles:	
Who will be the MEDICAL LIAISON that will be responsible for: <ul style="list-style-type: none"> Notifying the Health Department if any staff or student informs you they teste positive for Covid 19? Being available to answer clinical questions related to students/staff with COVID19? 	Name: Title: Email Address: Office Phone: Cell Phone: <hr/> Weekend and/or evening contact information: Name: Title: Email Address: Office Phone: Cell Phone:
Who will be the STUDENT LIAISON who will be responsible for: <ul style="list-style-type: none"> Providing class rosters and contact information of students potentially exposed? Proving school bus information of students and bus drivers who potentially exposed and contact information? 	Name: Title: Email Address: Office Phone: Cell Phone:
Who will be the EMPLOYEE LIAISON that will be responsible for: <ul style="list-style-type: none"> Providing names and contact information about people an employee may have been in close contact with (eg. staff lists of employees working within a certain program area)? 	Name: Title: Email Address: Office Phone: Cell Phone:
School district data:	
How many students do you anticipate will be attending your school district-wide in-person this fall?	Total #
How many staff members will be working in a school building (staff, faculty, administration, substitute teachers, bus drivers, food service, etc.)?	Total #
What is the school opening date?	School opening date:
How many individual school buildings are in your district? Please provide a list of the names of each building in your district and include how many anticipated students are in each building and how many staff is in each building. (see page two)	# of school buildings:

Please attach your overall COVID19 plan and **highlight what are your screening protocols for returning students and staff.**

School District: _____



School building name	Number of ANTICIPATED STUDENTS in this building	Number of ANTICIPATED EMPLOYEES in this building

