GREENBURGH ELEVEN UFSD
P.O. BOX 501
DOBBS FERRY, NY 10522

OP/AWOL Log

DAY: _____ **DATE:** _____

							Follow Up by Crisis Para									
Student's Name	**Time (OP)**	**Staff Responsible**	**Reported to Security Staff/Crisis Para by Staff Responsible**		**Reported OP to Crisis Para by Security Staff**		**Patrolling SCS**		**Building Security Staff**		**Building Special Services**		**Every 10 minutes SCS Update and Cottage**		**Child Located**	
			When	**By Whom**	**When**	**By Whom**	**When**	**By Whom**	**When**	**By Whom**	**When**	**By Whom**	**When**	**By Whom**	**When**	**By Whom**