SCHOOL HOTLINE:

Positive COVID-19 Reporting Resource

833-504-0155

1. **Complete Initial Actions, THEN CALL the School Hotline.**
2. **Continue with Next Steps and identification of Probable Close Contacts within the district.**

Initial Actions	• Organization Name: • Facility Name/Campus: • Point of Contact calls school hotline

Positive Case Name	Name and Phone number of Parent/Guardian OR Staff	STAFF / STUDENT

Date Symptoms Started:		☐ **No Symptoms Reported**	**Date of Birth**	
Last Date on Campus:				
Date Tested:				
Testing Site Name:		☐ **Unknown**	**Type of COVID-19 test done:**	
Testing Site Location:		☐ **Unknown**		

Next Steps	• Compile a list of Probable Close Contacts, and email it to ADH **UPON REQUEST** - ADH.SchoolPCC@arkansas.gov - **Subject: ATTN [Operator Name], [LEA Name], [School Name], PCC List** • Notify Probable Close Contacts to self-quarantine immediately for 14 days from the last date of contact with the positive case

Notified to Quarantine	Probable Close Contact Names	Name and Phone number of Parent/Guardian OR Staff	Date of Last Contact with Positive Case	STAFF / STUDENT
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POC/Caller Name: Date of Call to Hotline:

POC/Caller Contact Information: