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Transcript: Changes to COVID-19 Reporting in Pre-K to Grade 12 School & Child Care Settings

7/29/2022

Hello. My name is Anne Sleeth. I am an epidemiologist with the COVID-19 Schools & Child Care Team at the Minnesota Department of Health, or MDH, and today I will be going over changes to COVID-19 reporting in pre-K through grade 12 school and child care settings. These changes go into effect Monday, Aug. 1, 2022.

First, we will go through overall changes.

We are transitioning COVID-19 surveillance in pre-K through grade 12 school and child care settings from individual case-based reporting to facility-level reporting (also referred to as aggregate reporting). In this new system, pre-K through grade 12 school and child care settings will no longer need to report individual case information to MDH, except as part of Clinical Laboratory Improvement Amendments or CLIA point-of-care or POC test result reporting; instead, they will be required to report an aggregate (total) number of student/child cases and staff cases at the pre-K through grade 12 school or child care setting per week. The purpose of this transition is to shift to a more sustainable reporting method that reduces the burden on schools and child care settings, while still monitoring disease incidence and disease impact in specific populations, like children.

Facilities conducting point-of-care or POC tests are acting as a laboratory, and therefore must continue to report positive test results to MDH, per requirements of CLIA.

If the school or child care setting becomes aware of any COVID-19 hospitalizations or deaths, they must report the individual's name and date of birth to MDH. These reporting changes will be effective beginning Monday, Aug. 1, 2022.

Pre-K through grade 12 schools, certified child care centers, and licensed child care centers serving 40 or more children will report aggregate case counts for both on-site staff and students/children on a weekly basis. Reporters for these settings will be sent a personalized case report survey via email on a weekly basis. Please contact health.schools.covid19@state.mn.us with questions about these surveys or if you are not sure you are receiving them.

Licensed child care centers serving fewer than 40 children and licensed family child care will report aggregate case counts for both on-site staff and students/children only if there are cases within the program. These programs can access the general, non-personalized online reporting form titled COVID-19 Report Form for Licensed Child Care Centers & Licensed Family Child Care (redcap-

<u>c19.web.health.state.mn.us/redcap/surveys/?s=DJK4AN48FRANDHML</u>) on the MDH website. When you have a case to report, choose a day of the week to report all cases within the previous week, then continue to report on that day each week until you have no additional cases. You do not need to complete a report during weeks when you have no cases.

All facilities, regardless of type, must report all COVID-19 hospitalizations and deaths to MDH, using the case report form. Include name and date of birth of the impacted individual(s) when reporting hospitalizations and deaths.

Any school or child care setting conducting point-of-care tests are acting as a laboratory and therefore must report positive results to MDH. For instructions on how to report, visit the MDH webpage titled COVID-19 Test Reporting Requirements (www.health.state.mn.us/diseases/coronavirus/hcp/reportlab.html). No changes have been made to this reporting requirement. The requirement to report negative results was discontinued as of April 4, 2022.

Now we will go through how to report cases for school and child care settings. We will start with how to report cases for pre-K through grade 12 schools, certified child care centers, and licensed child care centers serving 40 or more children.

The weekly reporting form is used to collect the total number of student/child and on-site staff COVID-19 cases; numbers for both of these groups will be reported separately. The weekly reporting forms will be sent on Wednesdays via automated email to the designated reporters for each school building or child care program. If a reporter is responsible for submitting data for more than one building or program, they will receive separate automated emails with unique reporting links for each of their buildings or programs. Reporting weeks run Sunday through Saturday.

This is a sample weekly reporting form email. Each email will be addressed to the reporter, will contain the name of the school or child care center, and the date range for which to report. Select the link within the email to access the reporting form.

Each weekly reporting form will be pre-populated with the school and/or child care name. Be sure to confirm the name of the school and/or child care prior to entering your aggregate case counts; this is especially important for reporters who report for multiple locations/programs.

The first section of the form applies to student/child cases. Select a week to report and enter the total number of student/child cases in the text field that appears when each week is selected. You do not need to enter case totals for weeks you already reported. Enter case numbers only for weeks you have not reported, or for weeks you need to update.

The next section of the form applies to staff cases. Enter staff case numbers in the same way you entered student/child case numbers. If you have no cases to report for the current week, enter 0. If a previous week's data needs to be updated, select that week as well. For example, you previously reported one case for the week of June 26 to July 2, 2022. Today, when entering reports, you realized you actually had two cases that week. Just select that week and report the accurate number of cases. This will overwrite your previous report. If you update a previous week's data, for either students/children or staff, or both, please alert us to that change by selecting yes.

As a reminder, you do not need to enter case totals for weeks you already reported. Enter case numbers only for weeks you have not reported, or for weeks you need to update. When entering aggregate case counts, include people who tested positive with any test type, including NAAT or nucleic acid amplification tests; PCR, point-of-care antigen; or at-home/over-the-counter or OTC tests. Include cases regardless of where testing was done. If you are conducting point-of-care or POC testing, include individuals who tested positive in your POC testing in the weekly count on your report form, in addition to your separate required reporting per CLIA. MDH will ensure cases are not double counted across reporting systems. Do not include in your aggregate case counts any administrative-only buildings/offices or cases among children/students or staff who are working fully remote, participating in an online-only program, or are otherwise not engaged in an in-person setting.

