



DEPARTMENT OF PUBLIC HEALTH
DPH FLIS - Facility Licensing & Investigations Section(FLIS)

CT Long-Term Care Facility COVID-19 Daily Reporting System

Updated February 15, 2021

Very Important Messages

- This system collects line list data on all LTCF residents with laboratory- confirmed (PCR and antigen) COVID-19.
- Reporting new laboratory-confirmed (PCR and antigen) COVID-19 positive residents using the line list fulfills the DPH reporting requirement for the COVID-19 Case Report Form.
- Daily reporting fulfills DPH FLIS and Epidemiology Program outbreak reporting requirements.
- A laboratory-confirmed case is a resident with a positive COVID-19 laboratory viral PCR or point-of-care rapid antigen test indicating current infection (this does not include serology testing for antibody).
- A suspected case is a resident or staff without a COVID-19 laboratory viral PCR or point-of-care rapid antigen test indicating current infection who has signs and symptoms comparable with COVID-19. Suspect cases should include residents and staff being treated as a COVID-19 cases pending test results.
- **Submit FLIS COVID-19 reports daily by 10:00 AM**

Overview

1. Logging in
2. Submitting a Daily Report
3. Adding to, editing, and saving a copy of the resident line list at any time.

1. Logging in

Log in at <https://dphflisevents.ct.gov/>

DEPARTMENT OF PUBLIC HEALTH
DPH FLIS - Facility Licensing & Investigations Section(FLIS)

FLIS Events Report Tracking System - Login Page

User Name

Password

Login **Back to Home Page**

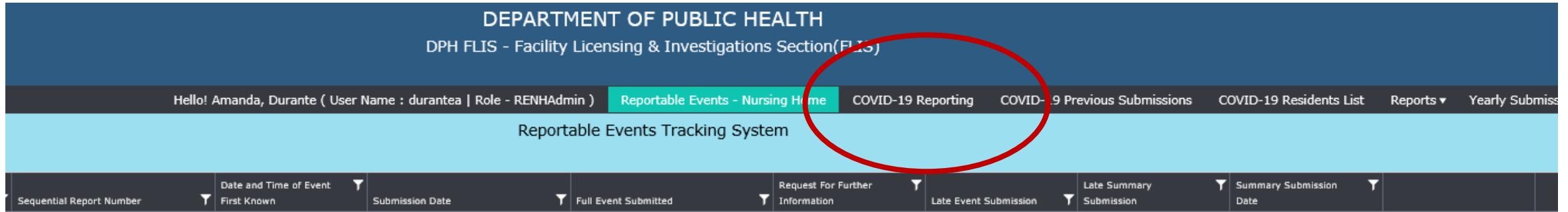
FIRST TIME FACILITY ADMINISTRATORS: All first time facility administrators MUST register before you can login to the website.
Select the "Register as a Facility Administrator" link and create a new account.

Employee Login **Register as a Facility Administrator** **Forgot your password?**

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For assistance please contact FLIS Help Desk at 860-509-7400

2. Submitting a Daily Report

Initiating A Daily Submission



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Hello! Amanda, Durante (User Name : durantea | Role - RENHAdmin)

Reportable Events - Nursing Home (highlighted in green)

COVID-19 Reporting (circled in red)

COVID-19 Previous Submissions

COVID-19 Residents List

Reports ▾

Yearly Submiss

Reportable Events Tracking System

Sequential Report Number	Date and Time of Event	Submission Date	Full Event Submitted	Request For Further Information	Late Event Submission	Late Summary Submission	Summary Submission Date
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Once you enter you will see this screen. To initiate a daily report, click on the tab marked “COVID-19 Reporting”

Section 1 – Start the Submission

CT Long-Term Care Facility (LTCF) Covid-19 Daily Reporting System Submission Form

COVID-19 can have a wide range of symptoms in elderly residents. These symptoms include but are not limited to fever, cough and other respiratory symptoms, gastrointestinal complaints, prolonged confusion or falls not otherwise explainable. A resident at your facility might be classified as:

- **Confirmed:** A patient with a positive COVID-19 (SARS CoV-2) laboratory viral PCR test indicating current infection (note, this does not include serology testing for antibody).
- **Suspected:** A patient without a COVID-19 (SARS CoV-2) laboratory viral PCR test indicating current infection who has signs and symptoms comparable with COVID-19.

* - Required Field

Facility Name	NH Test Facility
Date of report:	6/25/2020

Section 1 - Covid-19 at your facility

1. Does your facility have any pending Covid-19 laboratory test results for residents or staff in your facility? Yes No *

1.1. How many Covid-19 laboratory test results for residents are pending? _____ *

1.2. How many Covid-19 laboratory test results for staff are pending? _____ *

2. Has a resident of your facility ever had laboratory-confirmed or suspect Covid-19? Yes No *

All facilities go to Section 2. If no residents are positive, there will be no entries on the line list and auto-calculated totals for the section questions will be '0'.

Be sure to include those who are currently in house, in hospital, permanently discharged or deceased regardless of where they were tested or whether they have now recovered

Start by selecting your facility name and date.

Question 1 – Indicate if you have any resident or staff pending COVID-19 test results today and if so, how many.

Questions 2 - Indicate if you have **ever** had a resident with lab confirmed or presumptive COVID-19

All facilities will go to Section 2. If no residents are positive, there will be no entries on the line list and auto-calculated totals for the section questions will be '0'.

Section 2 – Add residents to the line list of COVID-19 Cases

Section 2 – Line List information on laboratory confirmed COVID-19 residents at your facility

Please list all your residents who have tested positive for the virus that causes COVID-19 using a PCR or antigen test. Update daily with new cases and as other information becomes available.

- Once a resident has tested positive, he or she should remain classified as a laboratory confirmed cases even if he/she has a subsequent negative or indeterminate test and should not be removed from the list.
- Be sure to include residents currently in house, in hospital, permanently discharged or deceased.
- When including residents who have transferred in as a known case, please remember to include that in the line list.
- If a resident tests PCR positive >90 days since their first COVID-19 PCR positive result, make a new entry for the resident on the line list.

