

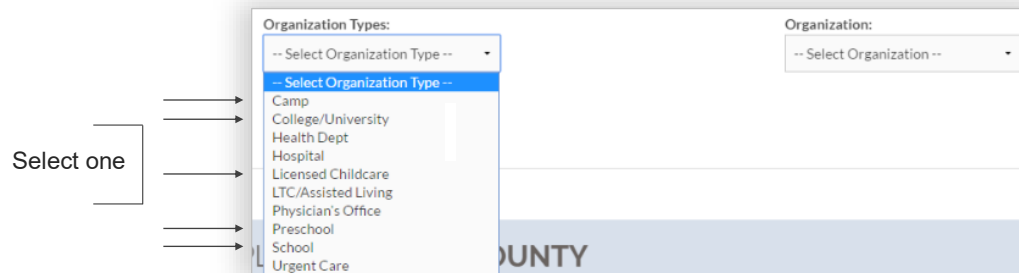
*This guide provides instructions for how to register and quick tips for using the Facility Weekly Report of Communicable Diseases to Ottawa County Department of Public Health. Facilities will report total enrollment and total weekly cases of flu-like illness, stomach virus, COVID-19 absence, and chickenpox.*

How to Register ..... page 1

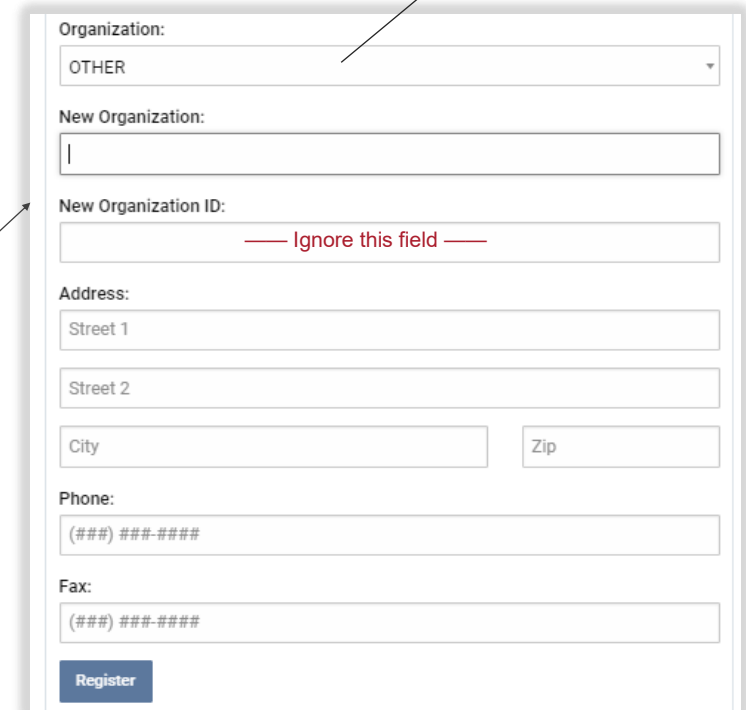
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### How To Register New Users

1. Open your browser and go to: <https://www.mriottawa.org/CDReporting/>
2. Click on [Register to Use Communicable Disease Reporting](#)
3. Enter the first name, last name & e-mail address of the person who will be doing weekly facility reports
4. In the Organization Types drop-down, select your facility type as shown below



5. If this is the first time registering for your school, camp or childcare facility, select OTHER in the Organization drop-down and additional fields will appear. Fill in your facility name, address and the phone/fax number for contacting the reporter, as shown below. Do not fill in New Organization ID. Once your registration is approved, you will receive a confirmation email with username and temporary password. At your first login, you will reset your password.



6. If your facility **has already registered**, find and select it in the Organization drop-down alphabetized list.

## How To Report Each Week

1. Report by end of day Monday for the *prior week* (Sunday to Saturday)
2. Open your browser and go to <https://www.miottawa.org/CDReporting/> OR use the link in Friday's reminder email
3. Login with Username and Password
4. Fill out each applicable field on the [Communicable Disease Reporting](#) page and "Submit"
5. You will receive confirmation of your report

Communicable Disease Reporting  
Facility Weekly Report to Ottawa County Department of Public Health

**Instructions**

A: Fill out form as completely as possible.  
 B: Submit report by end of day on **Monday** of following week EVEN IF THERE ARE NO DISEASES TO REPORT.  
 C: Complete the "[Chickenpox Reporting Form](#)" for each case of suspected/confirmed chickenpox and fax to 616-393-5767.

