



STATE OF WISCONSIN
DEPARTMENT OF ADMINISTRATION

Tony Evers, Governor
Joel Brennan, Secretary
Naomi De Mers, Division Administrator

March 20, 2020

To: All Prime Contractors

From: Naomi De Mers, Administrator
Division of Facilities Development and Management

Subject: Contractor Employee COVID-19 Reporting Requirements

The purpose of this correspondence is to set forth reporting requirements related to COVID-19 exposure for all Prime Contractors performing work under construction contracts with the Department of Administration (DOA) on any State construction project. **Nothing in this communication should be construed as directing Prime Contractors to stop work on projects. Construction work should continue to proceed in accordance with DHS guidelines. No work should stop unless directed by the State of Wisconsin.**

Effective immediately, in the event that a Prime Contractor knows or has reason to believe that any of its employees or any of the employees of its subcontractors performing work on a Division of Facilities Development and Management (DFDM) construction project has contracted COVID-19 or been exposed to another person who has contracted COVID-19, the Prime Contractor shall promptly provide notice thereof to the DFDM Project Manager. In addition, the Prime Contractor shall submit the attached form to the Project Manager as soon as possible, providing the information requested therein.

The purpose of this directive is to provide DOA with information necessary to take appropriate action to ensure the health and safety of State employees and members of the general public who are served by State government. Be assured that DFDM will not seek information about individual employees that would violate their privacy rights under the Health Insurance Portability and Accountability Act.

Prime Contractors are encouraged to visit the Wisconsin Department of Health and Services' website (<https://www.dhs.wisconsin.gov/covid-19/>) for information related to COVID-19 and its impact on public health and safety.

Contractor/Subcontractor Employee COVID-19 Reporting Form

Please complete this form and email it to the DFDM Project Manager

Contractor/Subcontractor Name, Address, Contact Name, and Contact Information (phone, email)	
If you have reason to believe an employee has contracted COVID-19 specify the basis for this belief (e.g., employee has tested positive, employee is exhibiting symptoms).	
If you have reason to believe an employee has been exposed to someone who has contracted COVID-19 specify the basis for this belief (e.g., employee's immediate family member has tested positive, employee traveled to a Level 3 country or an area of sustain community transmission in the last 14 days).	
Indicate whether the employee has been directed to remove him/herself from the project site.	
Identify the DFDM project on which the employee was performing work. (Include the DFDM project number, name, and institution).	
Identify the specific locations on the job site the employee was performing work.	
Indicate whether the employee worked in close proximity with any DOA or other state agency employees on the job site.	
Please provide any other information you believe may be relevant to DFDM regarding potential state employee or general public exposure to COVID-19.	