

Department of  
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Health

## Ohio COVID-19 Reporting Tool

### Director's Orders and Facility Type

Effective August 24th, 2020 at 12:01 a.m., all residential care facilities (RCF) are subject to the Ohio Department of Health (ODH) [Director's Order](#) and Guidelines.

Effective August 31st, 2020 at 12:01 a.m., all facilities providing older adult day care services (ADS) and senior centers (SC) are permitted to reopen with a limited capacity subject to the ODH [Director's Order](#) and Guidelines.

Per the Orders, all facilities (RCF, ADS, and SC) must ensure staff and residents/participants are tested for COVID-19, as applicable.

Each facility is required to report the results of bi-weekly testing efforts using this online reporting tool. Reporting is required regardless of whether a facility is utilizing state-supported testing or chooses to use another laboratory. All questions in the reporting tool must be fully and accurately reported within each reporting period. The reporting schedule can be found [here](#).

Additional information about RCF testing requirements can be found [here](#).

Additional information about ADS and SC testing requirements can be found [here](#).

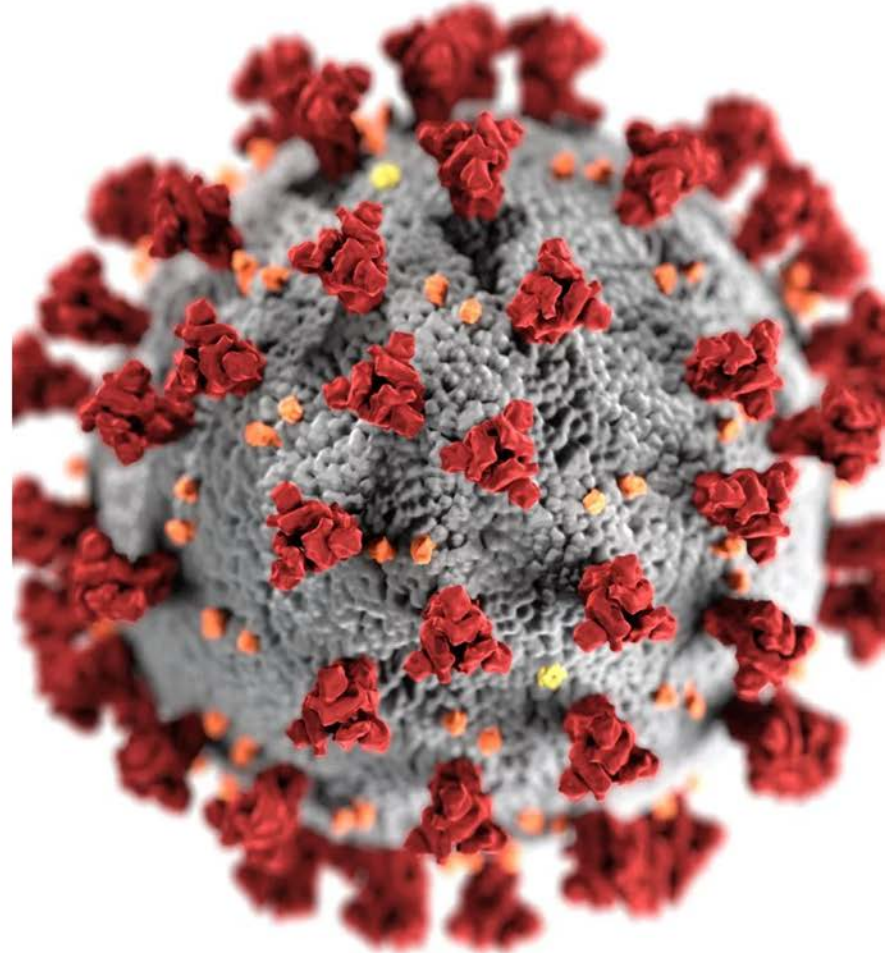
This reporting tool is to record testing performed on residents/participants and personnel necessary for the operations of the facilities to include, but not limited to staff, volunteers, contracted and emergency healthcare providers, and contractors who conduct critical on-site maintenance.

**The current reporting period is from 9/28/20 through 10/11/20.**

\* 1. Please select the facility type:

- ☐ Residential Care Facility (RCF)
- ☐ Senior Center (SC)
- ☐ Adult Day Services (ADS)

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**Ohio COVID-19 Reporting Tool**