[+ Add New Resident Information](#)

	Last Name	First Name	Date of Birth	Gender	Notified family	Transferr... into facility as known COVID-19 case	COVID-19 tested	Test Result	Date first positive specimen collected (if available)	Ever symptom
Edit	ae	ear	10/02/1945	Male	Yes	No	Yes	Positive		Yes
Edit	macintosh	fiona	08/27/1950	Female	No	No	Yes	Positive		Yes
Edit	Marsh	Rosie	05/01/2020	Female	Yes	Yes	Yes	Positive	04/26/2020	No
Edit	Jones	George	03/28/1938	Male	Yes	No	No	Negative		Yes
Edit	Carnazza	Mary	01/03/1940	Female	No	No	Yes	Positive	05/01/2020	Yes
Edit	Smith	Sophia	12/01/1925	Female	Yes	No	Yes	Positive	04/29/2020	Yes

[←](#) [1](#) [→](#) [»](#)

1 - 6 of 6 items

Click here to edit a record



Scroll to see the rest of the line list



Click here to add a resident

Enter laboratory-confirmed (PCR and antigen) COVID-19 positive residents.

Make any updates to the resident line list (e.g., symptoms, hospitalization, death, recovery, **vaccination status** etc.) using the 'Edit' button.

Tips for who to enter on the COVID-19 line list

- Include ALL residents testing positive for COVID-19 using a viral PCR or rapid antigen laboratory test. For in-house rapid antigen tests, include the type of machine used, if subsequent PCR testing was done, date of PCR specimen collection, and PCR test result.
- Include residents testing positive more than 90 days since his/her first test result by re-entering the resident on the line list and selecting 'previously positive >90 days'.
- Include residents who test positive while asymptomatic. If they do develop symptoms later, be sure to edit the resident's line list with date of onset and a list of symptoms.

Daily updates/edits include:

- Addition of **new** residents testing PCR or rapid antigen positive for COVID-19.
- Addition of residents who have **transferred into** your facility as a known positive.
- Addition of **PCR confirmation results** (when antigen positive tests are confirmed).
- Updates on resident status such as hospitalizations, recovery, deaths, and **vaccination status**.

First Name

Last Name

Date of Birth

Race (select all that apply) Select Race / Ethnicity

Other race (specify)

Hispanic / Latino Yes No N/A

Gender Male Female

Notified family Yes No N/A

Transferred into facility as known Covid-19 case Yes No

Covid-19 tested Yes No

Reason for testing Select a Reason for Test

Test Type Select a Type of Test

Test Result Positive

Date first positive specimen collected (if available)

Ever symptomatic Yes No Unknown

Symptom Onset Date

Describe the Symptoms

Treatment Details

Ever hospitalized for Covid-19 Yes No Unknown

Hospital Select a hospital

Date of first hospital admission

Died Yes No Unknown

Date of death (if available)

Died while sick with confirmed or suspected Covid-19 Yes No Unknown

When you click to add a new resident, this popup will appear.

Complete the popup to create the resident record.

Complete all fields including reason for testing, test type, date of first positive specimen collection, symptom onset date (if symptomatic), hospitalized, hospital name, date of admission, date of death or date of recovery, and **vaccination status**.

Important note:
Click “NA” for the “Recovered (no longer symptomatic)” question if the resident died or was never symptomatic.

Add New Resident Information

* - Required Field

First Name	TestResidentAntigen	*
Last Name	TestResidentAntigen	*
Date of Birth	2/2/1920	*
Race (select all that apply)	Unknown X	*
Other race (specify)		
Hispanic / Latino	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> N/A *	
Gender	<input type="radio"/> Male <input checked="" type="radio"/> Female *	
Notified family	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> N/A *	
Transferred into facility as known Covid-19 case	<input type="radio"/> Yes <input checked="" type="radio"/> No *	
Covid-19 tested	<input checked="" type="radio"/> Yes <input type="radio"/> No *	
Reason for testing	Symptomatic – new signs/symptoms consistent with COVID-19	*
Test Type	PCR	*
Test Result	Positive	*
Date first positive specimen collected (if available)		
New or previously positive (>90 days) test result	New positive PCR	*
Ever symptomatic	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Unknown *	
Symptom Onset Date		

Testing questions include:

1. Reason for testing
 - Symptomatic – new signs/symptoms consistent with COVID-19
 - Asymptomatic -testing as part of routine surveillance
 - Asymptomatic – testing in response to a new case/outbreak response
 - Pre-procedure/outpatient appointment
 - Hospital admission/transfer into a facility
 - Hospital discharge/transfer out of facility
 - None of the above
2. Test type
 - PCR or Antigen
3. New or previously positive (>90 days) test result
 - New positive PCR – resident never tested positive
 - Previous positive more than 90 days since first positive test result

Antigen Testing Questions:

* - Required Field

First Name	TestResidentAntigen	*
Last Name	TestResidentAntigen	*
Date of Birth	2/2/1920	*
Race (select all that apply)	Unknown X	*
Other race (specify)		
Hispanic / Latino	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> N/A *	
Gender	<input type="radio"/> Male <input checked="" type="radio"/> Female *	
Notified family	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> N/A *	
Transferred into facility as known Covid-19 case	<input type="radio"/> Yes <input checked="" type="radio"/> No *	
Covid-19 tested	<input checked="" type="radio"/> Yes <input type="radio"/> No *	
Reason for testing	Symptomatic – new signs/symptoms consistent with COVID-19	*
Test Type	Antigen	*
Test Result	Positive	*
Date first positive specimen collected (if available)		
Was antigen test performed in-house?	<input checked="" type="radio"/> Yes <input type="radio"/> No *	
Machine used for in-house antigen testing	Quidel Sofia	*
Was confirmatory PCR testing done?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	
Date confirmatory specimen collected (if available)		
What was the confirmatory test result?	New Positive	*
Ever symptomatic	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Unknown *	
Symptom Onset Date		

