

**WORKFORCE DEVELOPMENT, AGING AND COMMUNITY SERVICES (WDACS)  
AMERICA'S JOB CENTERS OF CALIFORNIA (AJCC)  
COVID-19 – YOUTH@WORK WORKSITE  
COMMUNICATION FORM**

<b>AJCC INFORMATION</b>	
AJCC NAME	DATE
AJCC REPRESENTATIVE	TITLE
PHONE NUMBER	EMAIL

<b>INCIDENT INVOLVES</b> (check all that apply)	<b>WORKSITE INFORMATION</b>
<input type="checkbox"/> COVID-19 Positive <input type="checkbox"/> COVID-19 Exposure (Close Contact)	Department Name: _____  Worksite Location: _____

<b>PARTICIPANT INFORMATION</b>	
Participant's Name:	
Date of Positive Test or Exposure:	
Shift (Start and End Times):	
Work Schedule (Days):	<input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun
Last Date Reported for Duty:	
Start and End Time of Last Worked Date:	
Working Environment	<input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor <input type="checkbox"/> Both

**IF THE INDIVIDUAL HAD CLOSE CONTACT(S)\* WITH EMPLOYEES OR CLIENTS, PROVIDE THE BELOW INFORMATION.** If needed, provide additional close contacts in the Additional Information section below.

Name	Participant or Staff	Date/Time of Close Contact	Telephone Number

**ACTIONS TAKEN BY THE EMPLOYER OR WORKSITE OPERATOR (CHECK ALL THAT APPLIES)**

COVID-19 Positive Instructed the participant to:	COVID-19 Exposure Instructed the participant to:
<input type="checkbox"/> Stay at home for at least 5 days <input type="checkbox"/> Test again on Day 5 or later if you have no symptoms, to determine a negative COVID test. <input type="checkbox"/> If test is negative, contact you may return to work <input type="checkbox"/> If test is still positive or you still have symptoms, continue to isolate for the remaining 10 days	<input type="checkbox"/> Stay at home for at least 5 days from your last contact with a person who has COVID-19 <input type="checkbox"/> Test on Day 5 or later <input type="checkbox"/> Monitor your health for the remaining 10 days <input type="checkbox"/> If test is not done on day 5 or later, quarantine for 10 days

<b>ADDITIONAL COMMENTS</b>

\* A close contact involves an individual(s) who was within 6 feet of the infected person for more than 15 minutes, or an individual who had unprotected contact with the infected person's body fluids and/or secretions, for example, being coughed or sneezed on, sharing utensils or saliva, or providing care without wearing appropriate protective equipment.