**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 Laboratory  Physician’s Office  Diagnosed by Healthcare Practitioner without Test  Other: | | | | |
| **5** | **Testing Site Address** Name, Street,  City, Zip |  | | | | |
| **6** | **Test Results** | Pending  Positive / Presumed Positive – The person has COVID-19 Negative – The person does not have COVID-19 | | | | |