1. Test type: **ANTIGEN**
2. Was antigen test performed in-house?
 - If **YES**
3. Antigen tested in-house using:
 - **BD VERITOR**
 - **QUIDEL SOFIA**
 - **BINAXNow**
4. Was confirmatory PCR testing done?
 - If **YES**
5. Date of specimen collection for confirmatory PCR
6. What was the result of confirm PCR test?
 - new positive
 - previous positive
 - negative
 - indeterminate
 - unknown

Test Result	Positive
Date first positive specimen collected (if available)	
New or previously positive (>90 days) test result	Previous positive PCR *
Ever symptomatic	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Unknown *
Symptom Onset Date	
Describe the Symptoms	
Treatment Details	
Ever hospitalized for Covid-19	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Unknown *
Hospital	0
Date of first hospital admission	
Died	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Unknown *
Date of death (if available)	
Died while sick with confirmed or suspected Covid-19	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Unknown *
Recovered (no longer symptomatic)	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Unknown N/A *
Date No Longer Symptomatic	
Did this resident receive vaccine #1	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
Vaccine type #1	Moderna
Date of vaccine #1	
Did this resident receive vaccine #2	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
Vaccine type #2	0
Date of vaccine #2	
<input type="button" value="Save"/> <input type="button" value="Close"/>	

Vaccination Status Questions

For all residents **testing positive** by PCR or point-of-care rapid antigen test, complete all vaccination fields including:

- **Did resident receive their first vaccination (vaccine #1)?**

If yes, then complete:

- Name of the vaccine manufacturer (Pfizer or Moderna)
- Date of first (#1) vaccination

- **Did resident receive their second vaccination (vaccine #2)?**

If yes, then complete:

- Name of the vaccine manufacturer (Pfizer or Moderna)
- Date of second (#2) vaccination

Don't forget to click **SAVE** to retain line list information before closing the record.

Verifying Cumulative Counts from the Line List

The following information is taken from the table above. Please verify that it is correct. If the sums are not correct please edit the line list.

To avoid double counting the totals in 3-6 exclude residents who came to your facility for the first time with Covid-19.

3. How many of your residents have ever had PCR laboratory-confirmed Covid-19?

3.1. How many of your residents have ever had a PCR laboratory-confirmed COVID-19 test results >90 days after their initial infection?

3.2. How many of your residents have ever had an in-house antigen positive COVID-19 test?

4. How many of your residents with PCR laboratory-confirmed Covid-19 have been hospitalized for Covid-19?

5. How many of your residents with PCR laboratory-confirmed Covid-19 have died while sick with Covid-19?

6. How many of your residents with PCR laboratory-confirmed symptomatic Covid-19 have now recovered?

Questions 3 to 6 will be automatically calculated based on the information entered in the line listing.

Check to make sure the calculated numbers are correct.

Section 3 – Enter Daily Count Data

Section 3 – The current Covid-19 situation at your facility

Please provide counts for the previous calendar day (24-hour period).

Exclude those who first transferred to the facility as a known Covid-19 case.

7. Facility

7.1 Total Census yesterday	<input type="text" value="300"/> *
7.2 New laboratory-confirmed PCR cases in staff yesterday	<input type="text" value="12"/> *
7.2H Total staff out sick for any reason yesterday	<input type="text" value=""/>
7.3 New (in-house) antigen positive tests in staff yesterday	<input type="text" value="13"/> *
7.3H Total staff known to currently have Covid-19	<input type="text" value=""/>
7.4 New suspect cases in staff yesterday	<input type="text" value="14"/> *
7.5 Did you conduct a new staff PPS yesterday?	<input checked="" type="radio"/> Yes <input type="radio"/> No *

8. Residents

8.1 New laboratory-confirmed PCR cases in residents yesterday	<input type="text" value=""/> *
8.2 New suspect cases in residents yesterday	<input type="text" value=""/> *
8.3 Transferred to the hospital for any reason yesterday	<input type="text" value=""/> *
8.4 Transferred to hospital for confirmed or suspect COVID-19 yesterday	<input type="text" value=""/> *
8.5 Died from any cause yesterday	<input type="text" value=""/> *
8.6 Died while sick with COVID-19 yesterday	<input type="text" value=""/> *
8.7 New (in-house) antigen positive tests in residents yesterday?	<input type="text" value=""/> *
8.8 Did you conduct a new resident PPS yesterday?	<input type="radio"/> Yes <input checked="" type="radio"/> No *

Questions 7 and 8

- enter counts for the previous calendar day (yesterday).
- If today is Thursday 6/8/2020, answer the questions for Wednesday 6/7/2020.
- Indicate total number of staff and resident testing positive by PCR and by rapid antigen tests.

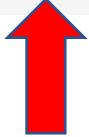
Questions 7.2H and 7.3H

- These are questions that were asked **before** the Nov. 16, 2020 upgrade (H=historic questions).
- **You DO NOT need to enter data in these fields.**
- The historic fields are for display only and are ‘greyed out’ to indicate that no additions/editing is needed.
- They are there so that your nursing homes historic data is preserved.

Finish Up

9. Is your facility experiencing a new outbreak of COVID-19 (first case ever or first case in staff or resident > 28 days)?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A *	
10. Are you experiencing a staff shortage?	<input type="radio"/> Yes <input type="radio"/> No *	
11. Is there something that your facility would like to discuss with DPH?	<input type="radio"/> Yes <input type="radio"/> No *	

[Submit](#) [Back to Home Page](#)



- Answer the 'Outbreak' question ONLY ONCE on the day the outbreak was recognized and include the DATE of onset of symptoms for the first case (resident or staff) associated with the new outbreak. If date of symptoms is unknown, then enter the date of collection of the first positive specimen identified in either a staff or resident.
- If you have any questions, please indicate them in the comments section on your daily report.

