

APPENDIX A

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

This form can be completed online. Visit <https://www.icphd.org/health-information-and-resources/healthy-facts/covid-19/k-12-&-childcare-guidance/> 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

CASE #1 <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

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