



Municipality of Anchorage
Child Care Licensing Program

Office Use Only

REPORTING FORM

Email: ahdcovidccl@anchorageak.gov

Confirmed COVID-19 Case

Facility Name: _____

Point of Contact and Phone Number: _____

Date Report/Notification Received: _____ Licensing Specialist: _____

Name: _____

Date person was last at the facility: ____/____/____

Date person was tested: ____/____/____

Date the result was received: ____/____/____

Was the person symptomatic: YES or NO

Onset date of symptoms: ____/____/____ or NA

Where in the facility has this person/child been? i.e. classrooms, office, kitchen, other (be specific, names of classroom, etc.)

What action has the infected person taken? (the “confirmed case”)

Names of Child(ren), Staff, or Other associated with the facility who had close contact with infected person– can attach class roster, staff roster

What action has the person(s) associated with the facility who had close contact with an infected person taken?

What action has the facility taken thus far? (closure of classroom/facility, notification to families, clean, disinfect...)

Current number of children in care

Current number of staff associated with the facility

Comments:

“close contact” means being within 6 feet of an infected person for a cumulative total time of 15 minutes or longer starting from 48 hours before they started showing symptoms [or for individuals without symptoms, 48 hours before the date the positive test was collected] until the time the infected person is isolated. Close contact also happens if someone with COVID-19 coughs on you, kisses you, shares utensils with you, or you have contact with their bodily fluids.