ECE Case Report Form

BOULDER COUNTY PUBLIC HEALTH
Opportunity for a healthy life.

FACILITY INFORMATION

Facility Name:_____ **Facility Type:** _____

If 'other' facility type, please describe: _____

Street Address: _____

City/Town: _____ **Zip code**:_____ **County:** _____

Total number of children/attendees in facility: _____ **Total number of staff in facility:** _____

Is the facility associated with a K-12 school ◯ Yes ◯ No

If yes, please list the name of the school: _____

Primary Contact for Covid-19 (Name): _____ **Title**:_____

Primary Contact Phone #:_____ **Primary Contact email:** _____

Is the primary contact the individual completing this form? ◯ Yes ◯ No

If no, list name and position/title of individual completing this form:
_____

CASE INFORMATION

Legal name of individual with suspected or confirmed COVID-19 (First and Last Name):
_____

List other names individual may go by (nickname, maiden name, etc.):
_____

Date of birth (mm/dd/yyyy): _____ **Phone #:**_____ **Email**:_____

If a minor, name(s) of parent(s)/guardian(s): _____

County of residence: _____ **Role in facility:** _____

If 'other', describe role:_____

Has this individual had any symptoms? ◯ Yes ◯ No ◯ Unknown

If yes, date symptoms started (MM/DD/YYYY): _____

Symptoms (check all that apply): ☐ New loss of smell or taste ☐ Fever (measured 100.4 or greater) ☐ felt feverish and/or chills ☐ cough ☐ sore throat ☐ shortness of breath ☐ Difficulty breathing ☐ runny nose ☐ congestion ☐ body aches or pains ☐ headache ☐ abdominal pain ☐ nausea or vomiting ☐ diarrhea ☐ fatigue

Other symptoms (please list): _____

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CASE INFORMATION Continued

Is this individual a close contact of a person with COVID-19? ⭘ Yes ⭘ No ⭘ Unknown

If yes, what is their relationship to the person with COVID-19 (e.g. parent, sibling, co-worker, classmate): _____

Has this individual been tested for COVID-19? ⭘ Yes ⭘ No ⭘ Unknown

Type of test: ⭘ PCR or other molecular test ⭘ Antigen ⭘ Unknown

Test collection date (MM/DD/YYYY): _____

Test result: ⭘ Positive ⭘ Negative ⭘ Indeterminate ⭘ Result Pending

Testing site/location, if known: _____

Additional test type(s), collection date(s), and result(s): _____

Does the individual have a family member(s) who attends or works at the same facility or another Early Childhood facility? ⭘ Yes ⭘ No ⭘ Unknown

If yes, please list the name(s), the facility, and their role(s) in the facility:
_____

Please enter any additional information here:
_____

CONTACT TRACING

Instructions (Updated 9/7/2021):
1. Open the **Close Contact Guide** at **boco.org/close-contact-guide.**
2. Use the **Close Contact Guide** to identify close contacts.
3. Please complete the following section accordingly.

Did the individual attend your facility on any day(s) during their contagious period?
    Yes   No

If yes, please list all dates attended during their contagious period:

_____

Did any close contact occur between person with COVID-19 and other children/staff?
    Yes   No

If yes, please list names or identifier(s) of classroom/cohort exposed (e.g., "Blue Pre-K"):

_____

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CONTACT TRACING continued

List the name(s) of any other individuals outside of the above class/cohort(s) that the case had close contact with during their contagious period (e.g., other teachers, nurse, administrative staff).

_____
_____
_____
_____
_____
_____
_____
_____

Have the case's group/cohort and other close contacts been dismissed and notified of exposure?   Yes   No

If yes, what was the last date close contacts were in your facility? (MM/DD/YYYY)

_____

NEXT STEPS

Please submit this completed form to: HealthECECOVID@bouldercounty.org

The ECE Epidemiology team works Monday - Friday, 8 a.m. - 5 p.m. The team will review your completed form during regular business hours and will follow up by email or phone with recommendations and next steps. If quarantine is required, the Epi team will provide quarantine letters for your facility. If you need immediate assistance, please contact the general BCPH Epidemiology team at 303-413-7523 (Weekends and after hours: 303-413-7517).

Have there been other suspected or confirmed cases of COVID-19 associated with this facility within the last 14 days?   Yes   No

If yes, please list the name(s), their role(s) in the facility, and whether the individual was tested for COVID-19 and the result(s):

_____

_____

_____