ADS Re-Opening

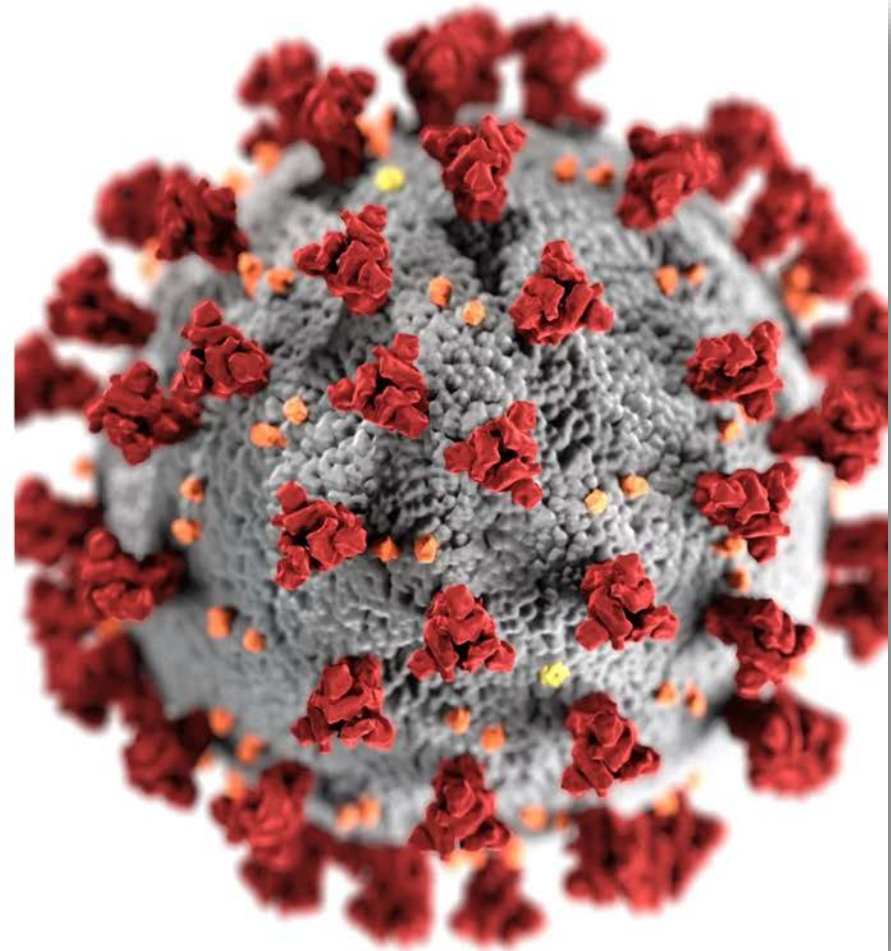
\* 2. Has the ADS re-opened?

☒ Yes

☐ No

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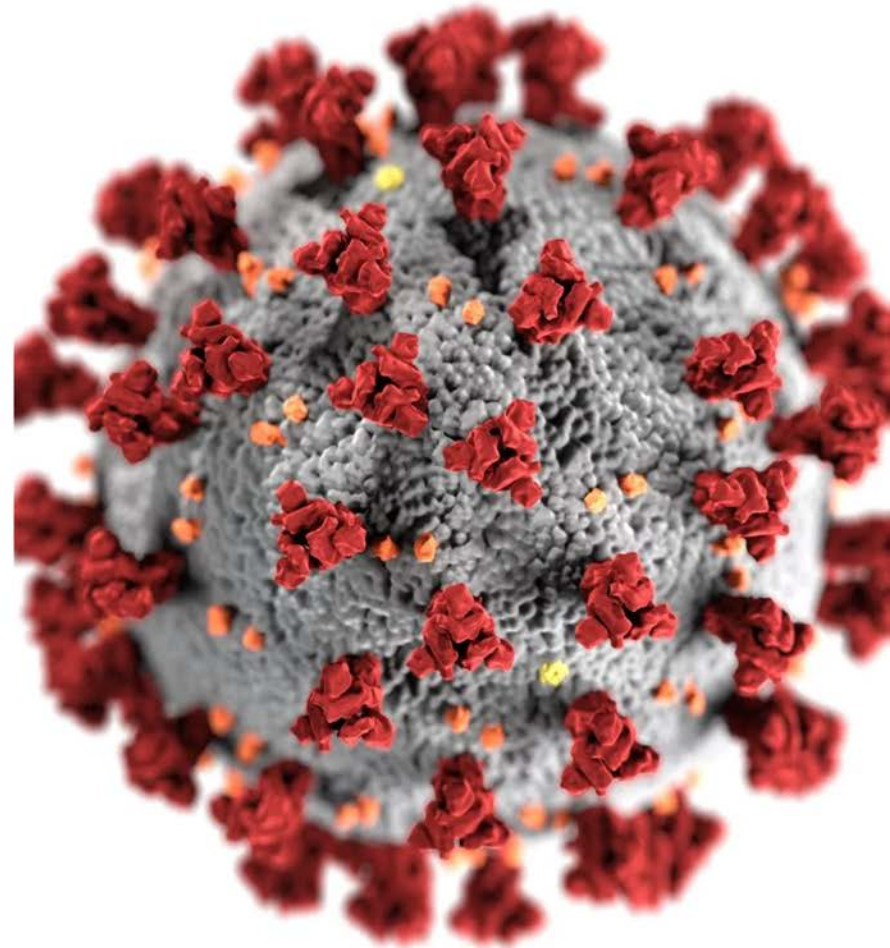
ADS Re-Opening Date

\* 3. When did the ADS re-open?

