

SPOT PORTAL: COVID-19 REPORTING

Once you meet the reporting threshold for your site, complete the SPOT Intake form through the SPOT Portal to report cases to Santa Cruz Public Health.

Navigate to SPOT Homepage ([here](#))

New User No Account

For new users who do not have a SPOT Account, you must submit a SPOT Intake Form by selecting "New User" from the Homepage.

Follow the instructions starting on [Page 2](#). Click [here](#).

Registered User Existing Account

For existing users, log in to your portal to submit a SPOT Intake form by selecting "Existing User" from the Homepage.

Follow the instruction starting on [Page 6](#). Click [here](#).

To Report Additional Cases to an Outbreak

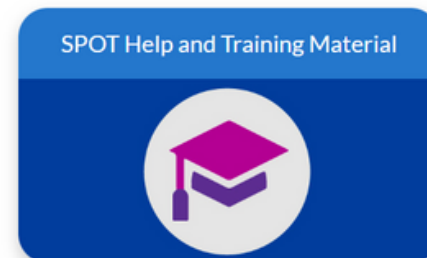
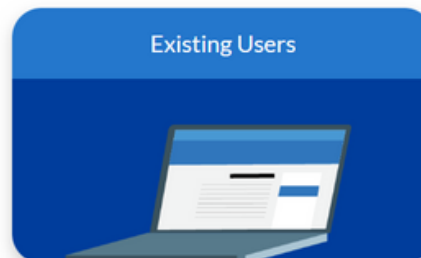
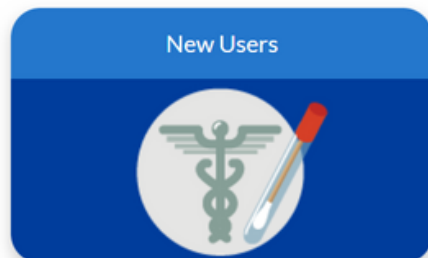
Once your SPOT Intake form has been processed by our team and an Exposure Event has been created you can report additional cases or send updates.

Follow the instruction starting on [Page 10](#). Click [here](#).

If you have any trouble with your password or accessing the portal, please call **CalCONNECT HelpDesk at (916) 520-1619, or email them at CalCONNECT.Helpdesk@cdph.ca.gov M-F 8a-5pm.**

Select
"New Users".

Welcome to SPOT



Use the dropdown
to select "Santa
Cruz" as the Local
Health Jurisdiction
and then hit **Next**.

Select the Local Health Jurisdiction associated with the exposure you need to report:

* Local Health Jurisdiction

Santa Cruz

Next

Choose the site
exposure type, then
hit **Next**.

You are able to report school, workplace, congregate setting, and other location related exposures via this portal for Santa Cruz County Health Department. Please choose from the options below.

- Report a School Exposure
- Report a Workplace/ Congregate/ Other Setting Exposure

Previous

Next

Complete the SPOT Intake form fully including:

- Key Point of Contact & Additional Point of Contact
- Location of Exposure
- Exposure Information
- Under "Notes" add any other info that you think we should know or leave the field blank

Complete this form to report a workplace, congregate setting, or other location exposure for Santa Cruz County Health Department.

Key Point of Contact for Location

Once approved by your local health department, this person will be granted access to SPOT to enter information about the exposure on behalf of the organization.

* First Name - Key

Complete this field.

* Email - Key

Title / Role - Key

* Last Name - Key

* Phone - Key

Location of the Exposure

Name and address of the business facility or site where the exposure took place.

* Location Name

* Location Type

* Street

* City

* Zip/Postal Code

State
CA

Exposure Information

* Start Date of Exposure

End Date of Exposure

* Specific Place in the Location

* Number of COVID-19 Positive Cases

Number of Close Contacts

Total Number of People at the Location

* Do people live at this location?

If yes, what is the resident capacity?

NAICS Code of the Workplace

Industry of the Workplace

Reason(s) for Report

- Individual Case Report
- Multiple Case Report
- Outbreak
- Requesting Assistance/Call-back
- Other

Was the exposure indoors or outdoors?

Notes

Note: All fields marked with a red* are required fields and must be completed to continue.

Finally, at the bottom select "Yes" and then **Next**.