Don't forget to push **SUBMIT** to save your submission.

3. Adding to, Editing, and Saving a copy of the resident line list at any time and viewing prior submissions

Adding and Editing the Resident Line List



DEPARTMENT OF PUBLIC HEALTH
DPH FLIS - Facility Licensing & Investigations Section(FLIS)

Hello! A | Role - RENHAdmin | Reportable Events - Nursing Home | COVID-19 Reporting | COVID-19 Previous Submissions | COVID-19 Residents List | R

Reportable Events Tracking System

Report Number	Date and Time of Event First Known	Submission Date	Full Event Submitted	Request For Further Information	Late Event Submission	Late Summary Submission	Summary Submission Date
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- Open the Resident Line List by clicking on the Dashboard tab marked “COVID-19 Resident List”

Create or edit a record

Click to create a new record

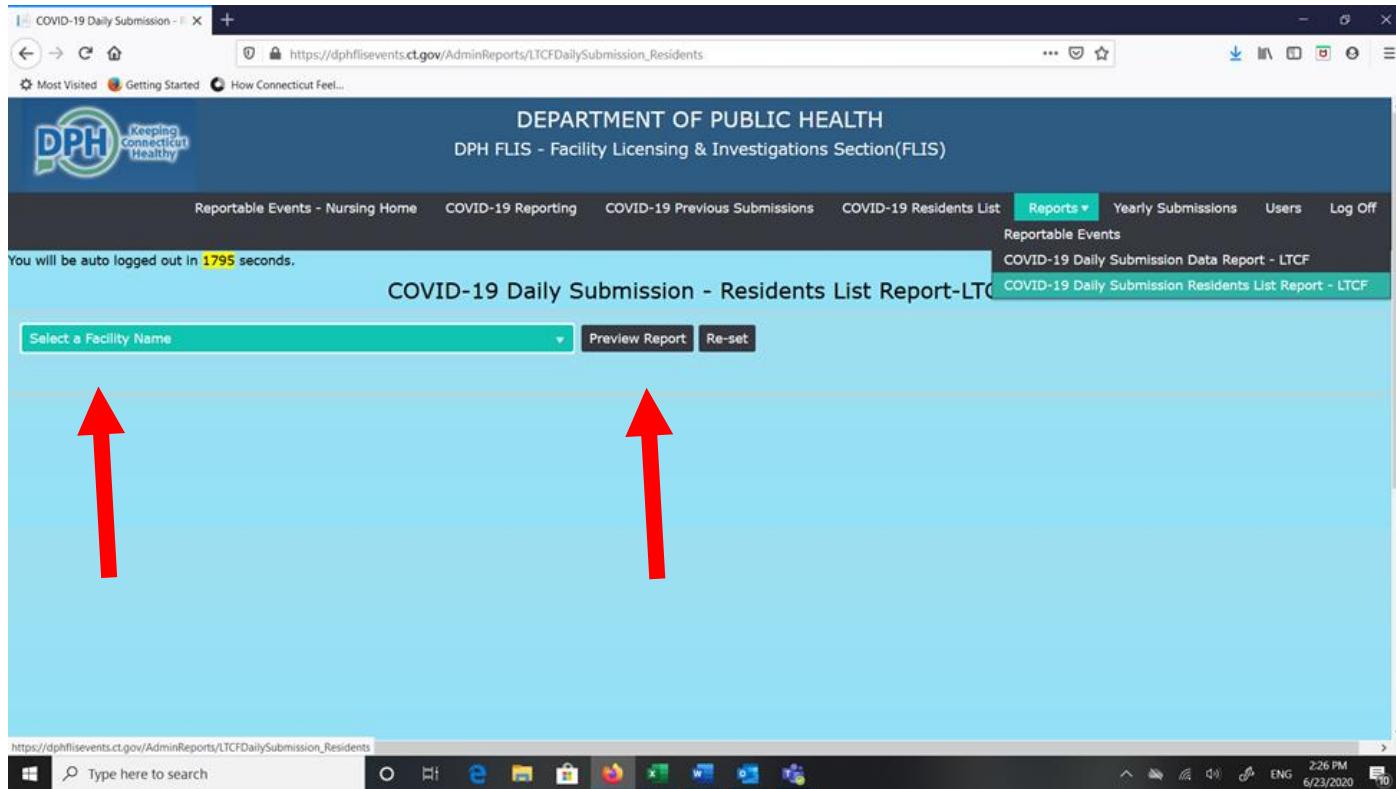
Please list all your residents who have ever had presumptive or laboratory-confirmed Covid-19

Be sure to include residents currently in house, in hospital, permanently discharged or deceased
When including residents who have transferred in as a known confirmed or presumptive case, please remember to indicate that in the line list

Facility Name	NH Test Facility														
+ Add New Resident Information															
Facility Name	Last Name	First Name	Date of Birth	Race	Other race	Hispanic / Latino	Gender	Notified	Transferred into facility as known Covid-19 case	Covid-19 tested	Test Result	Date first positive specimen collected (if available)	Ever symptomatic	Symptom Onset Date	Describe the Symptom
NH Test Facility	Bob	Jane	03/28/1939	White		No	Female	Yes	No	Yes	Positive	05/02/2020	Yes	05/01/2020	fever, SOB