Select the field below:

Date  
 

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**Ohio COVID-19 Reporting Tool**

ADS Re-Opening

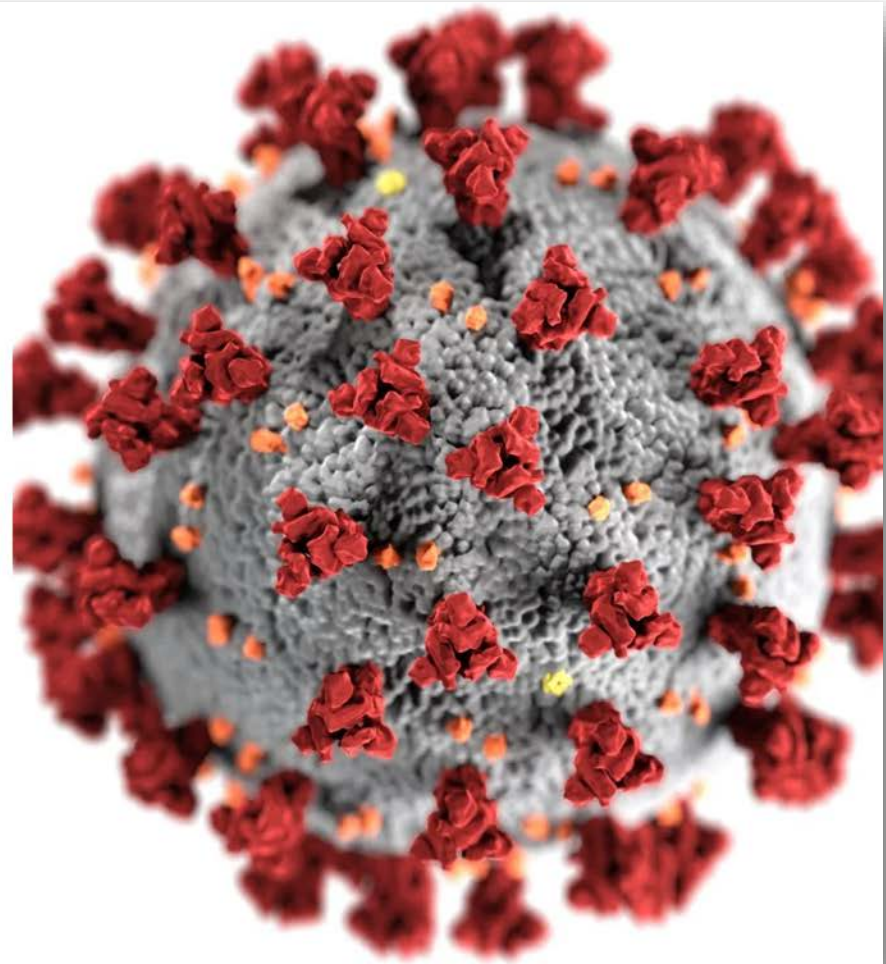
\* 2. Has the ADS re-opened?

☐ Yes

☒ No

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### Ohio COVID-19 Reporting Tool

