

Please provide the following information regarding the positive individual.

Daycare Facility/Provider Name:

Facility Point of Contact Name:

Address of Facility/Provider:

E-mail Address of Facility/Provider:

Phone Number for Facility/Provider:

Name of Patient:

Parent/Guardian Name:

Date of Birth:

Gender:

Address:

Phone number:

Email address:

Is the positive patient a (please mark one): Staff or Child

Was the patient having symptoms? Yes or No

- If yes, when did they begin?
- If no, when was the patient tested?

Close contacts are defined as anyone who was within 6 feet of a positive case for a total of 15 minutes or more per day, starting the 2 days prior to symptom onset.

- Have any close contacts been identified for this individual? Yes or No
- Have families been notified about possible exposure? Yes or No
- Do you need assistance in identifying these close contacts? Yes or No
- If you have already identified close contacts and do not require assistance. Please complete close contact workbooks or provide a list of close contacts. Information provided for close contacts should contain: Name, Date of birth, parent/guardian information (name, address, phone number, email address), and day that the contact was last in close contact with the positive case. This information can be emailed to DOHCOVDaycare@state.sd.us

Do you have any questions or concerns regarding the positive case, isolation periods, identifying contacts, quarantine periods, or how to proceed? Yes or No

- If yes, DOH staff will call you to follow-up after receiving your request.
- If no, DOH staff may contact you if they have further questions regarding the information provided.