

COVID-19 Positive Reporting Form for EEC-Licensed Programs

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The Department of Early Education and Care's (EEC) licensed child care/early childhood education programs are to **immediately report** all staff members, classroom educators, family child care providers or assistants, occupants of the child's household, or children who indicate a confirmed case of COVID-19.

Reports should **ONLY** be submitted about child care educators, staff, child attendees, or occupants of the attending child's household who have a **positive test result for COVID-19** indicating that they are a **confirmed case**. If multiple children or family members from the same household test positive for COVID-19, please complete a separate survey form for each COVID-19 positive individual.

Please complete the following information and submit the survey immediately upon notification of a confirmed case from a family or staff member. This information will be shared with the Department of Public Health, Bureau of Infectious Disease and Laboratory Sciences, who will contact you as soon as possible to discuss next steps.

Thank you!

CHILD CARE / EARLY CHILDHOOD EDUCATION PROGRAM INFORMATION

Program ID Number and Name

* must provide value

You may begin typing your ID number or program name to narrow drop down choices. (You should NOT type in "P-" to search for your program ID.) If you cannot find your program information in the drop down, please choose "other" and type them manually in the pop up fields. Loading the drop down menu may take a minute. (While it loads, nothing will appear on the screen. After clicking the drop down arrow, please wait until it pops up before clicking again.)

Program Street Address

* must provide value

Program City / Town

* must provide value

Program ZIP Code

* must provide value

Contact Person First Name

* must provide value

Contact Person Last Name

* must provide value

Contact Phone Number

* must provide value

Preferred language of contact person

DETAILS ABOUT THE COVID-19 POSITIVE INDIVIDUAL

First Name

* must provide value

Middle Initial

Last Name

* must provide value

How is the COVID-19 positive individual associated with your child care center?

* must provide value

Gender of the COVID-19 positive individual

- Female
- Male
- Transgender
- Other/Prefer not to answer

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Race of the COVID-19 positive individual

* must provide value

- Alaskan Native/American Indian
- Asian
- Black/African-American
- Native Hawaiian/Pacific Islander
- White
- Other
- Unknown

Check all that apply

Is the COVID-19 positive individual Hispanic/Latino?

* must provide value

- Yes
- No
- Unknown

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Preferred language of the individual or their guardian

When was the affected child/staff member last present at your child care center?

* must provide value

  M-D-Y

If the COVID-19 positive individual is a member of a child's household, please provide the most recent attendance date for the child.

COVID-19 Test Date of the COVID-19 positive individual (if known)

  M-D-Y

Please provide the date when the individual's test was performed by a health care provider, not the date when they received their test result.

CONTACT INFORMATION OF THE COVID-19 POSITIVE INDIVIDUAL (OR A GUARDIAN IF THE INDIVIDUAL IS A CHILD)

Contact Person Full Name (if different from the COVID-19 positive individual)

This field is only required if the COVID-19 positive individual cannot discuss their case with DPH themselves

Street Address of the COVID-19 positive individual

City / Town of the COVID-19 positive individual

* must provide value

State of the COVID-19 positive individual

ZIP Code of the COVID-19 positive individual

Primary Phone Number of the COVID-19 positive individual

* must provide value

Submit

Save & Return Later