



STATE HEALTH OPERATIONS CENTER STATUS REPORT QUESTIONNAIRE

DATE		LICENSE ID	
FACILITY NAME		COUNTY	<input type="checkbox"/> NEW CASTLE <input type="checkbox"/> KENT <input type="checkbox"/> SUSSEX
PROVIDER TYPE	<input type="checkbox"/> Skilled nursing facility <input type="checkbox"/> Assisted living facility <input type="checkbox"/> 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	<input type="checkbox"/> Y <input type="checkbox"/> 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: