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| **STATE HEALTH OPERATIONS CENTER STATUS REPORT QUESTIONAIRE**  |
|  |
| **DATE** |  | **LICENSE ID** |  |
| **FACILITY NAME** |  | **COUNTY** [ ]  NEW CASTLE [ ]  KENT [ ]  SUSSEX |
| **PROVIDER TYPE** | [ ]  Skilled nursing facility [ ]  Assisted living facility [ ]  Intermediate care facility |
| **ADDRESS** |  | **E-MAIL** |
| **CITY** |  | **STATE** | **ZIP CODE** |
| **CONTACT PERSON** |  | **TELEPHONE** |
| **CORONAVIRUS (COVID-19) RELATED INFORMATION:** |
| **INFORMATION REQUESTED** | **ANSWER** | **COMMENT/ADDITIONAL INFORMATION** |
| **LICENSED BED CAPACITY** |  |  |
| **CURRENT CENSUS** |  | **Explain any change from previous day:** |
| **NUMBER OF AVAILABLE BEDS FOR SURGE** |  |  |
| **AVAILABLE SPACE FOR SURGE** | [ ]  Y [ ]  N | **Describe:** |
| **NUMBER OF STAFFED BEDS** |  |  |
| **NUMBER OF ISOLATION BEDS** |  |  |
| **NUMBER OF CONFIRMED COVID-19 CASES** | RESIDENTS \_\_\_\_\_STAFF \_\_\_\_\_ |  |
| **NUMBER OF CASES AWAITING TEST RESULTS FOR COVID-19** | RESIDENTS \_\_\_\_\_STAFF \_\_\_\_\_ |  |
| **NUMBER OF CASES WITH COVID-19 SYMPTOMS (have not been tested for COVID-19)** | RESIDENTS \_\_\_\_\_STAFF \_\_\_\_\_ |  |
| **NUMBER OF DAYS OF PPE SUPPLY LEFT BASED ON CURRENT USAGE** |  |  |
| **ADDITIONAL NOTES:** |