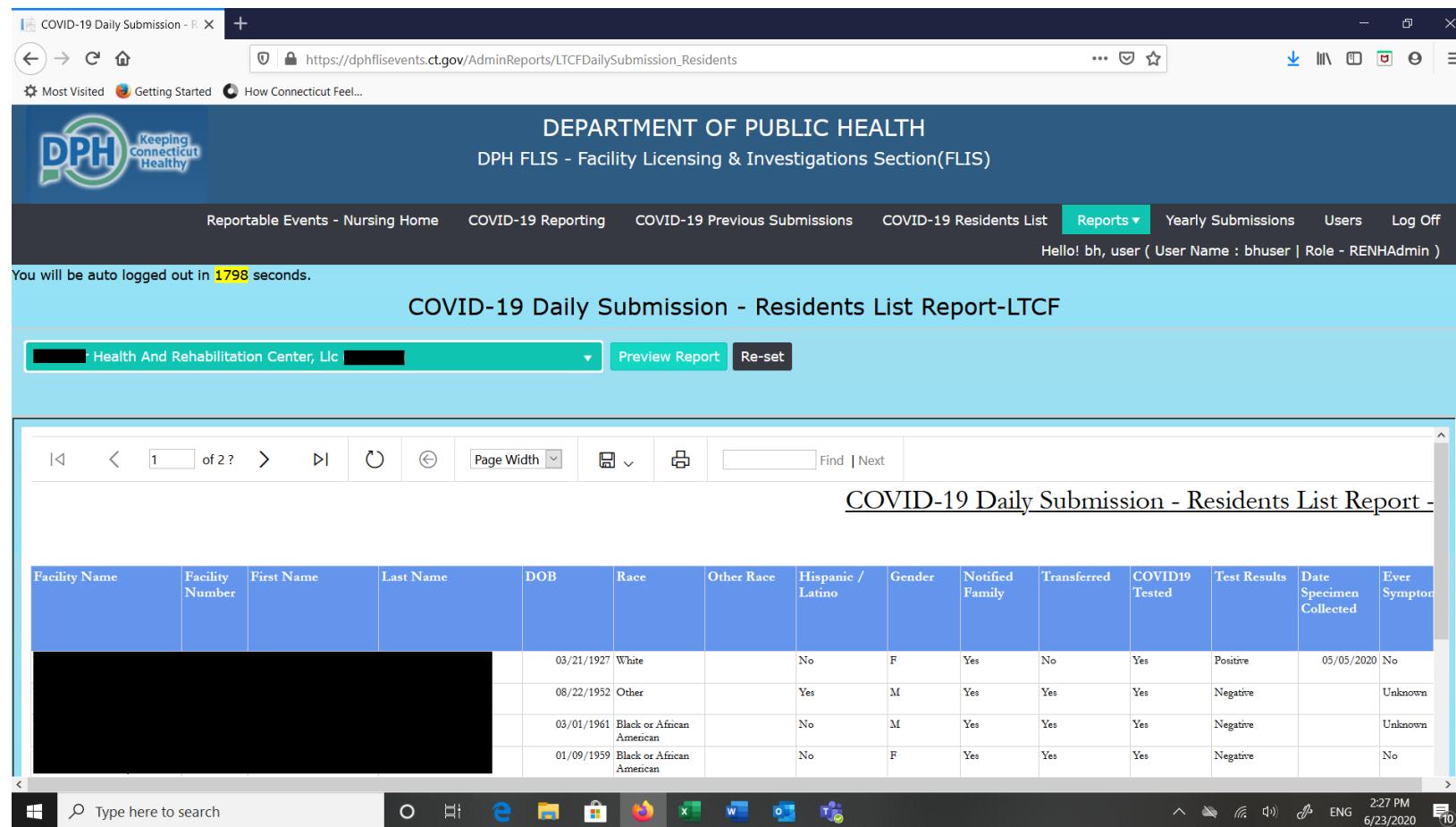
Click the edit button to update a record

Saving Your COVID-19 Resident Line List



- Select the name of your facility to view the 'COVID-19 Daily Submissions Resident Line Report' in the FLIS portal.
- Click on the 'Preview Report' button.

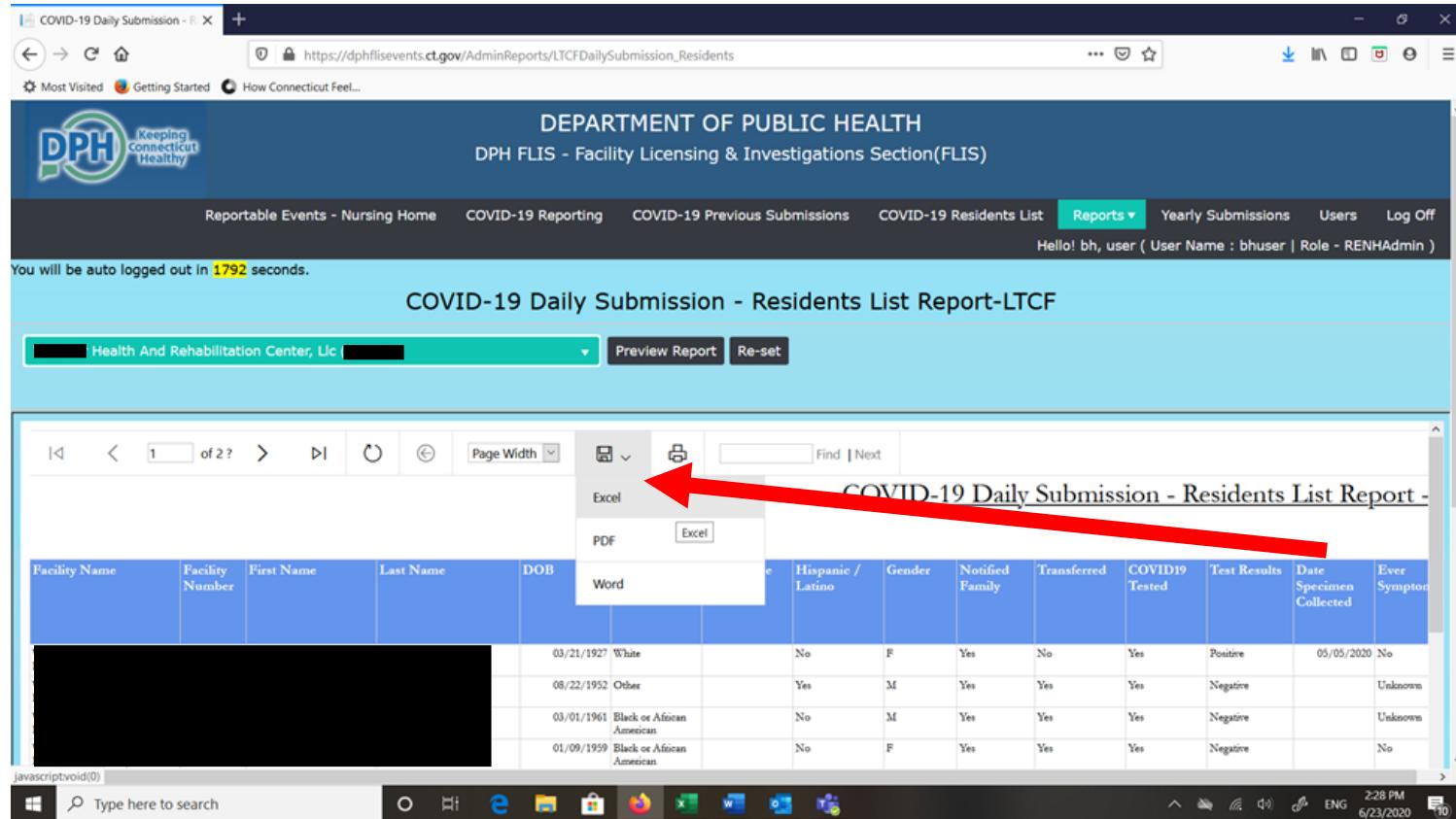
A 'COVID-19 Daily Submission Report' will be generated and look like the example below.