- * Do you want to provide case(s) information now? A case is anyone who has tested positive for COVID-19.
- Yes, I am ready to provide this information
 - No, I will provide this information later once the Health Department has confirmed the information.

[Previous](#) [Next](#)

Enter all the information for the positive case then hit **Next**.

* First Name Complete this field. * Last Name

Gender * Has this person had symptoms?

* Birthdate Language If yes, when did the symptoms start?

* Mobile Phone * Home Street Address * Test Date

* City * State Test Result Test Type

* Zip * Occupation/Job Title

Resident/Staff in Congregate Setting * Last Date On Site

Notes

If there are more cases to report, select "Yes". If not select "No" and **Next**.

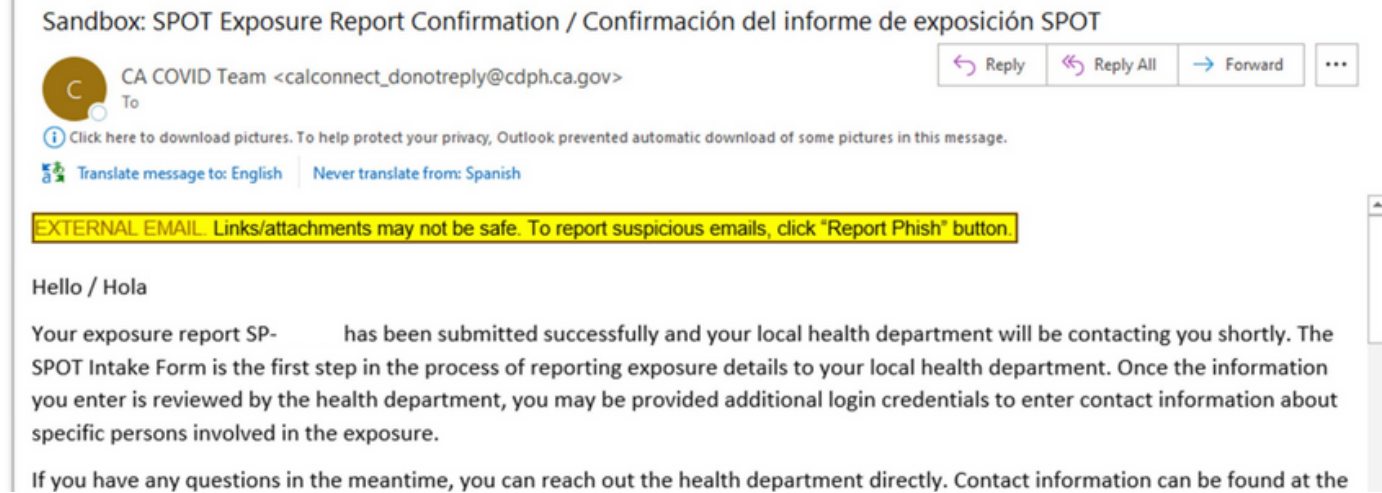
- * Do you have more case(s) to report?
- Yes, I have more cases to report
 - No, I am finished entering case information

[Next](#)

Reminder: Make sure the Number of COVID-19 Positive Cases entered into the form matches how many cases you entered and submitted here.

