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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.**

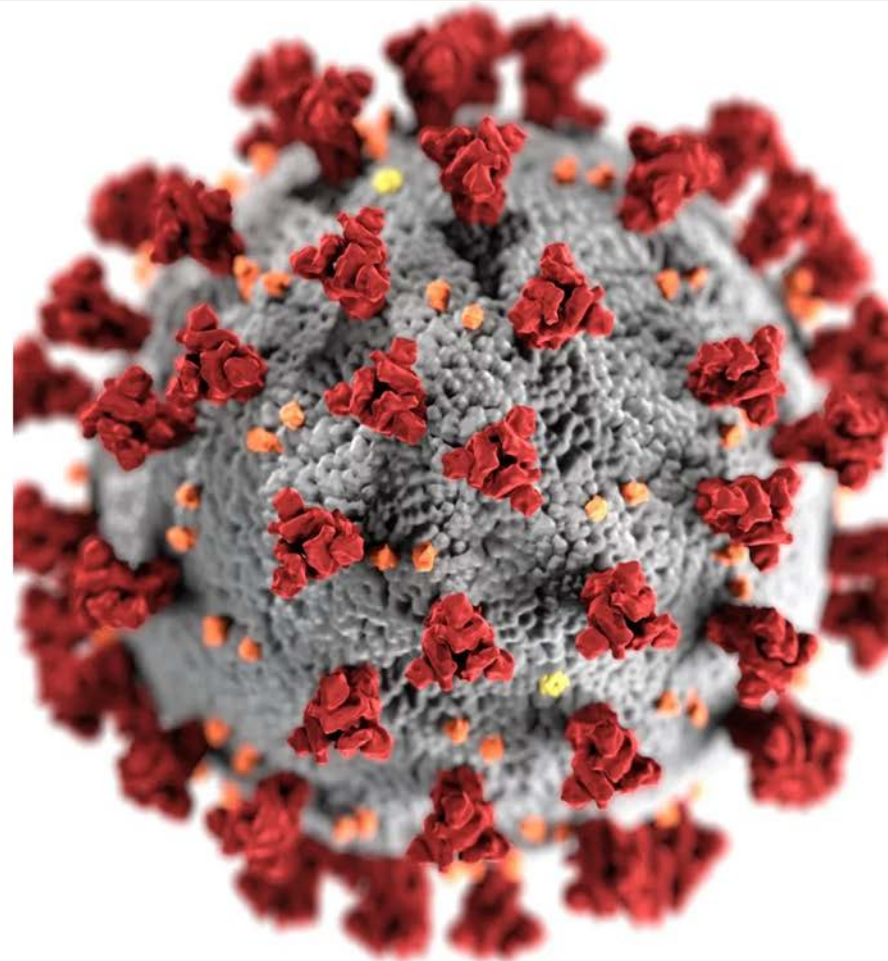
\* 1. Please select the facility type:

☒ Residential Care Facility (RCF)

☐ Senior Center (SC)

☐ Adult Day Services (ADS)

