Facility Name: ____

Date Posted: _______________

COVID-19 STATUS OF FACILITY

There has been a recent confirmed COVID-19 positive employee(s) or resident(s) at this facility.

Additional Instructions: _______________________________

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Please call ________________ if you have any questions.

Confirmed Positive: This notice must continue to be displayed until 14 days after the last positive COVID-19 test for an employee or resident in the facility.[1]

ICHD 3-3-21

[1] March 2, 2021 Requirements for Residential Care Facilities Rescission of December 8, 2020 Order, MDHHS