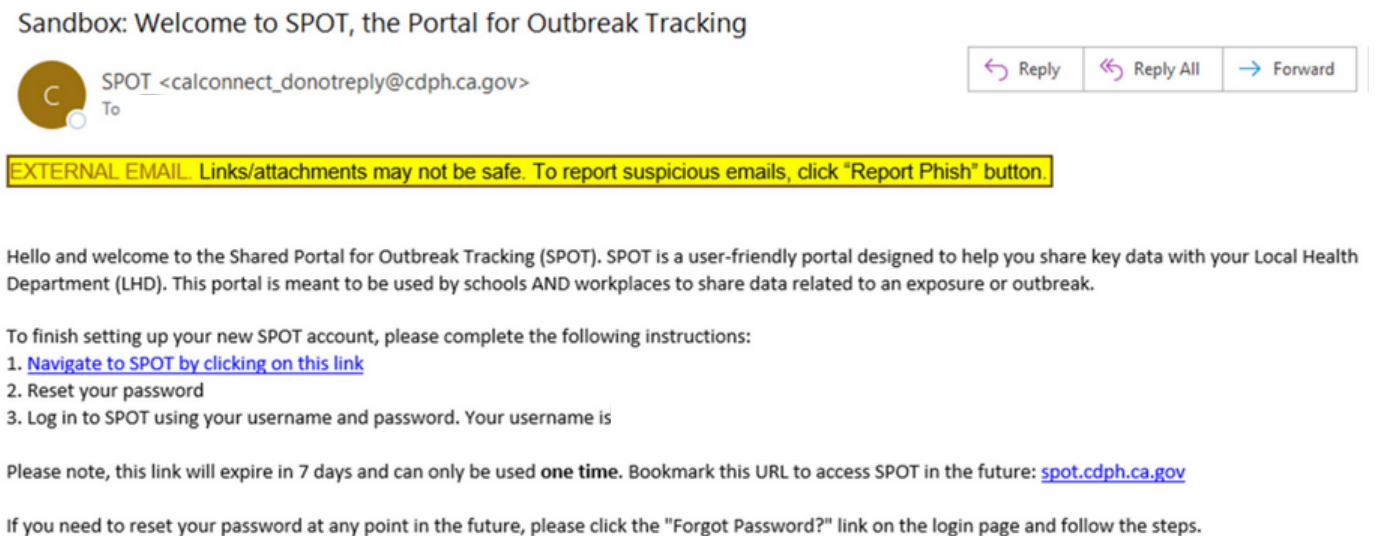
You will receive a confirmation message that the SPOT Intake form was submitted along with a summary. Review the information and hit **Finish** at the bottom of the page.

After submitting the SPOT Intake form you will receive a confirmation email.



Once your SPOT Intake form has been processed by our team you will receive a welcome email with your "username" and link to reset your password.

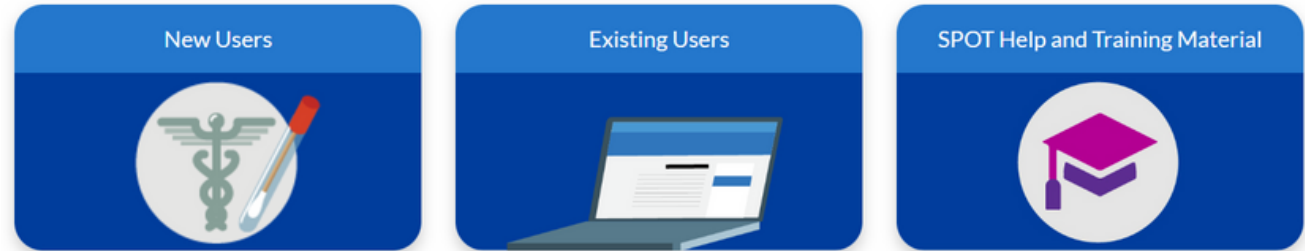
Follow the instructions to gain access to your SPOT Portal Account.



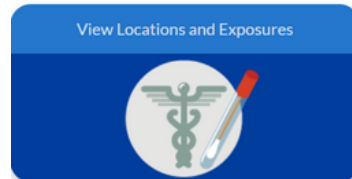
You'll be contacted by our team with the Exposure Event # (EE) from your SPOT Intake form. This EE# is used to report additional cases within the SPOT Portal. Continue and follow instructions on [Page 10](#), click [here](#).

Select "Existing Users" and log in to your SPOT Portal Account.

Welcome to SPOT



Select "View Locations & Exposures" located on the top green bar, also found as a big blue button on the left.



You'll see a list of your SPOT Locations. Select the site you'll be reporting to. All sites are hyperlinked in blue.

SPOT Locations ▼

2 items • Sorted by Name + • Filtered by All accounts - Account Record Type • Updated 7 minutes ago

	Name + ↓	Street	City
1	Site Location Test 1		Santa Cruz
2	Site Location Test 2		Felton

Select
"Report New
Exposures".



Account
Site Location Test 1

Report New Exposure Send Update

A dialogue box should pop up over the screen with a SPOT Intake form. Complete this form fully.

Complete this form to report a new exposure for **Site Location Test 1**. Once reviewed by the health department, this form may be processed into a new Exposure Event. Please allow for processing time.