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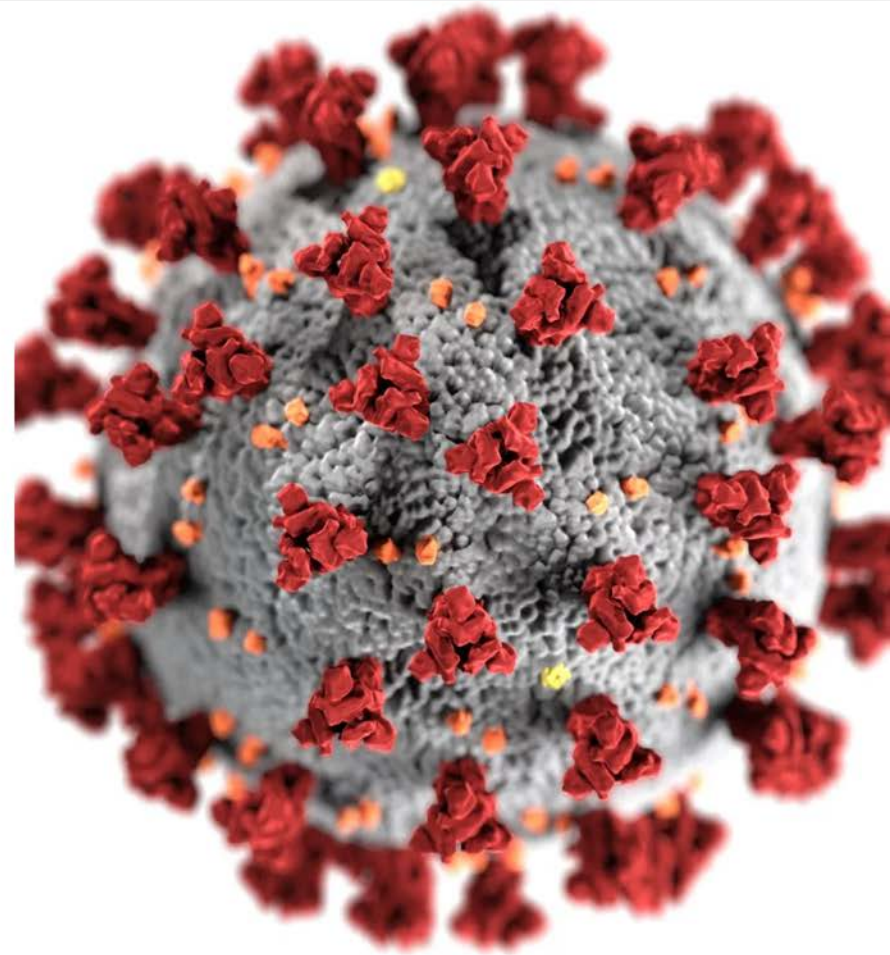
RCF Selection

Facility Information

\* 2. Select the Residential Care Facility License ID (0009R - 2199R) from the drop down list below:  
**(NOTE: Select "The facility license ID is between 2200R - 2900R" if applicable.)**

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RCF Selection

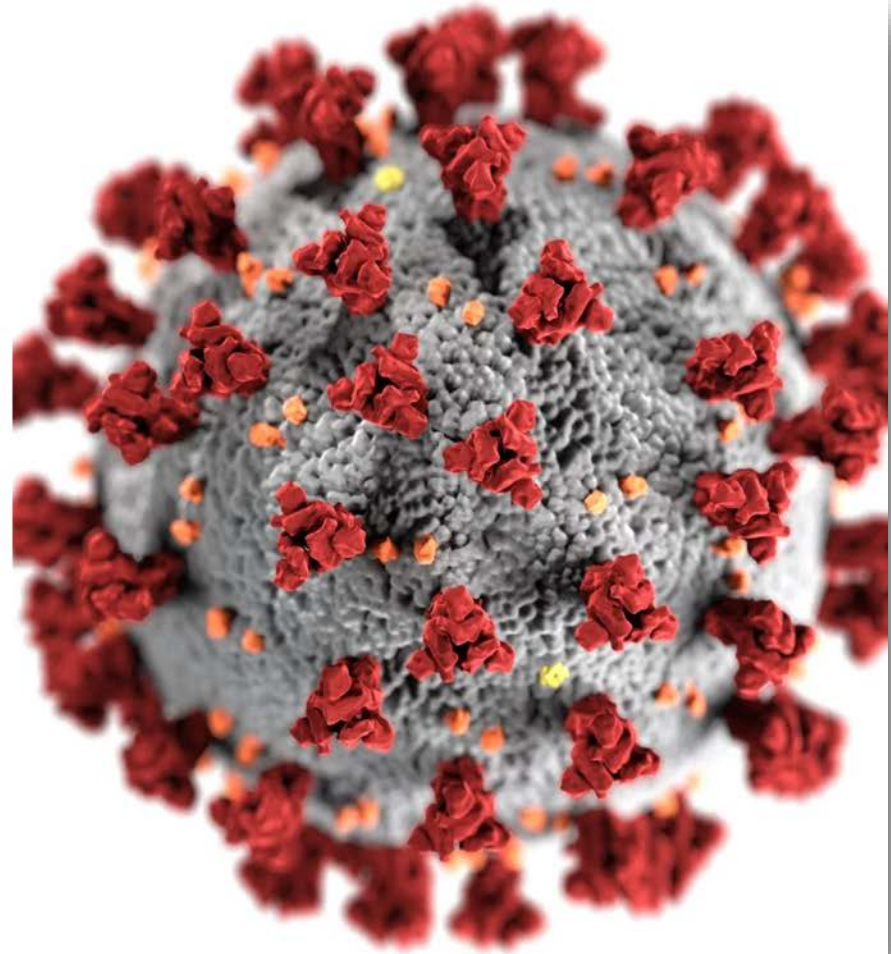
Facility Information

\* 2. Select the Residential Care Facility License ID (0009R - 2199R) from the drop down list below:  
**(NOTE: Select "The facility license ID is between 2200R - 2900R" if applicable.)**