The screenshot shows a web browser window for the 'COVID-19 Daily Submission - Residents List Report-LTCF' page. The URL is https://dphfileevents.ct.gov/AdminReports/LTCFDailySubmission_Residents. The page is titled 'DEPARTMENT OF PUBLIC HEALTH' and 'DPH FLIS - Facility Licensing & Investigations Section(FLIS)'. The navigation menu includes 'Reportable Events - Nursing Home', 'COVID-19 Reporting', 'COVID-19 Previous Submissions', 'COVID-19 Residents List', 'Reports', 'Yearly Submissions', 'Users', and 'Log Off'. A message at the top right says 'Hello! bh, user (User Name : bhuser | Role - RENHAdmin)'. A note below says 'You will be auto logged out in 1798 seconds.' The main content area is titled 'COVID-19 Daily Submission - Residents List Report-LTCF' and shows a table with the following data:

Facility Name	Facility Number	First Name	Last Name	DOB	Race	Other Race	Hispanic / Latino	Gender	Notified Family	Transferred	COVID19 Tested	Test Results	Date Specimen Collected	Ever Symptomatic
Health And Rehabilitation Center, Llc				03/21/1927	White		No	F	Yes	No	Yes	Positive	05/05/2020	No
				08/22/1952	Other		Yes	M	Yes	Yes	Yes	Negative		Unknown
				03/01/1961	Black or African American		No	M	Yes	Yes	Yes	Negative		Unknown
				01/09/1959	Black or African American		No	F	Yes	Yes	Yes	Negative		No

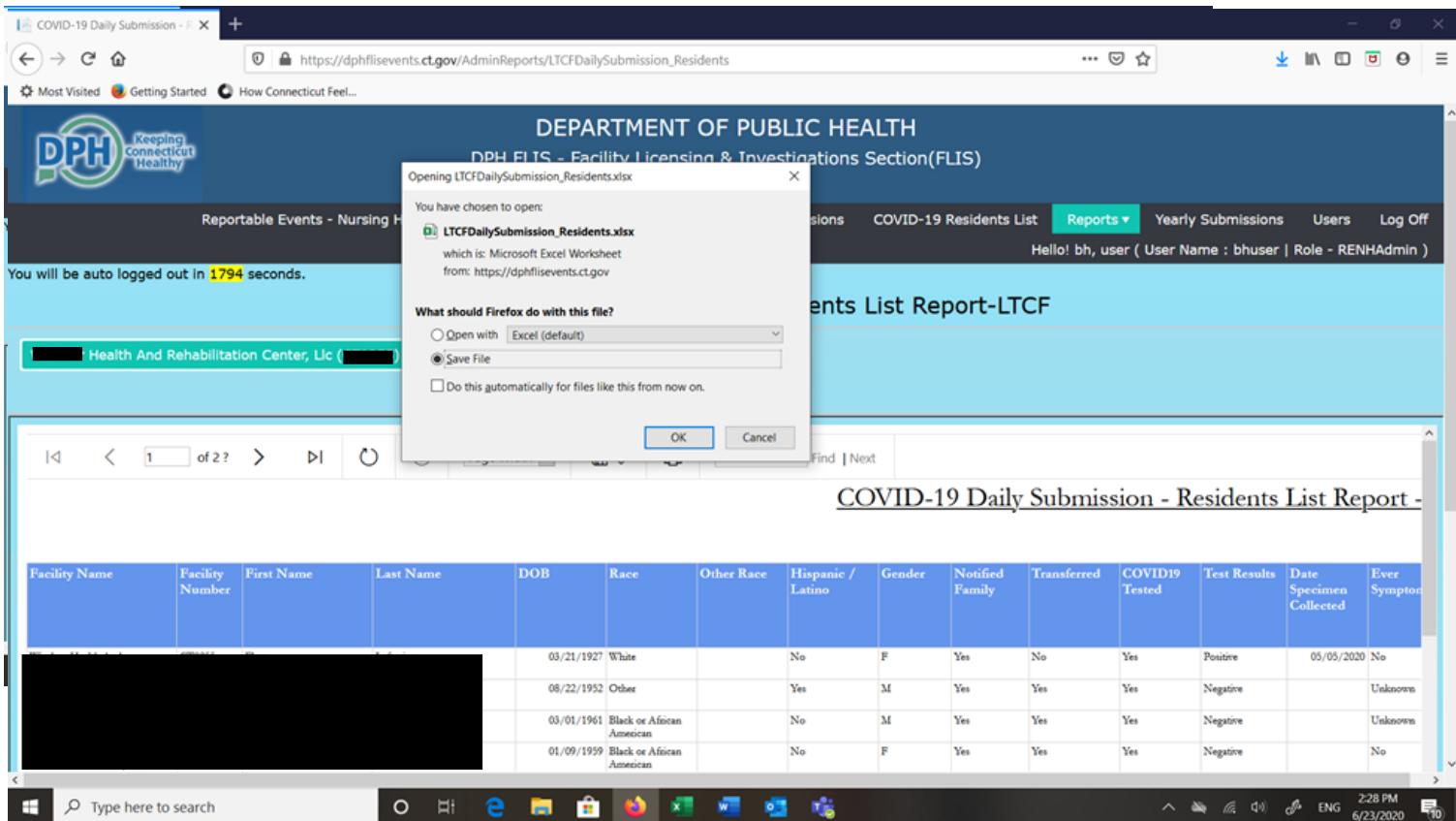
To save a copy of this report for your records



