

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

Date Submitted:

If this is an emergency reach out Maureen Haugh-Stover at Maureen.Haugh-Stover@illinois.gov or 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 Number	
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 Area - (TOTAL)

Length	X	Width	=	Square Feet
0	X	0	=	0

Requested Capacity
0

Sleeping Area - (Rooms)

	Length	X	Width	=	Square Feet	Is Bedroom Private or in a Common Area	Number of Individuals in Room
1	0	X	0	=	0	<input type="checkbox"/> Bedroom <input type="checkbox"/> Common Area	
2	0	X	0	=	0	<input type="checkbox"/> Bedroom <input type="checkbox"/> Common Area	
3	0	X	0	=	0	<input type="checkbox"/> Bedroom <input type="checkbox"/> Common Area	
4	0	X	0	=	0	<input type="checkbox"/> Bedroom <input type="checkbox"/> Common Area	
5	0	X	0	=	0	<input type="checkbox"/> Bedroom <input type="checkbox"/> Common Area	
6	0	X	0	=	0	<input type="checkbox"/> Bedroom <input type="checkbox"/> Common Area	
7	0	X	0	=	0	<input type="checkbox"/> Bedroom <input type="checkbox"/> Common Area	
8	0	X	0	=	0	<input type="checkbox"/> Bedroom <input type="checkbox"/> Common Area	

	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 QIDP staff per shift:			
Number of Janitorial staff per shift:			

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? Contact DDD immediately if you have not already done so. | YES | NO |
| 2 | Is your entire site sprinkled? | YES | NO |
| 3 | Is this site eligible to serve Non-Ambulatory? (32" Door, ADA compliant bathroom & No Steps) | YES | NO |
| 4 | Is there a disaster plan that includes evacuation as necessary? | YES | NO * |
| 5 | Are there an adequate number of fire extinguishers on site? | YES | NO * |
| 6 | Is there a first aid kit or equivalent supplies on site? | YES | NO * |
| 7 | Is there a working landline on site that individuals can use to call their loved ones? | YES | NO * |
| 8 | Is there posted signage for Emergency Numbers on site? | YES | NO * |
| 9 | Is there a full functioning kitchen? | YES | NO * |
| 10 | Is there proper storage for medication? | YES | NO * |
| 11 | Is your site prepared to meet the CDC guidelines for isolation? | YES* | NO * |
| 12 | How many emergency exits are contained within the Sleeping Area of your facility?* | | |
| 13 | 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