

COVID-19 Guidance: Possible Exposure in Child Care Settings

This form is intended to support documentation and recordkeeping.
Check with your agency first for any protocols.

STEP 1		Exposure Date(s)
STEP 1	Date Child Last Attended	
	COVID Test? Y/N	<i>If Yes, Date Test Performed:</i> _____ <i>Where Test Performed (if known):</i> _____ <i>Was individual suspected to have COVID symptoms (e.g. fever, cough, difficulty breathing, diarrhea, loss of smell or taste)? Y/N</i> <i>If yes, date of symptom onset:</i> _____
	Description of Exposure	<i>Example: Bobby's mom reported via phone on 7.20.20, that she tested COVID-19 positive on 7.19.2020. Bobby has regularly attended 5 days a week for the past month.</i> _____ _____ _____
	Contact SLO County Public Health Department 805.781.5500	
STEP 2	Date	_____
	Time	_____
	Contact Name	_____
	Notes / Follow Up	_____ _____ _____
STEP 3	Contact Community Care Licensing 805.562.0400	
	Date	_____
	Time	_____
	Contact Name	_____
	Notes / Follow Up	_____ _____ _____
	Unusual Incident Report	<input type="checkbox"/> Complete Unusual Incident Report Form LIC 624 of LIC 624B (Family Child Care) <input type="checkbox"/> Date of Submission: _____ <input type="checkbox"/> Told Not Applicable



Child Care Planning Council
San Luis Obispo County

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