

CASE REPORTING PORTAL WORKSHEET

DATA COLLECTION FOR SURVEY ENTRY

This form is to assist case/contact reporters in collecting the information that needs to be submitted. It outlines all possible questions, but note that not all may be relevant to the case you are reporting. The survey will automatically lead you through the appropriate questions for your case report.

IMPORTANT: This is not an alternative to using the online reporting portal and is for preparation purposes only. ALL CASES/CONTACTS MUST BE SUBMITTED VIA THE PORTAL.

Tips:

Google Chrome is the recommended internet browser for completion of the survey.

If you encounter technical issues, please try clearing your cache and cookies.

Please complete the following case and close contact report for each confirmed case of COVID-19 at your worksite/school/program.

Please include as much information as you can.

You will not be able to go back to review previous questions, so please answer each question carefully.

The steps are as follows:

1. Enter information for how to contact you in case follow-up is needed.
2. Follow the prompts to enter the information for each case (person infected with COVID-19) and then to enter information on all potential close contacts of the case.
3. To submit multiple cases during your single submission, along with the close contacts for each case, repeat step 2.

Once you complete the survey, you will not be able to view the information on the close contacts that you entered in the summary. Unless you receive an error message, assume all entries were received.

Once the survey is complete, you can download and save a PDF copy of the survey responses for your records. To save your responses, click the "Download PDF" button on the Survey Completion page.

Please enter your contact information:

First Name: _____

Last Name: _____

Direct Phone Number: _____

Direct Email: _____

Position: _____

Which category best describes the facility/program?

- Program serving children/youth or schools
- Shelter/supportive housing
- Long Term Care Facility (includes Skilled Nursing, Assisted Living, or any residential treatment facility)
- Healthcare Provider (non-LTCF)
- Jail or Prison
- Fire, EMS, or Law Enforcement
- None of these

Would you prefer to make your report in a language other than English?

- ¿Preferiría hacer su informe en un idioma que no sea el inglés?
- Quý vị có muốn báo cáo vi phạm hoặc chia sẻ mối quan tâm bằng một ngôn ngữ khác (không phải tiếng Anh) không?
- 您想用除了英文以外的語言舉報嗎?
- Mas gusto mo bang gawin ang iyong ulat sa isang wika maliban sa Ingles?

- No, continue in English
- Sí, español
- Vâng, tiếng Việt
- 是的, 中文
- Oo, Tagalog
- Yes, other language: _____

Submitter Role:

Note: If Other is selected, please enter your role in the field.

- School / Youth Program Staff
- CICT Staff
- Other: _____

School/Program name:

Indicate school/program setting:

- Preschool or Daycare (0-5)
- Elementary School (K-6th grade)
- Middle School/Junior High (6th grade – 8th grade)
- High School (9th grade – 12th grade)
- Extracurricular Activities (club sports, music lessons, dance, summer camps, etc)
- College/University/Adult Ed

School District?

Home-based program (i.e. daycare, learning pod, etc)?

- Yes
- No

Stable cohort?

(A stable cohort is a group of students/children and staff who remain together throughout the school day/length of the program and who do not mix with other groups of students/children and staff.)

- Yes
- No

Does the case participate in any athletic activities (e.g., sports team, dance class, swim lessons)?

Yes

No

If yes, what type of athletic activity?

Type of school?

Public

Private

Charter

Are there currently students/children on site?

Yes, setting includes students/children

No, staff only

School/program location?

Campus (on actual TK-12 campus)

Non-campus (anywhere not on a TK-12 campus)

Instructional status of the program/school/activity?

Instructional (related to core curriculum)

Non-instructional (extra-curricular)

Who facilitates the program/school/activity?

Facilitated by school/district staff

Facilitated by outside personnel/entity

How is instruction received?

- In person (instruction by credentialed TK-12 teacher)
- Distance congregate learning (supervised by non-credentialed TK-12 teacher)

School/Program address:

- Street Address: _____
- City: _____
- Zip Code: _____

District Office or main business address:

- Street Address: _____
- City: _____
- Zip Code: _____

School Point of Contact (COVID Designee):

- First Name: _____
- Last Name: _____
- Direct Phone Number: _____
- Direct Email: _____
- Position: _____

What is the positive case's role at the school/program?

