



School / Daycare / Summer Camp COVID-19 Reporting Form

School / Daycare / Summer Camp

WCHD Lead:		Outbreak: <input type="checkbox"/> Y <input type="checkbox"/> N		Outbreak # Assigned:	
Date:		Time:		Taken By:	
Name of Caller:			Position:		
Facility Name:			Facility Fax #:		
Facility Address:					
Point of Contact:			Position:		
Email Address:			Phone #:		
Facility Information:					
# of floors affected:		# of classrooms affected:		# of grades affected:	
Total # of floors:		Total # of classrooms:		Total # of grades affected:	
Medically fragile classroom affected? <input type="checkbox"/> Y <input type="checkbox"/> N					
Indicate instructional model: <input type="checkbox"/> On Site Learning <input type="checkbox"/> Hybrid Learning <input type="checkbox"/> Distance Learning					
Describe how school is cohorting?: (i.e., size, student/staff schedules)					
Other group activities: <input type="checkbox"/> Y <input type="checkbox"/> N <i>If yes, Date & description:</i>					
Student Information:					
Total # of students/attendees:			# of ill students/attendees:		
Ill students/attendees excluded? <input type="checkbox"/> Y <input type="checkbox"/> N <i>(Recommendation: 72 hours after symptom improvement)</i>					
Did student attend school 2 days before symptoms started until diagnosis/isolation? <input type="checkbox"/> Y <input type="checkbox"/> N					
Does student have household members who also attend/work at this location? <input type="checkbox"/> Y <input type="checkbox"/> N					
Staff Information					
Total # of staff:			# of ill staff		
Ill Staff Excluded <input type="checkbox"/> Y <input type="checkbox"/> N <i>(Recommendation: 72 hours after symptom improvement)</i>					
Did staff member work 2 days before symptoms started until diagnosis/isolation? <input type="checkbox"/> Y <input type="checkbox"/> N					
Does staff member have household members who also attend/work at this location? <input type="checkbox"/> Y <input type="checkbox"/> N					
Control Measures: In place since - Date: _____ Time: _____ EH Consult <input type="checkbox"/> Y <input type="checkbox"/> N					
<input type="checkbox"/> Enforce exclusion guidelines		<input type="checkbox"/> Increase hand hygiene		<input type="checkbox"/> Post signs	
<input type="checkbox"/> Increase routine disinfecting		<input type="checkbox"/> Monitor absentee counts		<input type="checkbox"/> Discontinue group activities	
<input type="checkbox"/> Droplet Precautions		<input type="checkbox"/> Respiratory hygiene, hand hygiene, cough etiquette			
<input type="checkbox"/> Mask/Face covering					
Notes:					