

COVID-19 Guidance: Child Care Exposure

This form is intended to provide step-by-step guidance.

STEP 1

Gather Information: Make a list of each child or staff member who was exposed to the COVID-positive person at any time within the 48 hours prior to the positive test result, and include their age, history of having COVID-19 in the past 90 days and vaccination status (including whether they have had two doses). These factors are used to determine quarantine guidelines which can be different for each individual.

STEP 2

Report the positive COVID-19 case using this link (accessible via <http://slocounty.ca.gov/childcarecovid>)

STEP 3

Consult online Childcare Guidance from California Department of Public Health and SLO County's Responding to COVID-19 at Child Care guidance, accessible via SLOpublichealth.org/childcare

STEP 4

Call SLO County Public Health Department if (805-781-5500) Monday through Friday 8 AM-5 PM if you have questions regarding isolation/quarantine guidelines. Your call will be directed to Elizabeth Nakamura, COVID-19 Response Coordinator for Child Care Facilities and Preschools (Mon-Thurs, 10:30 AM-4:30 PM) or the on-duty Public Health COVID-19 Nurse.

STEP 5

Contact the Department of Social Services Community Care Licensing Division within 24 hours and **Complete Unusual Incident Report** LIC 624 or LIC 624B (Family Child Care) within 7 days



Updated February 2022

COVID-19 Documentation: Child Care Exposure

This form is intended to provide documentation related to COVID-19 Exposure.

STEP 1

Gather Information: List of adults and children exposed (name, age, vaccination status, prior COVID-positive)

STEP 2

Report the positive COVID-19 case using this link (accessible via <http://slocounty.ca.gov/childcarecovid>)

Date report submitted: _____

STEP 3

Consult Online Childcare Guidance

Notes / Questions: _____

STEP 4

Call SLO County Public Health Department

Date: _____ Name: _____

Notes / Guidance: _____

STEP 5

Contact the Department of Social Services Community Care Licensing

Call date: _____ Analyst Name: _____

Complete Unusual Incident Report date report submitted: _____