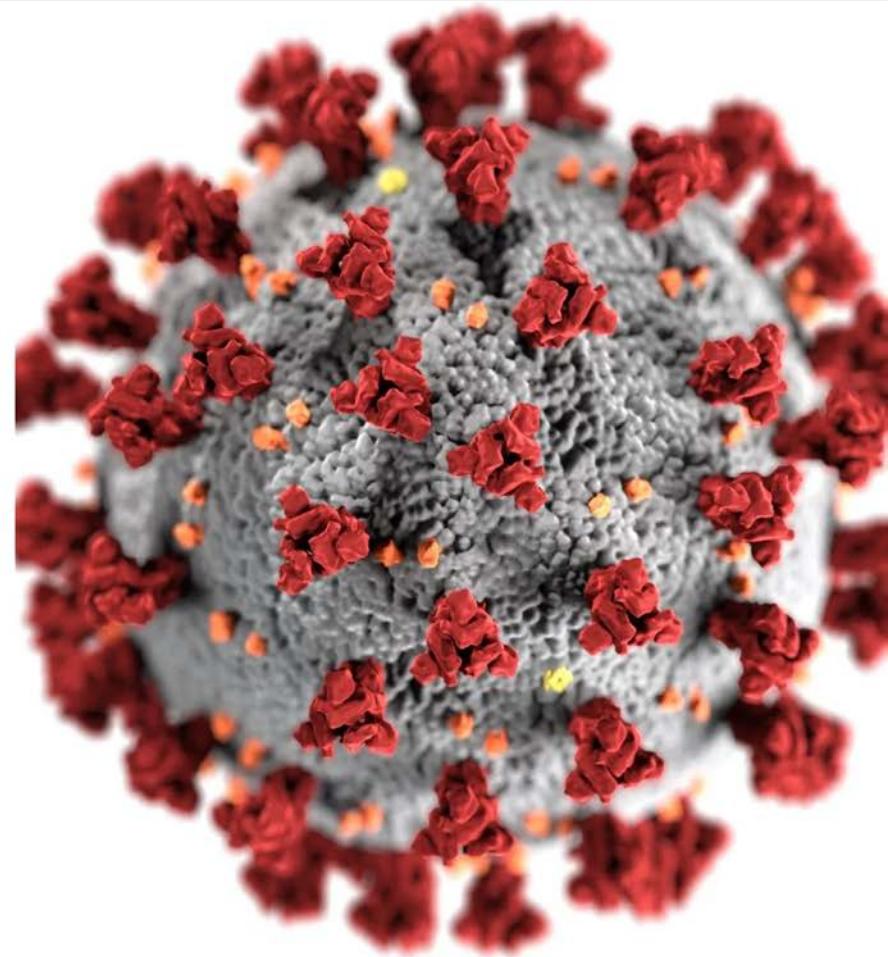
ADS Anticipated Re-Opening Date

\* 3. What is the anticipated re-opening date for the ADS?

Select the field below:

Date  
 

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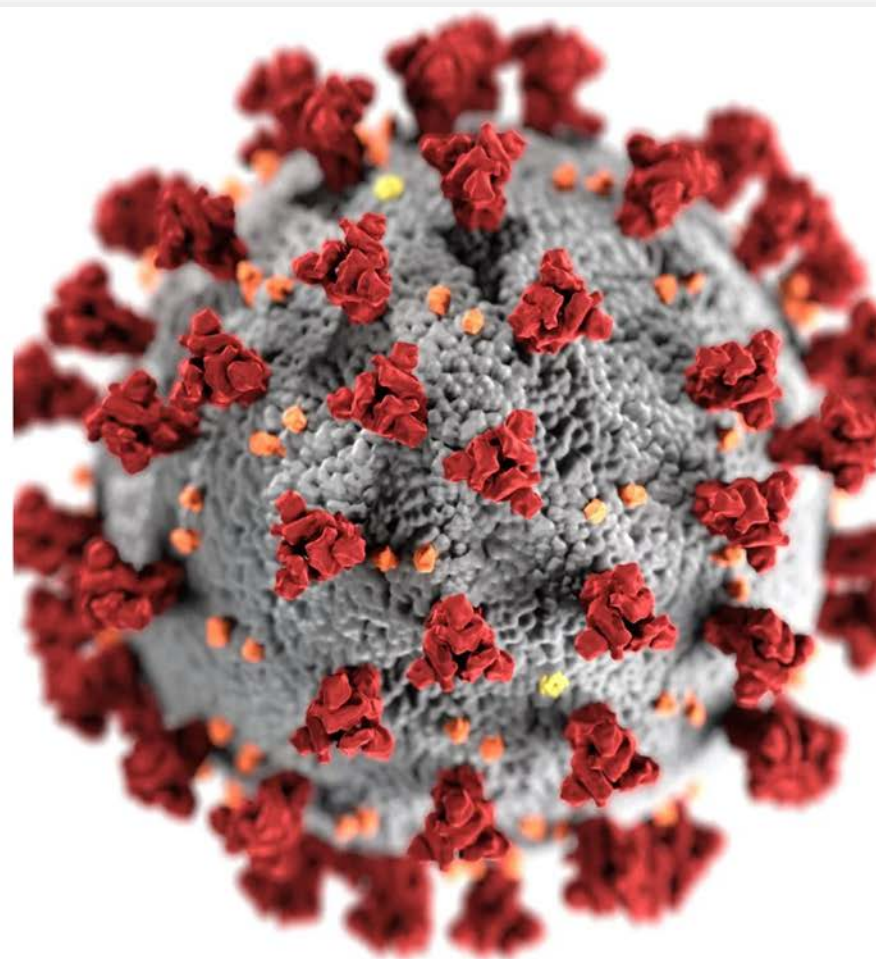
### Ohio COVID-19 Reporting Tool

#### ADS Provider Selection

\* 4. Select the Adult Day service provider from the drop down list below.