The facility license ID is between 2200R - 2900R

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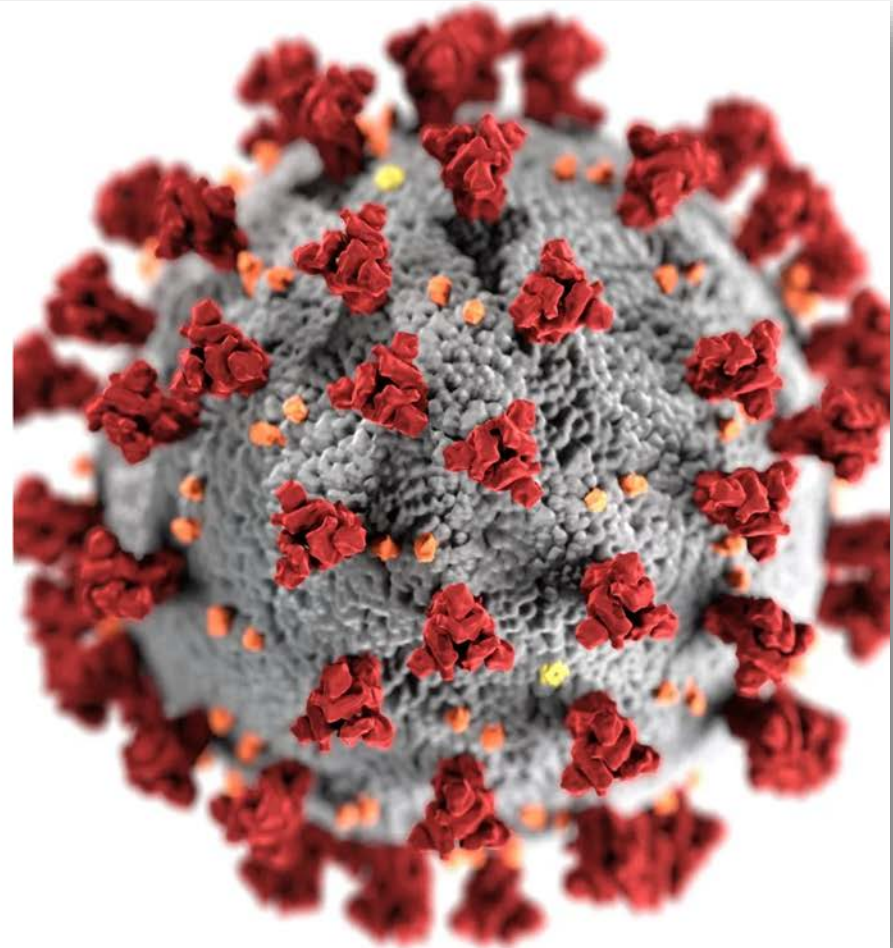


### Ohio COVID-19 Reporting Tool

RCF Selection Continued

\* 3. Select the State of Ohio Residential Care Facility License ID (2200R - 2900R):

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#### RCF Staff Testing Details

\* 4. What is the total number of staff employed by the facility who work in the facility? *(Note: Do not include staff who exclusively work in another facility.)*

\* 5. How many of the staff identified in the previous question were tested during this reporting period?

\* 6. Of the staff tested during this reporting period, how many results were received? *(Note: Count only results received - not pending, damaged or tests conducted.)*

