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| --- | --- |
| **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** |  |