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### Ohio COVID-19 Reporting Tool

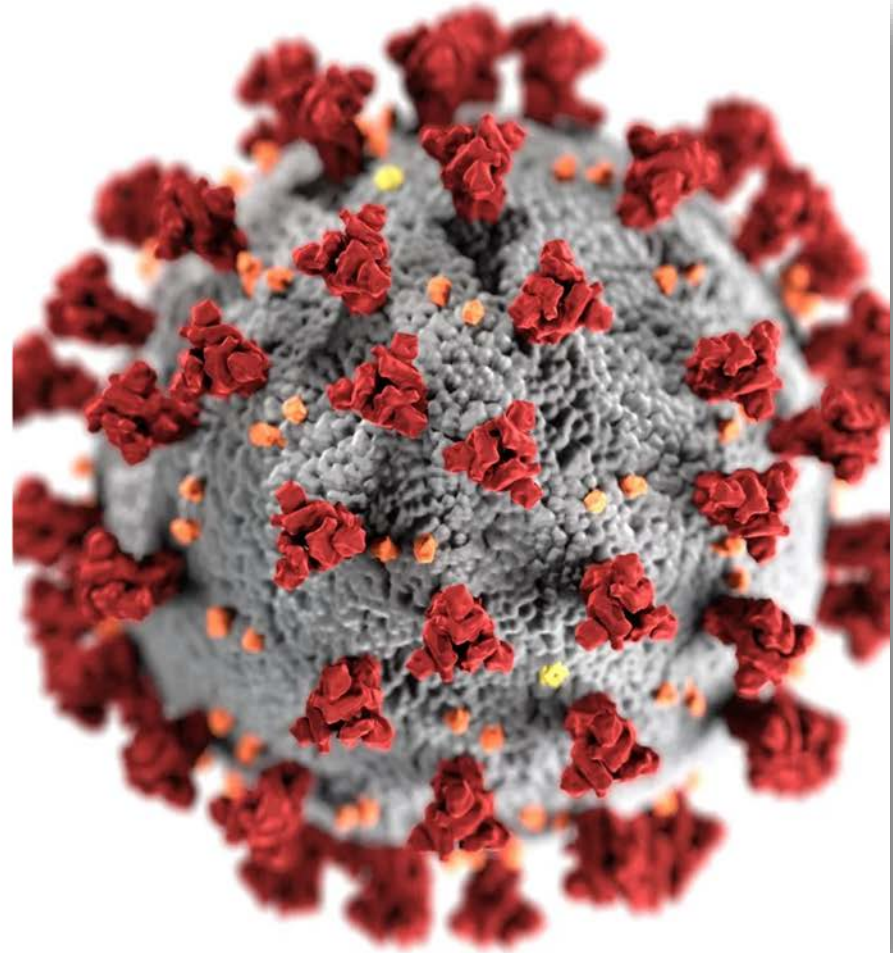
#### ADS Provider Selection

\* 4. Select the Adult Day service provider from the drop down list below.

My Adult Day services provider name isn't listed below. 

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**Ohio COVID-19 Reporting Tool**

