

## COVID Exposure Worksheet for Childcare Facilities

We are working with the Health Department to streamline notification for staff/child exposure to COVID-19 while also trying to obtain information needed for contact tracing.

**PLEASE COMPLETE THIS DOCUMENT IN ITS ENTIRETY**

School Name: \_\_\_\_\_

Location: \_\_\_\_\_ Number: \_\_\_\_\_

Child Capacity: \_\_\_\_\_

Children currently enrolled: \_\_\_\_\_

Date you were notified of a COVID + / exposure: \_\_\_\_\_

Were you provided the positive test result verification? The process is expedited if you advise the positive individual to email positive test results to [epicenter@washoecounty.gov](mailto:epicenter@washoecounty.gov)

If it is a child that is positive:

Child's Full Name: \_\_\_\_\_

Child's Legal Name (if different): \_\_\_\_\_

Child's last day in school: \_\_\_\_\_

Child's D.O.B.: \_\_\_\_\_

Believed date of exposure: \_\_\_\_\_

Parent name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ Cell#: \_\_\_\_\_

Parent name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ Cell#: \_\_\_\_\_

Class name of the room(s) affected by the exposure: \_\_\_\_\_

Teacher(s) Name: \_\_\_\_\_ Cell#: \_\_\_\_\_

Can you determine who are close contacts to the case? (those within a 6-foot distance for more than 15 minutes to a COVID + person)

Yes (please include Name and DOB below)

No

Name and DOB: \_\_\_\_\_

Name and DOB: \_\_\_\_\_

Name and DOB: \_\_\_\_\_

Name and DOB: \_\_\_\_\_