The screenshot shows a web browser window for the COVID-19 Daily Submission - Residents List Report-LTCF. The page is titled 'COVID-19 Daily Submission - Residents List Report-LTCF' and displays a table of data. At the top right of the report area, there is a download menu with 'Excel' highlighted. A red arrow points to the 'Excel' button. The table below has columns for Facility Name, Facility Number, First Name, Last Name, DOB, Hispanic / Latino, Gender, Notified Family, Transferred, COVID19 Tested, Test Results, Date Specimen Collected, and Ever Symptomatic. The data in the table is as follows:

Facility Name	Facility Number	First Name	Last Name	DOB	Hispanic / Latino	Gender	Notified Family	Transferred	COVID19 Tested	Test Results	Date Specimen Collected	Ever Symptomatic	
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	03/21/1927	White	No	F	Yes	No	Yes	Positive	05/05/2020	No
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	08/22/1932	Other	Yes	M	Yes	Yes	Yes	Negative	[REDACTED]	Unknown
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	03/01/1961	Black or African American	No	M	Yes	Yes	Yes	Negative	[REDACTED]	Unknown
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	01/09/1959	Black or African American	No	F	Yes	Yes	Yes	Negative	[REDACTED]	No

- click on the download file button
- click on the file type you would like to save (Excel, PDF, or Word file)



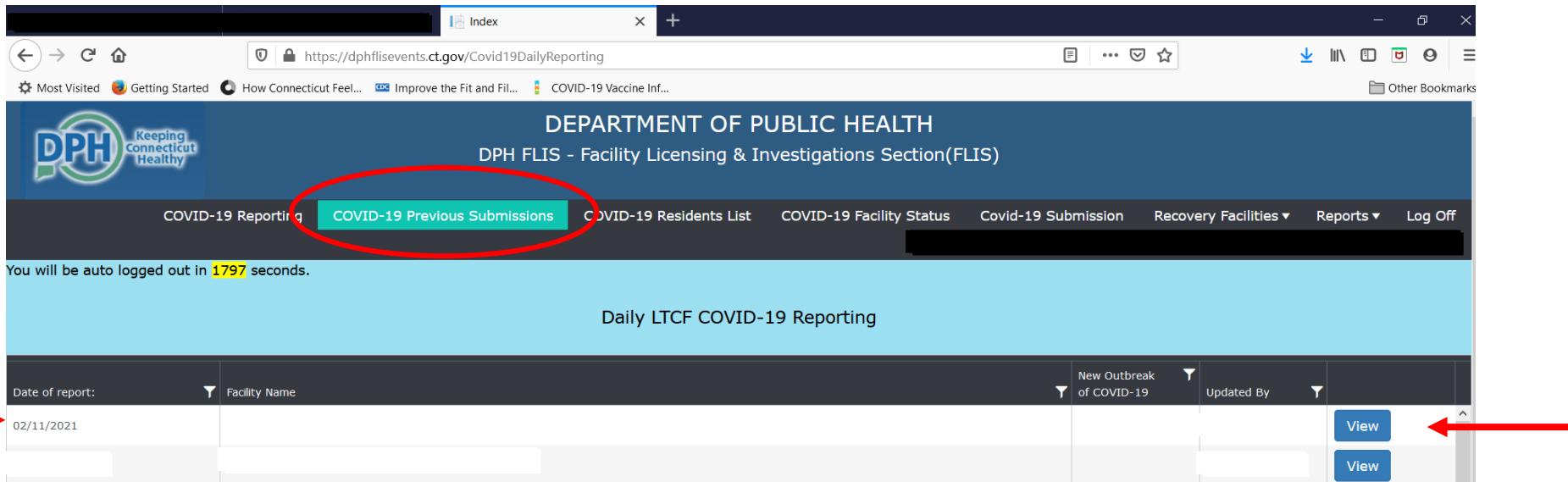
The screenshot shows a web browser window for the Connecticut Department of Public Health (DPH) FLTS system. The main page displays a table of COVID-19 Daily Submission - Residents List Report data. A pop-up dialog box is overlaid on the screen, asking the user what to do with the file 'LTCFDailySubmission_Residents.xlsx'. The options are 'Open with' (set to 'Excel (default)') and 'Save File' (which is selected). There is also a checkbox for 'Do this automatically for files like this from now on.' The browser's address bar shows the URL https://dphflisevents.ct.gov/AdminReports/LTCFDailySubmission_Residents.

Facility Name	Facility Number	First Name	Last Name	DOB	Race	Other Race	Hispanic / Latino	Gender	Notified Family	Transferred	COVID19 Tested	Test Results	Date Specimen Collected	Ever Symptomatic
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	03/21/1927	White		No	F	Yes	No	Yes	Positive	05/05/2020	No
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	08/22/1952	Other		Yes	M	Yes	Yes	Yes	Negative		Unknown
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	03/01/1961	Black or African American		No	M	Yes	Yes	Yes	Negative		Unknown
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	01/09/1959	Black or African American		No	F	Yes	Yes	Yes	Negative		No

- A pop-up box will appear and ask how you would like to save your file.
- Select 'save file' if you are downloading a copy of the file to your local computer.