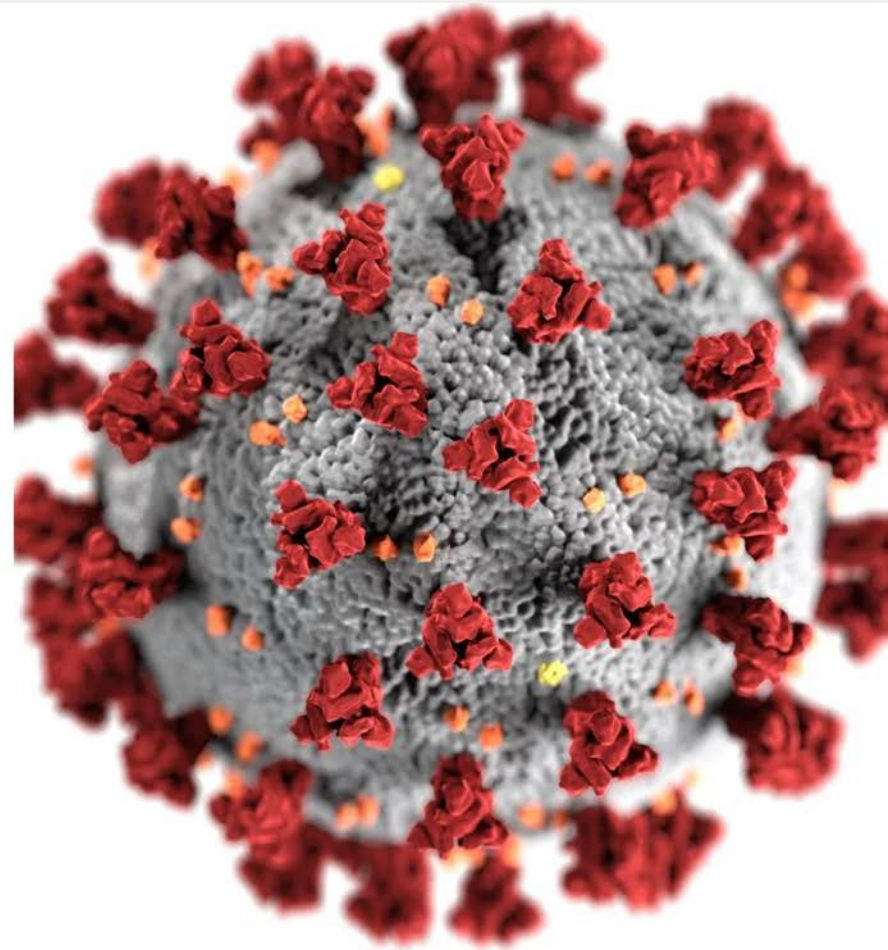
SC and ADS Info

\* 5. Please enter the facility/center name:

\* 6. Please enter the facility/center phone number (XXX-XXX-XXXX):

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**Ohio COVID-19 Reporting Tool**

SC and ADS Address

\* 7. Please enter the facilities address:

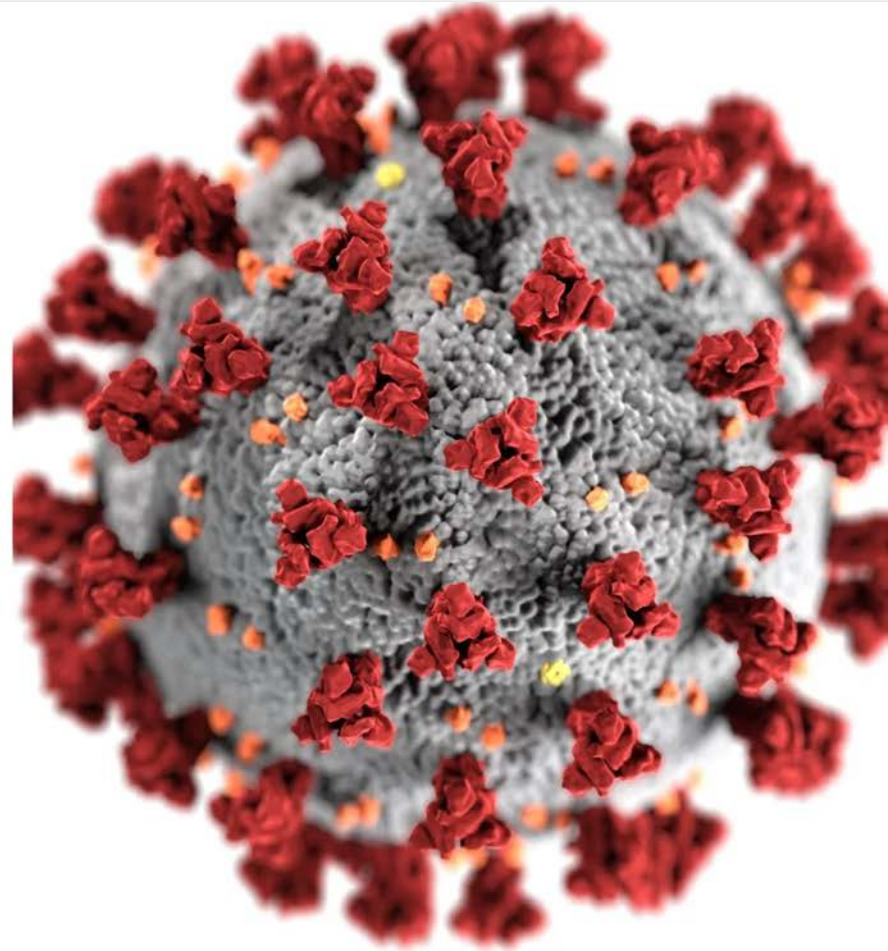
Street Address:

City:

\* 8. Please enter the facilities zip code:

\* 9. Please select the county in which the facility is located from the drop down list below:

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Health**Ohio COVID-19 Reporting Tool****SC and ADS Staff Testing Details**

For the purpose of Ohio's COVID-19 reporting, in alignment with the Director's Order, "staff" includes all employees, personnel (contractors, interns, externs) and volunteers who support the operation of the facility.

\* 10. What was the total number of staff who worked in the facility during this reporting period? (Note: Do not include staff who exclusively work in another setting.)

