

COVID-19 Facility Reporting Instructions

Website Link: <http://168.62.42.231/dchcovid19/Reports.aspx>

Password: \$RFV3edc@WSX1qaz

Enter the information below in the form that pops up under the DCH tab:

Data Element	Description
Name of Facility*	Select your facility from the drop down menu
Surveyor Name*	No changes needed
Surveyor ID*	No changes needed
Name of Person Interviewed*	Enter your name or job title
Current Facility Census	Number of residents under the facility's care at the time of the reporting
Total Positive COVID-19 Residents (Cumulative)	Cumulative number of residents who have tested positive (including deaths)
# Resident Tests Pending	Total number of residents with pending COVID-19 tests at the time of the reporting
# Residents in Quarantine at the Facility	Number of residents in quarantine or isolation at the time of the reporting (not a cumulative number)
# Residents Hospitalized (last 24 hours)	Number of residents hospitalized due to COVID-19 symptoms in the 24 hour period preceding the time of the reporting
# Residents Hospitalized (last week)	Number of residents hospitalized due to COVID-19 symptoms in the week (Sunday – Saturday) preceding the time of the reporting
# Residents Hospitalized Total	Total number of residents in the hospital due to COVID-19 symptoms at the time of the reporting
# Resident Deaths	Cumulative number of COVID-19 positive residents who have died
# Tested Residents	Total number of residents who have been tested one or more times for COVID-19
# Residents Recovered	Cumulative number of residents who previously tested positive for COVID-19 who have now recovered from the virus (based on subsequent negative tests, absence of symptoms or other appropriate criteria as assessed by the facility or otherwise ascertained)
# Residents Refused	This field is not being used. There is no need to enter data.
# Staff	Total number of individuals employed at the facility location
# Staff Tested Positive for COVID-19	Cumulative number of staff who have tested positive
# Staff with Pending Results	Total number of staff with pending COVID-19 tests at the time of the reporting
# Tested Staff	Total number of staff who have been tested one or more times for COVID-19
# Staff Refused	This field is not being used. There is no need to enter data.

- Please submit the online reporting form Monday – Friday by 2:00 pm daily even if you have no changes to report.
- Highlighted data elements (above) are included in the report released to the public.
- Fields marked with an asterisk (*) are required.
- **This is a state database. Do not share the website link with anyone other than the person authorized to complete data entry on behalf of your facility. Facilities with common ownership may select one person to enter data for multiple locations if preferred.**