



COVID-19 Case and Contact Line List for Education Sector

The Education Sector includes Licensed Early Care and Education Centers, K-12 Schools and Programs Serving School-Aged Children, and Institutes of Higher Education. (Programs serving school-aged children include K-12 School Districts Offices and Worksites, Day Care Programs for School Aged Children, Camps, Youth Sports Programs, and Parks and Recreation Programs.

LINE LIST DATA DICTIONARY

Version dated: February 20, 2021

Please note that all questions marked with an asterisk (*) are required.

Institution and Point of Contact Information	
Are you returning to update previously entered information using a return code?*	Yes No
Institution Type*	Child Care Center Family Child Care Home K-12 District Office/ Worksite K-12 School K-12 School - Youth Sports Program K-12 School - Day Care for School Aged Children Non-K-12 School - Day Care for School Aged Children Non K-12 School - Youth Sports Program Parks and Recreation Camp Institute of Higher Education
Name of Institution*	
Institution Street Address*	
Institution City*	
Institution ZIP Code*	
Please note current exposure management practices in place at your institution. (Select all that apply.)*	Social distancing in place to the largest extent possible Stable cohorts in place where required for your sector (no interaction with other cohorts or groups) Communal spaces at the facility closed or limited All staff use masks consistently and correctly All students over 2 use masks consistently and correctly Increased hand hygiene and resources for hand hygiene Cleaning and disinfection protocols in place (for cleaning high touch surfaces, disinfecting after a case, etc.) Protocols in place to enhance ventilation (opening windows, cohorts outside, improved HVAC, etc.) Do not wish to answer

	None of the above
CONTACT INFORMATION	
If you would like to receive a confirmation email, please enter a working email address.	
Note that the confirmation email will contain an attachment with the responses for this survey, so please ensure it's the best email for this purpose.	
Contact Person First Name*	
Last Name*	
Email Address*	
Primary Phone Number Type*	
Primary Phone Number*	
Total number of cases to report	<p>_____</p> <p><i>If 11 or more cases, please download and complete the Excel line list with all the cases and their close contacts. Once completed, please return to this REDCap form and upload the line list here. You do not need to password protect the Excel line list.</i></p>
Total number of close contacts	<p>_____</p> <p><i>If 36 close contacts or more, please download and complete the Excel line list with all the cases and their close contacts. Once completed, please return to this REDCap form and upload the line list here. You do not need to password protect the Excel line list.</i></p>
If no close contacts enter 0.	
Education Setting Affiliated Case Information	
Educational sites are required to notify Public Health of all cases of laboratory-confirmed COVID-19 among employees, students, and children that were on site at any point within 14 days prior to becoming ill or having a positive test if asymptomatic.	
The illness onset date is the first date of COVID-19 symptoms. If the case had no symptoms, the illness onset date is the COVID-19 test date.	
Persons with COVID-19 who were not on site during this time frame (14 days prior to illness onset or test if asymptomatic) are not required to be reported by the site, unless reporting a death of an individual who had COVID-19 illness and was affiliated with the site.	
DEMOGRAPHIC INFORMATION	
Case First Name*	
Case Last Name*	
Case Date of Birth	
Case Phone Number*	
Case Age (calculated)	

Case Gender*	Male Female Female to Male/Transgender MA Male to Female/Transgender FE Non-binary/Non-conforming Refused Unknown Other (Please specify.)
Case Race/Ethnicity*	White Black/African American Asian American Indian/Alaska Native Native Hawaiian/Other Pacific Islander Latinx/Hispanic Refused Unknown Other (Please specify.)
Case Street Address*	
Case City*	
Case ZIP Code	
Case County of Residence*	Los Angeles Pasadena Long Beach Orange County Riverside San Bernardino Kern Ventura Other (Please specify.)
<i>If CASE is less than 18 years old, please provide parental information.</i>	
Parent First Name*	
Parent Last Name*	
Does this parent have the same address and contact information as the CASE?*	Yes No
Parent Street Address*	
Parent City*	
Parent ZIP Code	
Is this person experiencing homelessness?	Not PEH PEH Imminent PEH (at risk for homelessness)

