

**APPENDIX A**

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

Visit [COVID-19 Schools & Childcare - Imperial County Public Health Department \(icphd.org\)](https://www.icphd.org/COVID-19-Schools-Childcare)

to complete the electronic reporting form.

For additional information or guidance, contact Johanna Nava at (442) 265-7482.

**FACILITY INFORMATION**

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

**CONFIRMED COVID-19 CASE INFORMATION**

<b>CASE #1</b> <input type="checkbox"/> Teacher <input type="checkbox"/> Student <input type="checkbox"/> Administrator <input type="checkbox"/> 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: <input type="checkbox"/> No <input type="checkbox"/> 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**

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