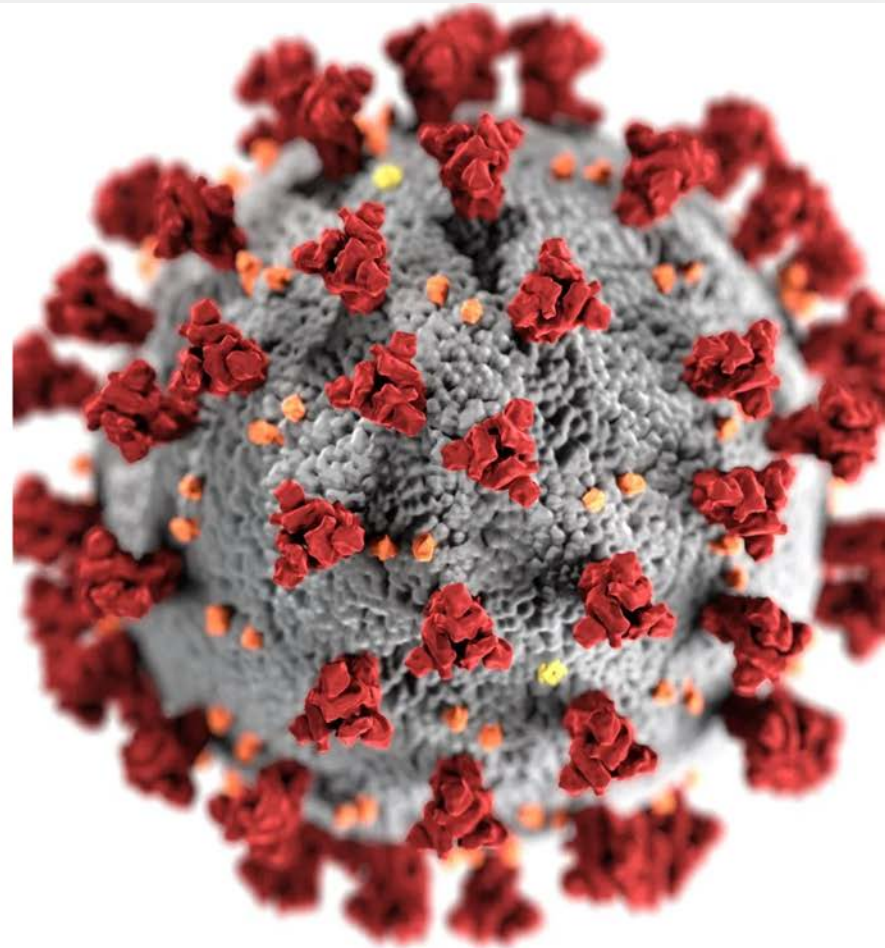
\* 7. If your total staff weren't tested during the reporting period, please describe why one or more staff were not tested. *(Note: If not applicable, please enter N/A.)*

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

\* 8. Of the staff tested during this reporting period, how many tested positive?

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### Ohio COVID-19 Reporting Tool

#### RCF Resident Testing Details

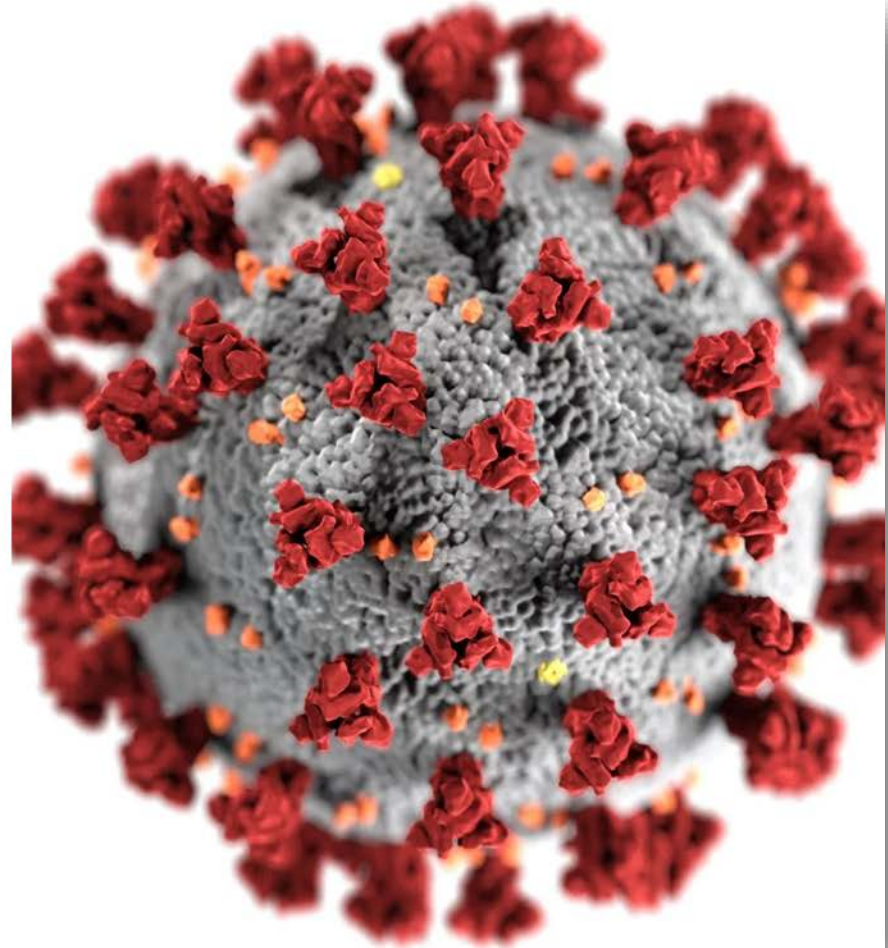
\* 9. How many total residents does the facility have?