- Student/Participant
- Staff Member

Positive case information:

- First Name: _____
- Last Name: _____
- Phone Number: _____
- Date of Birth (mm/dd/yyyy): _____
- Physical Address: _____
- City: _____
- Zip: _____

Has the case ever received a dose of COVID-19 vaccine?

- Yes
- No
- Unknown

If No or Unknown, skip to “Did the COVID+ case exhibit symptoms?”

Which vaccine product did the case receive?

- Pfizer
- Moderna
- Johnson & Johnson
- Other
- Unknown

Enter date when Dose #1 was received.

Enter date when Dose #2 was received. Please leave date of Dose #2 blank if case received a single-dose vaccine OR has only received the first dose of a double-dose vaccine.

Did the COVID-19+ case exhibit symptoms?

Yes

No

Unknown

If yes, date of symptom onset: _____

Date of collection of positive test: _____

Date last attended school/program: _____

Classroom number, teacher name, or supervising adult name:

If TK-12, enter grade level:

K

7

1

8

2

9

3

10

4

11

5

12

6

N/A

IF STAFF CASE

- Role at workplace: Principal
- Teacher
- Other _____

If teacher, enter classroom number/location: _____

Was this case (being reported) a close contact of another COVID-19+ person *at the school/program*?

NOTE: A close contact is someone who was within 6 feet of the infected person for at least 15 minutes at any time beginning 2 days before the infected person had symptoms or tested positive, regardless of whether either person wore a face covering during their interaction.

Additionally, please note that everyone in a cohort is considered a close contact.

- Yes
- No

If yes, list contact details of other COVID-19+ person at the school/program:

- First Name: _____
- Last Name: _____
- Phone Number: _____
- Date of Last Contact (mm/dd/yyyy): _____

Was this case (being reported) a close contact of another COVID-19+ person *outside of the school/program*?

NOTE: A close contact is someone who was within 6 feet of the infected person for at least 15 minutes at any time beginning 2 days before the infected person had symptoms or tested positive, regardless of whether either person wore a face covering during their interaction.

Additionally, please note that everyone in a cohort is considered a close contact.

- Yes
- No
- Unknown

If yes, list contact details of other COVID-19+ person outside of the school/program:

- Relationship to person: _____
- First Name: _____
- Last Name: _____
- Phone Number: _____
- Date of Last Contact (mm/dd/yyyy): _____

Enter any additional relevant information about the case here:

Are there any close contacts to this COVID-19+ staff/student (being reported) at the worksite or school?

NOTE: A close contact is someone who was within 6 feet of the infected person for at least 15 minutes at any time beginning 2 days before the infected person had symptoms or tested positive, regardless of if either wore a face covering during their interaction. Thank you.

- Yes
- No
- Unknown

Make sure you submit your close contact(s) prior to submitting your case

If you don't have another contact to submit, click "Finish Submitting Case" at the bottom the page

NOTE: When viewing the case summary after completing the survey, it is expected for this section to appear blank if close contacts were entered

NOTE: Make sure your close contact(s) have been submitted before clicking the button below to advance to the final page of the case survey

Do you have an additional case to report?

- Yes
- No

Close Contact Entry Form

Close Contact Information:

- First Name: _____
- Last Name: _____
- Date of Birth (mm/dd/yyyy): _____
- Phone Number: _____
- Physical Address: _____
- City: _____
- State: _____
- Zip: _____

Classroom #, Teacher Name, or Other Location:

If TK-12, enter grade level:

- | | |
|-------------------------|---------------------------|
| <input type="radio"/> K | <input type="radio"/> 7 |
| <input type="radio"/> 1 | <input type="radio"/> 8 |
| <input type="radio"/> 2 | <input type="radio"/> 9 |
| <input type="radio"/> 3 | <input type="radio"/> 10 |
| <input type="radio"/> 4 | <input type="radio"/> 11 |
| <input type="radio"/> 5 | <input type="radio"/> 12 |
| <input type="radio"/> 6 | <input type="radio"/> N/A |

Date of last exposure to positive case: _____

Would you like to add another contact for this case? (Please answer this question before finishing the survey to ensure the close contact information is recorded.)

- Yes
- No