|  |  |
| --- | --- |
| **Name of child** |       |
| **DOB** |       |
| **Ethnicity (African American, Asian, Hispanic, Caucasian Etc.)** |        |
| **Child’s CMDP ID / PID ID** |        |
| **RBHA** |  |
| **DCS Specialist** |        |
| **Current Caregiver name(s)** |        |
| **Current Caregiver Phone number** |        |
| **Current Caregiver Address**  |        |
| **Current Caregiver City** |        |
| **Current Caregiver email** |        |
| **Is Exposure Suspected or Confirmed?**  |        |
| **Date of Exposure:** |        |
| **Child’s relationship to person COVID19 Positive:** |  |
| **Nature of exposure, or why suspected:**  |  |
| **Does child have active symptoms?:** **Fever 100.4 or higher, cough, difficulty breathing, cold-like, flu-like, digestive? etc** |        |
| **# Days since symptoms began** |       |
| **Health Care Provider recommend isolation/ quarantine?**  |        |
| **Health Care Provider recommend COVID-19 testing?**  |        |
| **Role of Health Care Provider: (child’s PCP, Urgent Care, COVID-19 hotline, hospital, etc)** |        |
| **Child’s COVID test date** |        |
| **Child’s COVID test Result:** |        |
| **Name of testing provider/facility and address**  |        |
| **Does family need additional support? (if so, what would help)**  |        |
| **Is child at risk of losing placement with current caregiver? (if yes, why and by what date)**  |        |
| **Needs and/or Action Plan for child and caregiver:**-          **Medical support**-          **BH support**-          **Resources** |        |