\* 10. How many residents were tested during this reporting period?

\* 11. Of the residents tested during this reporting period, how many results were received? (Note: Count only results received - not pending, damaged or tests conducted.)

\* 12. Of the participants tested during this reporting period, how many tested positive?

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### Ohio COVID-19 Reporting Tool

#### Submitter Contact Info

\* 13. Your First Name:

\* 14. Your Last Name:

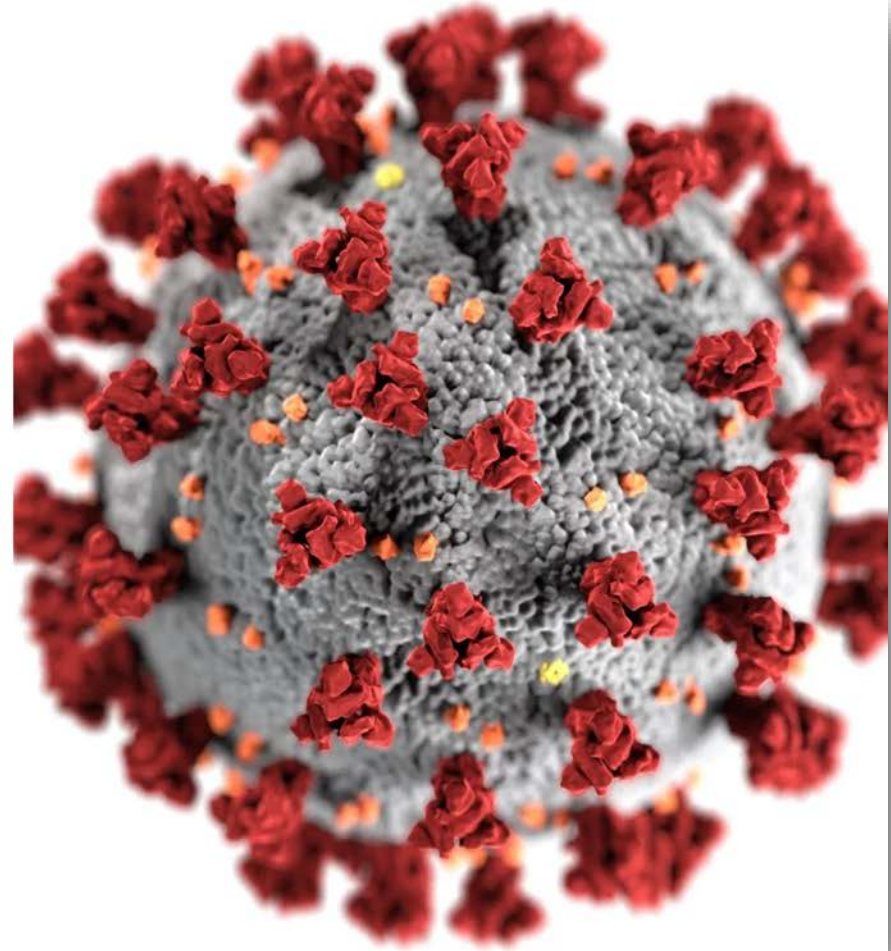
\* 15. Your Email Address:

\* 16. Your Cell Phone Number (XXX-XXX-XXXX):

\* 17. Your Work Phone Number (XXX-XXX-XXXX):

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### Ohio COVID-19 Reporting Tool

#### Attestation

\* 18. 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