Generally, MDH recommends you use the date a person tested positive to determine which week a case belongs in, when possible. If you are made aware of a case that is outside of the reporting periods, add the case to the week closest to the date the person tested positive. If a person has two positive tests for a current infection (i.e., antigen and then PCR-positive a day later) they should be counted as only one case.

In the next section of the weekly reporting form, you can share your observations of notable case trends in your school or child care program (for example, students in the same classroom, children in the same cohort, individuals that attended the same event). If you are aware of a COVID-19 hospitalization or death, select yes and provide the person's name and date of birth.

If you would like someone from the MDH COVID-19 Schools & Child Care Team to contact you, select yes. The team will receive a notification and will follow up with you. Please provide details on the kind of support or information you need so our team can be prepared to share the appropriate resources in a timely manner. Select the final box for additional resources. When you select this box, a list of commonly used resources available from MDH and CDC will open within the survey. When you have completed the survey, click submit. After submitting, you will be shown a confirmation page where you may click the download button to generate a PDF of your responses.

Next, we will go through how to report cases for licensed child care centers serving fewer than 40 children and licensed family child care. These programs can access the general, non-personalized online reporting form titled COVID-19 Report Form for Licensed Child Care Centers & Licensed Family Child Care (redcap-c19.web.health.state.mn.us/redcap/surveys/?s=DJK4AN48FRANDHML) on the MDH website. We recommend that you bookmark this web submission form for easy access. A reminder for these child care settings: You need to report only if there are cases within the program; you do not need to complete a report during weeks when you have no cases. We recommend that when you do have cases to report, you choose a day of the week to report all cases for the previous week, then continue reporting on that day each week until you have no additional cases. As a reminder, the reporting period weeks run from Sunday through Saturday.

Now we will review the online reporting form. The first section of the online reporting form asks for general demographic information. Enter your name, email address, and the county where your child care program is located.

Next, select the facility type that best fits your program's setting. Note that K-12 schools, certified child care programs, and licensed child care programs serving 40 or more children report on a weekly basis using personalized case report surveys sent via email. Selecting one of those options on this form prompts the reporter to contact health.schools.covid19@state.mn.us.

In this first example, we will select "licensed child care facility that serves fewer than 40 children." Select your program's name using the child care name drop-down and enter your Department of Human Services (or DHS) license number. Then, enter the total student/child enrollment and total number of on-site staff at your facility.

In this second example, we will select "licensed family child care." Enter your DHS license number, and then enter the total student/child enrollment and total number of on-site staff at your child care.

After entering your child care demographic information, you will then enter your aggregate case information. In the student/child reporting section, select a week to report and enter the total number of student/child cases in the text field that appears when each week is selected. Do the same thing in the staff reporting section. You do not need to enter case totals for weeks you already reported. Enter case numbers only for weeks you have not reported, or for weeks you need to update.

When entering your aggregate case counts, include people who tested positive with any test type, including NAAT or nucleic acid amplification tests; PCR, point-of-care antigen; or at-home/over-the-counter or OTC tests. Include cases regardless of where testing was done. If you are conducting point-of-care or POC testing, include individuals who tested positive in your POC testing in the weekly count on your report form, in addition to your separate, required reporting per CLIA. MDH will ensure cases are not double counted across reporting systems. Do not include administrative-only buildings/offices or cases among children/students or staff who are working fully remote, participating in an online-only program, or are otherwise not engaged in an in-person setting in your aggregate case counts.

Generally, MDH recommends you use the date a person tested positive to determine which week a case belongs in, when possible. If you are made aware of a case that is outside of the reporting periods, add the case to the week closest to the date the person tested positive. If a person has two positive tests for a current infection (for example, an antigen and then PCR-positive a day later) they should be counted only as one case.

In the next section of the survey, you can share observations of notable trends in your program (for example, students in the same classroom, children in the same cohort, individuals that attended the same event). If you are aware of a COVID-19 hospitalization or death, select yes and provide the person's name and date of birth.

If you would like someone from the MDH COVID-19 Schools & Child Care Team to contact you, select yes. The team will receive a notification and will follow up with you. Please provide details on the kind of support or information you need, so our team can be prepared to share the appropriate resources in a timely manner. Select the final box for additional resources. When you select this box, a list of commonly used resources available from MDH and CDC will open within the survey. When you have completed the survey, click submit. After submitting, you will be shown a confirmation page where you may click the download button to generate a PDF of your responses; you may also enter your email address, so that you can receive a confirmation email with the same PDF of your responses.

In conclusion, pre-K through grade 12 schools, certified child care centers, and licensed child care centers serving 40 or more children will report the total student case count and total staff case count once a week to MDH. Complete a report even if you have zero cases in a particular week. Licensed child care centers serving fewer than 40 children and licensed family child care centers should report once a week to MDH only when they have cases. Any school or child care setting conducting point-of-care tests are acting as a laboratory, and therefore must continue to report positive test results to MDH, following the instructions detailed on the webpage titled COVID-19 Test Reporting Requirements (www.health.state.mn.us/diseases/coronavirus/hcp/reportlab.html).

These reporting changes take effect Aug. 1, 2022. Questions regarding these reporting changes can be sent to the MDH COVID-19 Schools & Child Care Team at health.schools.covid19@state.mn.us.

Thank you!



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Contact <u>health.communications@state.mn.us</u> to request an alternate format.