

# Initial Report Information:

Please gather the required information below for the *Confirmed Positive Case(s)*, and submit to:

**Email:** [covid@centralschools.org](mailto:covid@centralschools.org)

**School Information:** Type of School: Public

Name school or district site that the infected person physically occupied:

1. School Name/Address: \_\_\_\_\_
2. Principal/Director Name: \_\_\_\_\_
3. Principal/Director Phone Number: \_\_\_\_\_
4. Principal/Director Email Address: \_\_\_\_\_
5. Last date Positive Individual was in the School building or District Site: \_\_\_\_\_
6. Date of School was notified of the Positive Test Case: \_\_\_\_\_
7. Total Number of Staff /Contractor in Building on Date of Positive Case Notification: \_\_\_\_\_
8. Total Number of Students/Contractor in Building on Date of Positive Notification: \_\_\_\_\_
9. What type of reentry model was the school notified of the positive case at that time? (*Check One*)
  - A. Remote
  - B. Full entry
  - C. Hybrid: (ES) or (ES, MS only) or (ES, MS, HS)
  - D. Small Groups of Pre-K and/or students with Disabilities only
  - E. Other: \_\_\_\_\_

## Case Information

Has the positive individual received the first dose of a COVID-19 vaccine? **Yes** **NO** **N/A**

Date of 1st vaccine dose: \_\_\_\_\_ Date of 2nd Dose: \_\_\_\_\_ Moderna Pfizer Johnson&Johnson

10. Name of the COVID-19 Positive Individual: \_\_\_\_\_
11. Role/Title of the Positive Individual: \_\_\_\_\_
12. Date of Birth of Positive Individual: \_\_\_\_/\_\_\_\_/\_\_\_\_ Male Female
13. Date Positive Individual Began Quarantine: \_\_\_\_\_ **Date of Test:** \_\_\_\_\_
14. Was the Positive individual on campus while infectious? Yes No  
Was the case symptomatic while on-site/school building? Yes NO
15. Phone Number of Positive Individual (For Students, Parent/Guardian Information):  
\_\_\_\_\_
16. Email Address of Positive Individual: \_\_\_\_\_
17. Home mailing address of Positive Individual:  
\_\_\_\_\_

## If a Student

18. Grade the Positive Student is in: \_\_\_\_\_ STARS ID#, If student is positive \_\_\_\_\_
19. Was the positive individual participating in athletics as a student athlete or as a member of the coaching staff? YES NO

21. Was the COVID-19 positive student participating in one of the following: *(Check One)*

- A. Offsite remote instruction only
- B. Small groups (5:1) on-campus instruction in remote instructional model
- C. On campus for classroom learning *some days* of the week
- D. On campus for classroom learning *all days* of the week

**If an Employee or Contactor**

22. Was the COVID-19 positive employee: *(Check One)*

- A. Working Entirely remotely?
- B. Working from school voluntarily  (current work assignment does not require at school)
- C. Required to be working at school

Was the employee identified through the surveillance testing? YES NO

**Incident Detail Report**

23. Date of Notification to Families/Community: \_\_\_\_\_

24. Date of Notification to Staff: \_\_\_\_\_

25. Is this case related to an earlier case at your school that you are aware of?

Yes  No  Not sure

26. Is your school keeping students in separate cohorts?

Yes  No  Other  \_\_\_\_\_

27. Type of Closure Type of closure: *(Check One)*

- Full building  Cafeteria/Food Service Area only
- Individual Room  No Closure
- Wing/Multiple/Rooms

28. Start Date of Closure: \_\_\_\_\_ Effective Date of Re-opening: \_\_\_\_\_

**Exposed Contacts**

29. Total Number of **Student** close Contacts Identified: \_\_\_\_\_

30. Total Number of **Staff** Close Contacts Identified: \_\_\_\_\_

Close Contact Names	DOB	Phone # & Email	Last date of Exposure	If student, please list the Parent or Guardian Name

If there are more close contacts, please list on additional paper with the same information needed above.