SCHOOL HOTLINE:
Positive COVID-19 Reporting Resource
For Childcare

833-504-0155

1. **Complete Initial Actions, THEN CALL the School Hotline.**
2. **Continue with Next Steps and identification of Probable Close Contacts within the facility.**

Initial Actions	• Organization Name: • Facility/Site Name: Facility License Number: • Call ADH/ADE School Hotline - **833-504-0155**

Positive Case Name	Name and Phone number of Parent/Guardian OR Staff	STAFF / STUDENT

Date Symptoms Started:		☐ **No Symptoms Reported**	**Date of Birth**	
Last Date in Facility:				
Date Tested:				
Testing Site Name:		☐ **Unknown**	**Date Test Results Received**	
Testing Site Location:		☐ **Unknown**	**Type of COVID-19 test done:**	

Next Steps	• Compile a list of Probable Close Contacts, and email it to ADH **UPON REQUEST** ADH.SchoolPCC@arkansas.gov - **Subject: ATTN [Operator Name], [Organization Name], [County]** • Notify Probable Close Contacts to self-quarantine immediately for 14 days from the last date of contact with the positive case

Notified to Quarantine	Probable Close Contact Names	Name and Phone number of Parent/Guardian OR Staff	Date of Last Contact with Positive Case	STAFF / STUDENT
☐				
☐				
☐				
☐				
☐				
☐				
☐				
☐				
☐				
☐				
☐				

POC/Caller Name: Date of Call to Hotline:

POC/Caller Contact Information: