**Office of Developmental Programs**

**COVID-19: Reporting Suspected and Confirmed Staff Cases (Version 1)**

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| **1** | **Provider IRS Name AND 9-digit MPI Number** |  |
| **2** | **Staff Person’s****Position** | * Dietary / Housekeeping / Maintenance
* Direct Support Professional (DSP)
* DSP Supervisor
* Program Staff (i.e. Program Specialist)
* Management / Administrative
* Other:
 |
| **3** | **Address and Demographics of EACH LOCATION****where Staff Person Works**. Add one complete address per cell.**Indicate the setting type:** 6400, 6500, ICF, Private Home, etc. | **Street, City, Zip** | **County** | **ODP****Region** | **Number of individuals who live at location** | **Number of OTHER****STAFF who****work at location** |
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| **4** | **COVID Testing Site Type** | Acute Care Hospital Urgent Care Center LaboratoryPhysician’s OfficeDiagnosed by Healthcare Practitioner without Test Other: |
| **5** | **Testing Site Address** Name, Street,City, Zip |  |
| **6** | **Test Results** | PendingPositive / Presumed Positive – The person has COVID-19 Negative – The person does not have COVID-19 |