	<p><i>Not PEH: had permanent indoor housing</i></p> <p><i>PEH: did not have permanent indoor housing - e.g., staying at a congregate shelter, SRO, hotel paid for by government program, in vehicle, in encampment, or in other location not meant for human habitation</i></p> <p><i>Imminent PEH: at risk of losing permanent housing; in hospital or institution; in jail or prison</i></p>
EDUCATION SETTING EXPOSURE DETAILS	
Case Affiliation to Education Setting	<p>Child/Student</p> <p>Staff/Employee</p> <p>Educational Setting Visitor</p> <p>Not affiliated to education setting</p> <p>Other (Please specify.)</p>
Staff Job Classification	<p>Teacher/Faculty/Teaching Aide</p> <p>Campus Aide</p> <p>Food Services</p> <p>Custodial Services</p> <p>Grounds/Maintenance</p> <p>Office Staff</p> <p>Transportation</p> <p>Public Safety</p> <p>Sports/Athletics Staff</p> <p>Recreation Staff</p> <p>Other (Please specify.)</p>
Education Group	<p>Classroom/Academic Cohort</p> <p>Campus Residential</p> <p>Off-Campus</p> <p>Sport/Recreation Group</p> <p>Workplace</p> <p>Other (Please specify.)</p>
Possible factors associated with transmission on site	<p>Socializing On Campus</p> <p>Socializing Off Campus</p> <p>Transportation</p> <p>Shared Space On Site (e.g. Office, Classroom, Meeting Room)</p> <p>Inconsistent Mask Wearing</p> <p>Inconsistent Social Distancing</p> <p>Non-Compliance to Cohorting Protocols</p> <p>General Non-Compliance to Safety Protocols</p> <p>Unknown/Not Applicable</p> <p>Other (Please specify.)</p>
DETAILS OF EXPOSURE OUTSIDE OF EDUCATION SETTING	

Was this case exposed to an individual with known COVID-19 infection who is outside of the educational setting?*	Yes No Unknown
<i>This may be a household member or friend.</i>	
To whom was the case exposed?	None Household Member Non-household Family Member Non-household friend/acquaintance Unknown Other (Please specify.)
What was the last date of exposure to this non-education setting affiliated case?	___ / ___ / _____ MM/DD/YYYY
DETAILS OF ILLNESS	
Last date at education setting*	___ / ___ / _____ MM/DD/YYYY
What date did isolation begin?*	___ / ___ / _____ MM/DD/YYYY
COVID-19 Positive Test*	Yes No Refused Unknown
COVID-19 Test Date*	___ / ___ / _____ MM/DD/YYYY
Did this case experience symptoms?*	Yes No Unknown
Symptom onset date*	___ / ___ / _____ MM/DD/YYYY
Was this case hospitalized?*	Yes No Unknown
Hospitalization date	___ / ___ / _____ MM/DD/YYYY
Is this case deceased?*	Yes

	No Unknown
Date of death	___ / ___ / _____ MM/DD/YYYY
DETAILS OF COVID-19 VACCINATION STATUS	
Has this case received the COVID-19 vaccine?*	Yes No Refused Unknown
Where did they receive the vaccine?*	County vaccination clinic City vaccination clinic Community Clinic Primary Care Clinic Hospital Pharmacy Unknown Other (Please specify.)
Which vaccine did they receive?*	Pfizer-BioNTech Moderna AstaZeneca Janssen Novavax Unknown Other (Please specify.)
If vaccinated, how many doses were received?*	One dose Two doses Refused Unknown
If one dose received – is a second dose scheduled?	Yes No Unknown
Date of first vaccine dose	___ / ___ / _____ MM/DD/YYYY
Date of second vaccine dose	___ / ___ / _____ MM/DD/YYYY
Additional Case Notes	Please enter additional details in this field.
Education Setting Affiliated Close Contact Information	

A close contact* is an individual with at least one of the following exposures to a person on site with laboratory-confirmed COVID-19 during their infectious period. The infectious period starts from 2 days before symptom onset, or, if the infected person did not have symptoms, it starts from 2 days before the COVID-19 test date.

(1) Being within approximately 6 feet of an individual with laboratory-confirmed COVID-19 for 15 or more minutes over a 24 hour period;

(2) Having unprotected direct contact with infectious secretions or excretions of an individual with laboratory-confirmed COVID-19 (e.g., being coughed or sneezed on, sharing utensils or saliva, or providing care without using appropriate protective equipment);

(3) Child, student, and/or staff in the same cohort or classroom as an individual with laboratory-confirmed COVID-19 during their infectious period. NOTE: This exposure criterion does not apply for Institutes of Higher Education.

*Vaccinated persons who are a close contact to a confirmed case should be included in the line list. However they are not required to quarantine and test for COVID-19 if they meet all of the following criteria: (1) are fully vaccinated (i.e., ≥ 2 weeks following receipt of the second dose in a 2-dose COVID-19 vaccine series or ≥ 2 weeks following receipt of one dose of a single-dose COVID-19 vaccine) and (2) are within 3 months following receipt of the last dose in the series and (3) have remained asymptomatic since last contact with the infected person.