Exposure Information

* Start Date of Exposure ⓘ	End Date of Exposure ⓘ
<input type="text"/>	<input type="text"/>
* Specific Place in the Location ⓘ	* Number of COVID-19 Positive Cases ⓘ
<input type="text"/>	<input type="text"/>
Number of Close Contacts ⓘ	Total Number of People at the Location ⓘ
<input type="text"/>	<input type="text"/>
NAICS Code of the Workplace ⓘ	Industry of the Workplace ⓘ
<input type="text"/>	<input type="text"/>

At the bottom select "Yes" and then **Next** to start entering positive case(s) information.

* Do you want to provide case(s) information now? A case is anyone who has tested positive for COVID-19.

Yes, I am ready to provide this information

No, I will provide this information later once the Health Department has confirmed the information.

Next

Enter all the information for the positive case then hit **Next**.

The screenshot shows a form with the following fields and options:

- * First Name**: Text input field with a red border and the text "Complete this field." below it.
- * Last Name**: Text input field.
- * Birthdate**: Date picker field.
- Language**: Dropdown menu with "None" selected.
- * Mobile Phone**: Text input field.
- * Home Street Address**: Text input field.
- * City**: Text input field.
- * State**: Dropdown menu with "California" selected.
- * Zip**: Text input field.
- * Occupation/Job Title**: Text input field.
- Resident/Staff in Congregate Setting**: Dropdown menu with "None" selected.
- * Last Date On Site**: Date picker field.
- Gender**: Dropdown menu with "None" selected.
- * Has this person had symptoms?**: Dropdown menu with "None" selected.
- If yes, when did the symptoms start?**: Date picker field.
- * Test Date**: Date picker field.
- Test Result**: Dropdown menu with "None" selected.
- Test Type**: Dropdown menu with "None" selected.
- Notes**: Text area.

If there are more cases to report, select "Yes". If not select "No" and **Next**.

* Do you have more case(s) to report?

- Yes, I have more cases to report
- No, I am finished entering case information

Next

Reminder: Make sure the Number of COVID-19 Positive Cases entered into the form matches how many cases you entered and submitted here.

After entering all the positive cases, you will receive a confirmation message that the SPOT Intake form with a summary. Review the information and hit **Finish** at the bottom of the page.

First Name	Last Name
TEST	TEST
Birthdate	Gender
February 2, 2002	None
Parent/Guardian Name	Mobile Phone (or Parent/Guardian)
Home Phone	5555555555
Home Street Address	City
State	Zip
California	12345
Date last on school campus	Student or Staff?
March 21, 2022	Yes, student
Grade	Occupation/Job Title (for Staff)
None	Ever Symptomatic?
Is person athlete or coach?	None
None	Symptom Onset Date
Education Group	Test Result
Test Date	None
Test Type	Name of Education Group
None	

Exposure Information	
Start Date of Exposure *	End Date of Exposure
3/21/2022, 9:48 AM	Number of COVID-19 Positive Cases *
Specific Place in the Location *	3
test	Total Number of People at the Location
Number of Close Contacts	Industry of the Workplace
NAICS Code of the Workplace	Reason for Report - Specify Other
Reason(s) for Report	Notes
Was the exposure indoors or outdoors?	
None	
# Cases submitted with Intake Form	
1	

[Finish](#)

You'll then receive a confirmation email of the SPOT Intake form submission.

Sandbox: SPOT Exposure Report Confirmation / Confirmación del informe de exposición SPOT



CA COVID Team <calconnect_donotreply@cdph.ca.gov>
To

[← Reply](#) [↶ Reply All](#) [→ Forward](#) [⋮](#)

[Click here to download pictures.](#) To help protect your privacy, Outlook prevented automatic download of some pictures in this message.

[Translate message to: English](#) | [Never translate from: Spanish](#)

EXTERNAL EMAIL: Links/attachments may not be safe. To report suspicious emails, click "Report Phish" button.

Hello / Hola

Your exposure report SP- [redacted] has been submitted successfully and your local health department will be contacting you shortly. The SPOT Intake Form is the first step in the process of reporting exposure details to your local health department. Once the information you enter is reviewed by the health department, you may be provided additional login credentials to enter contact information about specific persons involved in the exposure.

If you have any questions in the meantime, you can reach out the health department directly. Contact information can be found at the

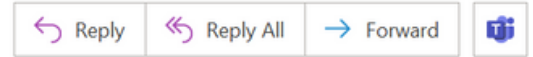
You'll be contacted by our team with the Exposure Event # (EE) from your SPOT Intake form. This EE# is used to report additional cases within the SPOT Portal. Continue and follow instructions on [Page 10](#), click [here](#).