**Facility Information**

Facility: [REDACTED]  
 ID Number: [REDACTED]  
 Submitted by: [REDACTED]  
 Phone: [REDACTED]  
 Fax: [REDACTED]  
 E-Mail: [REDACTED]  
 Facility Type: school

**Closing Information**

Closed for the summer  
 Date back in session:  
 09/05/2017  
 All Students Remote/Online Within the Reporting Period

**Required Information**

*If school is doing a hybrid model with the same students being both in-person and online in the same week, (e.g. Monday-Wednesday in-person and Thursday-Friday online), please enter the student in both the in-person and remote/online boxes*

Student In-person Enrollment: [###]  
 Student Remote/Online Enrollment: [###]  
 Staff In-person Total (Include Teaching and all other staff): [###]

Week Ending:(always a Saturday)  
 mm/dd/yyyy

FOR STAFF AND STUDENTS, NO FLU-LIKE ILLNESS, COVID-19 QUARANTEENED OR LAB CONFIRMED CASES, STOMACH VIRUS OR CHICKENPOX CASES TO REPORTED WITHIN THE LAST WEEK

Report weekly unless facility closed

This section should match your registration information

Enter week ending date for reporting week

Enter total in-person **student** enrollment

Enter total remote/online **student** enrollment

Enter total in-person **staff** enrollment

If there is no flu, stomach virus, chickenpox, or COVID-19 (cases or quarantined contacts) then check here

NOTE: If your school is entirely remote/online (staff and students) then check this box and click Submit. No further information is required.

NOTE: If you have 100 enrolled students, and during the reporting week all 100 are in a combination of remote/online and in-person, then put 100 in **BOTH** of these boxes.

## How To Report Each Week (continued)

Please indicate the TOTAL NUMBER of NEW cases for each illness, and the TOTAL NUMBER of COVID-19 related school absences during the last week.

Enter weekly totals of **NEW student** cases for each illness

Use Tally Sheet provided on Login page

Enter total number of in-person **students** absent for COVID-19 isolation or quarantine at any time during the week. This box may include the same students from week to week.

Enter total number of in-person **staff** absent for COVID-19 isolation or quarantine at any time during the week. This box may include the same staff from week to week.

Enter total number of in-person **staff** absent for other (non-COVID-19) or unknown reasons.

Use as needed

Click on **Submit** before closing. For help, call Shelley at 616-393-5721.

Follow definitions

**IN-PERSON STUDENTS**

**FLU-LIKE ILLNESS**  **TOTAL CASES**

**DEFINITION**  
Fever plus any of the following symptoms: Sore throat, cough  
*\*Please include all potential COVID-like illnesses that meet this definition. Does not include lab confirmed cases*

**ABSENT FOR COVID-19 ISOLATION OR QUARANTINE:**   
Number of in-person students absent from school for COVID-19 isolation as a lab confirmed case and/or in quarantine for exposure to COVID-19 case

**STOMACH VIRUS**   
Diarrhea and/or vomiting for 24 to 48 hours

**CHICKENPOX**   
Complete and fax "[Chickenpox Reporting Form](#)" for EACH case

**IN-PERSON STAFF**

**ABSENT FOR COVID-19 ISOLATION OR QUARANTINE**   
Number of in-person staff absent for COVID-19 isolation as a lab confirmed case and/or in quarantine for exposure to a COVID-19 case

**ABSENT FOR ANY OTHER REASON**   
Number of in-person staff absent for other reasons (e.g. other illness or leave)

**SERIOUS/RARE ILLNESSES** - If a report of any of the following illnesses **IMMEDIATELY CALL THE PUBLIC HEALTH DEPARTMENT AT 616-396-5266** ask to speak with a Communicable Disease Nurse.

Measles	Mumps	Meningitis	Tuberculosis
Encephalitis	Pertussis (Whooping Cough)	Unusual occurrence/outbreak	Rubella
Hepatitis	COVID-19		

**Submit**