Please note that if the case was not onsite during their infectious period, there is no need to include close contact information.

Do any of the previously entered cases have close contacts?*	Yes No
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CLOSE CONTACT DEMOGRAPHIC INFORMATION

Contact First Name*	
Contact Last Name*	
Contact Date of Birth	___ / ___ / _____ MM/DD/YYYY
Contact Phone Number*	
If date of birth is unknown please enter an estimated age (in years) below.	_____ (years)
Contact Gender*	Male Female Female to Male/Transgender MA Male to Female/Transgender FE Non-binary/Non-conforming Refused Unknown Other (Please specify.)
Contact Race/Ethnicity*	White Black/African American Asian American Indian/Alaska Native Native Hawaiian/Other Pacific Islander

	Latinx/Hispanic Refused Unknown Other (Please specify.)
Contact Street Address*	
Contact City*	
Contact ZIP Code	
Contact County of Residence*	Los Angeles Pasadena Long Beach Orange County Riverside San Bernardino Kern Ventura Other (Please specify.)
Is this person experiencing homelessness?	Not PEH PEH Imminent PEH (at risk for homelessness) <i>Not PEH: had permanent indoor housing</i> <i>PEH: did not have permanent indoor housing - e.g., staying at a congregate shelter, SRO, hotel paid for by government program, in vehicle, in encampment, or in other location not meant for human habitation</i> <i>Imminent PEH: at risk of losing permanent housing; in hospital or institution; in jail or prison</i>
EDUCATION SETTING EXPOSURE DETAILS	
Which cases was this contact connected to? (Select all that apply.)*	
Contact Affiliation to Education Setting	Child/Student Staff/Employee Educational Setting Visitor Not affiliated to education setting Other (Please specify.)
Staff Job Classification	Teacher/Faculty/Teaching Aide Campus Aide Food Services Custodial Services Grounds/Maintenance Office Staff Transportation Public Safety

	Sports/Athletics Staff Recreation Staff Other (Please specify.)
Education Group	Classroom/Academic Cohort Campus Residential Off-Campus Sport/Recreation Group Workplace Other (Please specify.)
Possible factors associated with exposure on site	Close Proximity In Classroom/Cohort Close Proximity In Workplace Close Proximity in Break/Common Areas Close Proximity in Athletics Close Proximity in Social Gathering Close Proximity in Transportation Unknown/Not applicable Other (Please specify.)
DETAILS OF EXPOSURE OUTSIDE OF EDUCATION SETTING	
Was this contact exposed to an individual with known COVID-19 infection who is outside of the educational setting?*	Yes No Unknown
<i>This may be a household member or friend.</i>	
To whom were they exposed?	None Household Member Non-household Family Member Non-household friend/acquaintance Unknown Other (Please specify.)
What was the last date of exposure to this non-education setting case?	___ / ___ / _____ MM/DD/YYYY
DETAILS OF QUARANTINE	
Last date of exposure to case at education setting*	___ / ___ / _____ MM/DD/YYYY
What date did quarantine begin?*	___ / ___ / _____ MM/DD/YYYY
COVID-19 Test Result*	Positive Negative Undetermined

	Pending Refused Unknown
COVID-19 Test Date*	___ / ___ / _____ MM/DD/YYYY
Did this contact experience symptoms?*	Yes No Unknown
Symptom Onset Date*	___ / ___ / _____ MM/DD/YYYY
Was this contact hospitalized?	Yes No Unknown
Hospitalization date*	___ / ___ / _____ MM/DD/YYYY
Is this contact deceased?*	Yes No Unknown
Date of death*	___ / ___ / _____ MM/DD/YYYY
DETAILS OF COVID-19 VACCINATION STATUS	
Has this contact received the COVID-19 vaccine?*	Yes No Refused Unknown
Where did they receive the vaccine?*	County vaccination clinic City vaccination clinic Community Clinic Primary Care Clinic Hospital Pharmacy Unknown Other (Please specify.)
Which vaccine did they receive?*	Pfizer-BioNTech Moderna AstaZeneca Janssen

	Novavax Unknown Other (Please specify.)
If vaccinated, how many doses were received?*	One dose Two doses Refused Unknown
If one dose received – is a second dose scheduled?*	Yes No Unknown
Date of first vaccine dose	___ / ___ / _____ MM/DD/YYYY
Date of second vaccine dose	___ / ___ / _____ MM/DD/YYYY
Additional Close Contact Notes	Please enter additional details in this field.