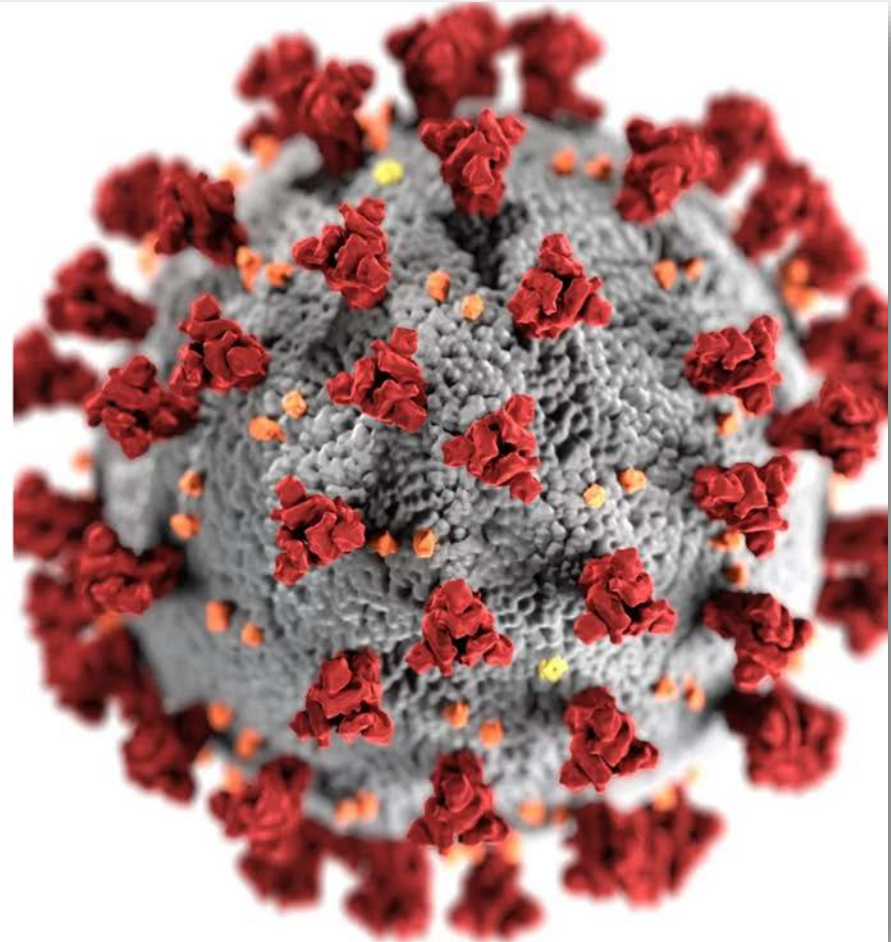
\* 11. How many of the staff identified in the previous question were tested during this reporting period?

\* 12. Of the staff tested, how many test results were received during this reporting period? (Note: Count only results received - not pending, damaged or tests conducted.)

\* 13. If your total staff weren't tested during the reporting period, please describe why one or more staff were not tested. (Note: If not applicable, please enter N/A.)

- ☐ No ordering provider available
- ☐ Staff not available to test
- ☐ Staff refused test
- ☐ N/A
- ☐ Other (please specify)

\* 14. Of the staff tested during this reporting period, how many tested positive?

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### Ohio COVID-19 Reporting Tool

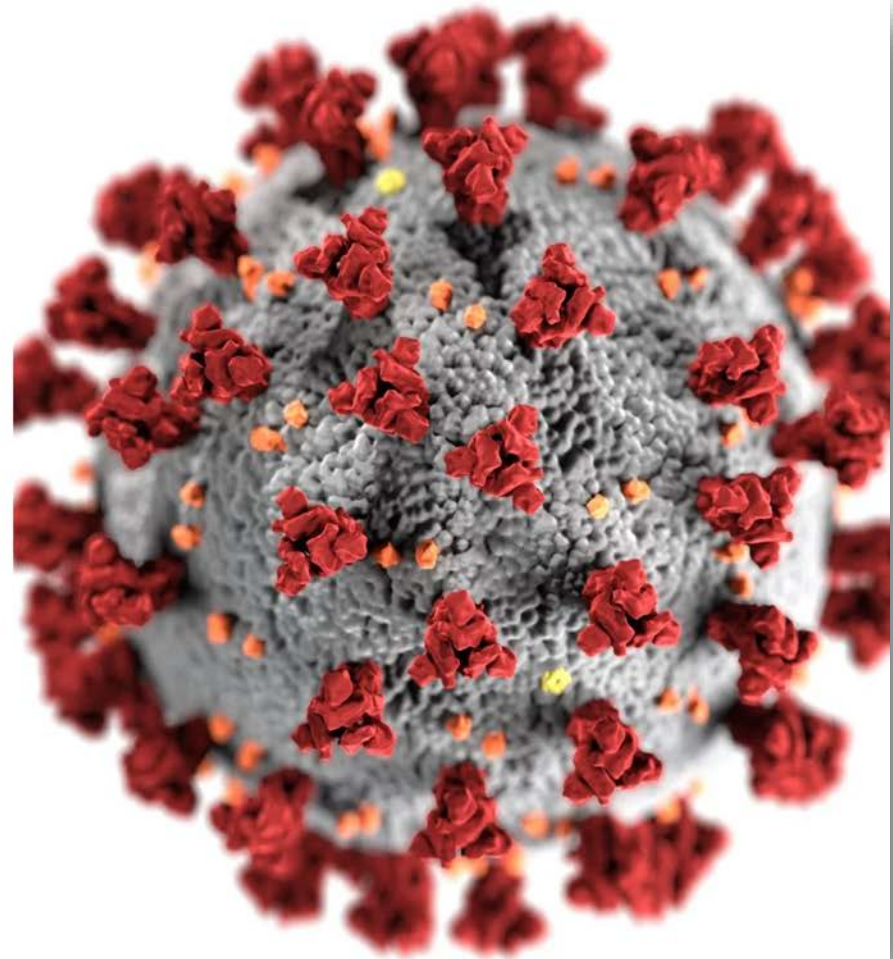
#### SC and ADS Participant Testing Details

