Bureau of Accreditation, Licensure & Certification
COVID19 Temporary Certifications and Procedures Form

Date Submitted:

IF THIS IS AN EMERGENCY REACH OUT TO DDD FOR IMMEDIATE PLACEMENT

DDD Contact for Immediate Placement: Maureen.Haugh-Stover@illinois.gov 217-782-9692

When complete this form can ONLY be submitted to BALC at: DHS.BALC@Illinois.Gov

Site Type [ ] CILA [ ] Temporary CILA at a CDS [ ] Consolidation [ ] Capacity Increase

Agency Name:					
Site Address:				Site Specific Phone	
City and Zip:		Requested Capacity		Requested Non-Ambulatory Capacity	
Staff Completing Form:		Staff Person's Title:			
Staff Person's Phone No.:		Staff Email Address:			
Initial Here:	**I have read and agree as a representative of our agency to the Temporary Certifications and Procedures Instructions -->**				

Criteria for Common Sleeping Area - (TOTAL)

Length	X	Width	=	Square Feet
	X		=	0

Requested Capacity

- Ensure that beds are at least 10 feet apart unless physical barriers are present and then beds need to be 6 feet apart.
- Require that all clients sleep head-to-toe when there are no barriers.
- Ensure that privacy is ensured for bathing and toileting and when possible for sleeping.
- Ensure there is an area for each resident to keep their personal belongings.
- Provide alcohol-based hand sanitizers that contain at least 60% alcohol at key points within the facility, entrances/exits, eating areas, bathrooms.
- Follow CDC recommendations for how to prevent further spread in your facility.
- Ensure that all common areas within the facility follow good practices for environmental cleaning.
- Cleaning should be conducted in accordance with CDC recommendations.
- Proper ventilation, heating, and air conditioning for a residential site.

Sleeping Area - (Rooms)

	Length	X	Width	=	Square Feet		Is Bedroom Private or in a Common Area	Number of Individuals in Room
1		X		=	0		[ ] Bedroom [ ] Common Area	[ ] 1 [ ] 2 [ ] 3 [ ] 4
2		X		=	0		[ ] Bedroom [ ] Common Area	[ ] 1 [ ] 2 [ ] 3 [ ] 4
3		X		=	0		[ ] Bedroom [ ] Common Area	[ ] 1 [ ] 2 [ ] 3 [ ] 4
4		X		=	0		[ ] Bedroom [ ] Common Area	[ ] 1 [ ] 2 [ ] 3 [ ] 4
5		X		=	0		[ ] Bedroom [ ] Common Area	[ ] 1 [ ] 2 [ ] 3 [ ] 4
6		X		=	0		[ ] Bedroom [ ] Common Area	[ ] 1 [ ] 2 [ ] 3 [ ] 4
7		X		=	0		[ ] Bedroom [ ] Common Area	[ ] 1 [ ] 2 [ ] 3 [ ] 4
8		X		=	0		[ ] Bedroom [ ] Common Area	[ ] 1 [ ] 2 [ ] 3 [ ] 4

Bathroom Information

	Is Bathroom Accessible		Number of Toilets		Is there an accessible shower in bathroom*
1	Yes [ ] No [ ]				
2	Yes [ ] No [ ]				
3	Yes [ ] No [ ]				
4	Yes [ ] No [ ]				
5	Yes [ ] No [ ]				
6	Yes [ ] No [ ]				

On Site Staffing Available at Time of Application - BY SHIFT	**1st Shift**	**2nd Shift**	**3rd Shift**
Minimum number of staff per 8 hour shift:			
Number of DSP's per shift:			
Number of Behavioral Analysts per shift:			
Number of Nurses per shift:			
Number of Janitorial staff per shift:			

CILA at a CDS ONLY

Briefly explain the need behind your request and how you intend to operate if approved:

Is your CDS currently operational? YES* [ ] NO [ ]

Virtual Inspections

Cisco WebEx is the State of Illinois standard platform for virtual inspections.
If a WebEx link is provided, do you have the capabilities to utilize this at the proposed site? YES [ ] NO* [ ]

If NO, what video and audio meeting platform do you utilize?

Answer for rooms used for Sleeping or as a Bedroom:

1	Are bedrooms set up for privacy?	YES ☐	NO *☐
2	Will there be a single bed, cot or futon for each person?	YES ☐	NO *☐
3	Will each Sleeping/Bedroom be free from traffic to other areas?	YES ☐	NO *☐
4	Does each Sleeping/Bedroom have a smoke detector?	YES ☐	NO *☐
5	Does each Sleeping/Bedroom have a carbon monoxide detector?	YES ☐	NO *☐
6	Does each Sleeping/Bedroom have an exterior window?	YES ☐	NO *☐

Answer for the building to be used for Site:

1	Is this an **Emergency** site?	YES ☐	NO ☐
2	Is this site eligible to serve Non-Ambulatory? (32" Door, ADA compliant bathroom	YES ☐	NO ☐
3	Is there a disaster plan that includes evacuation as necessary?	YES ☐	NO * ☐
4	Are there an adequate number of fire extinguishers on site?	YES ☐	NO * ☐
5	Is there a first aid kit or equivalent supplies on site?	YES ☐	NO * ☐
6	Is there a working landline on site that individuals can use to call their love	YES ☐	NO * ☐
7	Is there posted signage for Emergency Numbers on site?	YES ☐	NO * ☐
8	Is there a full functioning kitchen?	YES ☐	NO * ☐
9	Is there proper storage for medication?	YES ☐	NO * ☐
10	Is your site prepared to meet the CDC guidelines for isolation?	YES*☐	NO * ☐
11	How many emergency exits are contained within the Sleeping Area of your facility?*		
12	How many emergency exits are contained within the Common Area of your facility?*		

For ANY "YES *" or "No *" agency MUST provide additional information in a written attachment for consideration

For Consolidation Requests

Identify All People Currently Living At This Site or Enrolled At This Site*

	Last Name or "V" for Vacant	First Name	Date of Birth	SSN if CILA Funded	RIN if ICF/IDD Funded
1					
2					
3					
4					
5					
6					
7					
8					

* If person has special needs: Specify person's special needs on an attachment.

Be sure to Identify if the person has health conditions which make him/her susceptible to COVID19

** If the person is on an extended absence explain if the person is home with family, is family willing to keep the person until COVID19 emergency consolidation has ended?

Identify All People to Be TEMPORARILY Placed At This Site:

	Last Name	First Name	Date of Birth	SSN if CILA Funded	RIN if ICF/IDD Funded
1					
2					
3					
4					
5					
6					
7					
8					

* Special Needs: Specify person's special needs on an attachment.

Be sure to Identify if the person has health conditions which make him/her susceptible to COVID19