



Arkansas Department of Health

4815 West Markham Street • Little Rock, Arkansas 72205-3867 • Telephone (501) 661-2000
Governor Asa Hutchinson
José R. Romero, MD, Secretary of Health

Arkansas Department of Health’s Residential Congregate Setting Reporting Form Cover Sheet

Please report all COVID-19 positive cases to the Arkansas Department of Health’s Healthcare-Associated Infections (HAI) Program. Additionally, please fax the resident demographic sheet when positive residents become symptomatic for COVID-19. All COVID-19 positive cases should be faxed attention to ADH HAI at 501-614-5425 within **48 hours** of receiving the result. For questions call **501-280-4368** or email ADH.HAI@Arkansas.gov

Please Print Legibly

Facility Name: _____

Facility Type: Nursing Home Assisted Living ICF RCF Substance Abuse Rehab Behavioral Health (Inpatient)

Reporter Name: _____ **Reporter Phone Number:** _____

Date of reporting: _____ **Last day of testing:** _____

Total number of COVID-19 positive cases since March 11th, 2020	
Total number of COVID-19 positive staff AND resident: _____	
Number of positive STAFF: _____	Number of positive RESIDENT: _____
Total number of COVID-19 positive staff AND resident deaths: _____	
Number of positive STAFF deaths: _____	Number of positive RESIDENT deaths: _____

Total number of COVID-19 positive cases in the last 14 days	
Total number of COVID-19 positive staff AND resident: _____	
Number of positive STAFF: _____	Number of positive RESIDENT: _____
Total number of COVID-19 positive staff AND resident deaths: _____	
Number of positive STAFF deaths: _____	Number of positive RESIDENT deaths: _____