Once your SPOT Intake form has been processed by our team you will receive an email and/or call from the assigned investigator with an Exposure Event (EE)#.

Exposure Event #000000 for Test Site 1



Sara
To



Fri 1/13/2023 2

Retention Policy 60-day Delete (60 days)

Expires 3/14/2023

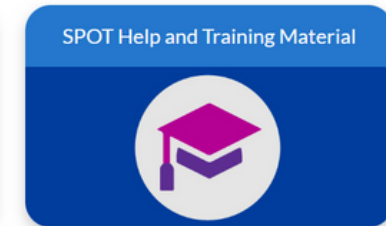
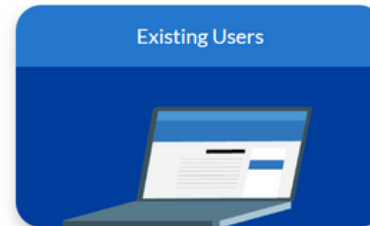
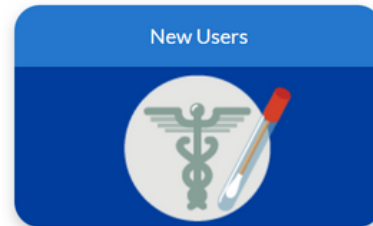
Encrypt-Only - This message is encrypted. Recipients can't remove encryption.
Permission granted by:

Dear ,

Thank you, we have received a SPOT Intake Form from you, and opened an exposure event. You are now registered as the SPOT Liaison for **Test Site 1** with **Exposure Event #000000**. All your SPOT submissions are secure and encrypted.

Log in to your SPOT Portal Account by selecting "Existing Users".

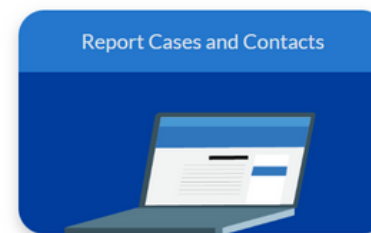
Welcome to SPOT



To report additional cases select "Report Cases and Contacts" located on the top green bar (also found as a big blue button).



Welcome to the School Portal for Outbreak Tracking



Report Additional Cases Page 11

Note: All fields marked with a red* are required fields and must be completed to continue.

On the next screen, select the Location of the site from the drop-down menu and hit "Next".

Please select the Location for the Cases and Contacts you need to report. Select **None of the above** if you do not see the Location listed.

Location

Select an option

Next

On the next screen, select "COVID-19 Case" and then "New".

Select whether you want to enter a new COVID-19 case or contact

* Select an option

- COVID-19 Case
- COVID-19 Contact

New

A new SPOT Case & Contact dialogue box should pop over the screen.

New SPOT Case and Contact: COVID-19 Case

Location and Exposure Details

Location
Laughing Goats Elementary School

* Specific Place in the Location ⓘ

Exposure Event ⓘ
Search Exposure Events...

Personal Information

* First Name

* Last Name

Parent / Guardian Name ⓘ

* Birthdate ⓘ

Cancel Save & New Save

Fill out the SPOT Case & Contact dialogue box fully including:

- Enter the Exposure Event number to make sure the case(s) are linked to the outbreak you are reporting to on SPOT
- Enter the case's information (name, DOB, test date, etc.)

New SPOT Case and Contact: COVID-19 Case

Location and Exposure Details

Location
Laughing Goats Elementary School

*Specific Place in the Location ⓘ

Exposure Event ⓘ
Search Exposure Events... 🔍

Personal Information

*First Name ⓘ

Parent / Guardian Name ⓘ

*Mobile Phone (or Parent/Guardian Phone) ⓘ

Email ⓘ

*Home Street Address ⓘ

*State ⓘ
California

Resident County / LHJ ⓘ
--None--

*Last Name ⓘ

*Birthdate ⓘ

Home Phone ⓘ

Language ⓘ
--None--

*City ⓘ

*Zip ⓘ

Housing Status ⓘ
--None--

Once you are done you can select "Save" or "Save & New" if you have additional cases to report.

Cancel Save & New Save