❖ Note that the appearance of the message in the pop-up box may be different depending on the browser you are using.

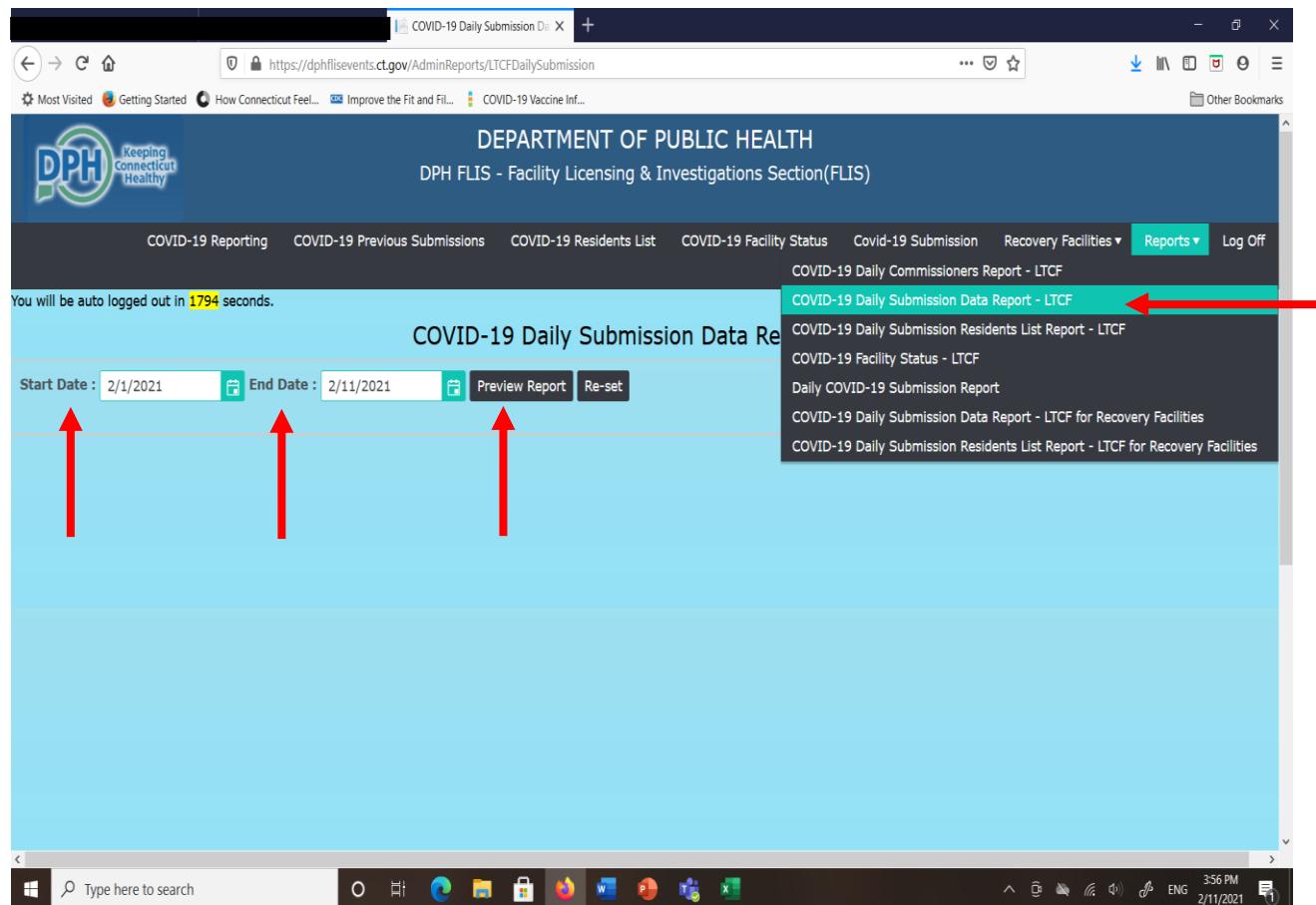
Viewing all prior submissions



The screenshot shows a web browser window for the Connecticut Department of Public Health (DPH) FLIS system. The URL is <https://dphflisevents.ct.gov/Covid19DailyReporting>. The page title is "DEPARTMENT OF PUBLIC HEALTH" and "DPH FLIS - Facility Licensing & Investigations Section(FLIS)". The navigation bar includes links for "COVID-19 Reporting", "COVID-19 Previous Submissions" (which is highlighted with a red circle), "COVID-19 Residents List", "COVID-19 Facility Status", "Covid-19 Submission", "Recovery Facilities", "Reports", and "Log Off". A message at the top says "You will be auto logged out in 1797 seconds." Below the navigation, the section title is "Daily LTCF COVID-19 Reporting". A table displays data for a single report: "Date of report: 02/11/2021", "Facility Name" (redacted), "New Outbreak of COVID-19" (redacted), and "Updated By" (redacted). Two "View" buttons are present in the last two columns. A red arrow points to the "View" button in the "Updated By" column.

- On the DPH FLIS dashboard click on the “Covid-19 Previous Submissions” tab.
- A “Date of report” should appear for every date a report was entered.
- Click on the “View” button to access a specific report.
- Make any changes needed to the report and click the “Submit” to save the changes.

Report of Submissions using dates



- Click on the ‘Reports’ tab.
- Select the ‘COVID-19 Daily Submission Data Report – LTCF’.
- Select the date range of interest (can be one day or multiple days).
- Click on the ‘Preview Report’ button.
- A line list of your report will appear.
- Download/save the spreadsheet to your computer (see downloading a resident line list).