APPENDIX A

Childcare and School Reporting of COVID-19 Outbreaks, Subsequent Cases, and Exposures Form Guide

This form can be completed online. Visit http://www.icphd.org/health-information-and-resources/healthy-facts/covid-19/guidance-and-resources/schools-and-childcare/ to complete the Childcare and Schools Reporting of COVID-19 Positive Case and Exposure electronic form.

For additional information or guidance, contact Vanessa Caldera at (442) 265-1378.

FACILITY INFORMATION
Facility Name:
Facility Address:
Point of Contact:
Point of Contact Phone #:
Point of Contact Email:
NAICS Code:

CONFIRMED COVID-19 CASE INFORMATION	
CASE #1 □ Teacher □ Student □ Administrator □ Other_____	
Name:	DOB:
Address:	Gender:
Last Day of Attendance:	Phone:
If Student, Parent/ Guardian Name:	Grade Level: Room #:
Work Area/Location Within Facility:	
Symptoms at the time: □ No □ Yes: _____	
First Day of Symptoms:	Test Result Date:
Testing Facility or Provider Information (Name and Phone Number):	

CASE #2

□ Teacher □ Student □ Administrator □ Other_____

Name:	
Address:	DOB:
Last Day of Attendance:	Gender:
If student, Parent/ Guardian Name:	Grade Level: Room #:
Work Area/Location Within Facility:	
Symptoms at the time: □ No □ Yes: _____	
First Day of Symptoms:	Test Result Date:
Testing Facility or Provider Information (Name and Phone Number):	

CASE #3

□ Teacher □ Student □ Administrator □ Other_____

Name:	
Address:	
Last Day of Attendance:	DOB:
Job Description:	Gender:
If student, Parent/ Guardian Name:	Grade Level: Room #:
Work Area/ Location within Facility:	
Symptoms at the time: □ No □ Yes: _____	
First Day of Symptoms:	Test Result Date:
Testing Facility or Provider Information (Name and Phone Number):	

Additional CONFIRMED COVID-19 CASE INFORMATION
Are there other confirmed cases in the past 14 calendar days? □ No □ Yes If yes, how many _____. Please complete **Exposure Line List (Appendix B).**

COVID-19 EXPOSURE
Did reported COVID-19 Cases expose others in the facility: □ Yes □ No, end form.

LIST OF EXPOSED				
	Name of Person Exposed	**DOB**	**Occupation / Shift / Days Worked**	**Exposed to Case #**
1				
2				
3				
4				
5				
6				
7				
8				
9				