\* 15. How many participants accessed the facility during this reporting period?

\* 16. How many participants whom accessed your facility during this reporting period were tested?

\* 17. Of the participants tested during this reporting period, how many results were received? *(Note: Count only results received - not pending, damaged or tests conducted.)*

\* 18. How many participants tested positive during this reporting period?

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### Ohio COVID-19 Reporting Tool

#### Submitter Contact Info

\* 19. Your First Name:

\* 20. Your Last Name:

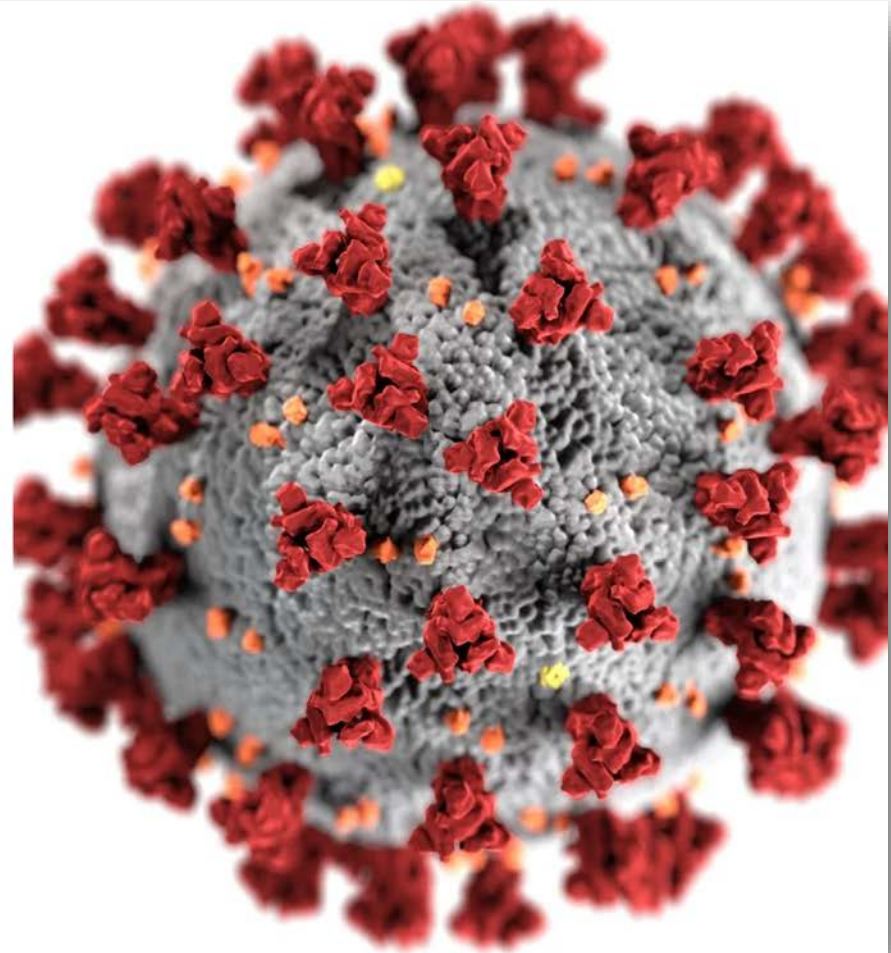
\* 21. Your Email Address:

\* 22. Your Cell Phone Number (XXX-XXX-XXXX):

\* 23. Your Work Phone Number (XXX-XXX-XXXX):

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### Ohio COVID-19 Reporting Tool

#### Attestation

\* 24. By selecting "**Submit Final Report**" below, you are attesting that your facility/center has developed and implemented, policies and procedures to implement and monitor resident/participant and staff COVID-19 testing and is in full compliance with the [August 24th, 2020 Director's Order \(for RCF\)/August 31st, 2020 Director's Order \(for ADS and SC\)](#) for the testing of residents/participant and staff of all residential care facilities, adult day service providers and senior centers.

☐ I have read and understand the attestation statement above and attest the information I provided in this report is complete and accurate.

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Submit Final Report

