Provider Temporary Site Capacity Survey

Program Information

We are seeking to identify <u>unused/vacant</u> sites that may be available to provide temporary services for individuals in the community.

This survey was designed to capture unused/vacant space (e.g., residential, day program rooms, etc.) at your program(s). If you have multiple programs with unused/vacant space, please complete this survey once for each program.

Questions regarding this survey should be directed by email to the OPWDD Emergency Operations Center (EOC) at: EOC_Activation@opwdd.ny.gov

1) Provider Name (Corp ID/Agency Name) _____

2) Developmental Disabilities Regional Office (DDRO)

( ) Region 1 - Western NY & Finger Lakes

( ) Region 2 - Central NY, Broome, & Sunmount

( ) Region 3 - Capital District , Taconic, & Hudson Valley

( ) Region 4 - Metro, Brooklyn, Staten Island, & Bernard Fineson

( ) Region 5 - Long Island

3) Site Street Address _____

4) Site City _____

5) Site Zip Code (Enter 5 Digit Code) _____

6) Site County _____

7) Is This Space Leased or Owned by Your Agency?

( ) Leased

( ) Owned

( ) Unknown

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8) Does Your Agency Have Access To the Following Types of Building That Potentially Could be Utilized as Repurposed Space to Service Individuals with IDD? (Check All That Apply)

[ ] Not Applicable

[ ] College Campus/Dormitory

[ ] Former/Closed Nursing Home

[ ] Hotels

[ ] Other - Write In (Required): _____

Contact Information

Please provide us with the best person to contact if we have questions regarding the answers to this survey.

9) First Name _____

10) Last Name _____

11) Email Address _____

12) Phone Number _____

Program Details

13) Site Capacity _____

14) Certification Status

( ) Certified Site (Vacant)
( ) Non-Certified Site (Vacant)

15) If Certified Site, Operating Certificate _____

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16) If Uncertified, History of Certification Status

( ) Formerly Certified

( ) Never Certified

( ) Unknown

17) Site Type

( ) Article 16-Clinic

( ) Community Residence

( ) Day Habilitation

( ) Day Treatment

( ) Family Care

( ) ICF

( ) IRA

( ) Prevocational

( ) Other

( ) Free Standing Respite

18) Specify, If Type of Site is Other _____

19) Life Safety Code Certified

( ) Yes

( ) No

20) If Life Safety Code Certified, Life Safety Code Category

( ) Board and Care

( ) Health Care

( ) Unknown

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21) Site/Property Amenities (Please Select All That Apply)

[ ] Wheelchair Accessible

[ ] Laundry

[ ] Kitchen/Food Storage and Preparation

[ ] Private Bedrooms

[ ] Private Bathroom

[ ] Private Shower

[ ] Shared Bedrooms

[ ] Shared Bathrooms

[ ] Shared Shower

[ ] Handicap Bathroom

[ ] Other - Write In (Required):_____

22) How Many Private Bedrooms? (If Applicable) _____

23) How Many Private Bathrooms? (If Applicable) _____

24) How Many Private Showers? (If Applicable) _____

25) How Many Shared Bedrooms? (If Applicable) _____

26) How Many Shared Bathrooms? (If Applicable) _____

27) How Many Shared Showers? (If Applicable) _____

28) How Many Handicap Bathrooms? (If Applicable) _____

Fire Safety

29) Has This Program Had a Fire Alarm System Inspection?

( ) Yes

( ) No

( ) Not Applicable

30) Date of Last Inspection Report for Fire Alarm System (MM/DD/YYYY)

(If Applicable) _____

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31) Has This Program Had a Sprinkler System Inspection?

( ) Yes

( ) No

( ) Not Applicable

32) Date of Last Inspection Report for Sprinkler System (MM/DD/YYYY)

(If Applicable) _____

33) Bedroom Door Closing Mechanism

( ) Self-Closing

( ) Auto-Closing

( ) None of the Above

34) Bedroom Door Composition

( ) Solid

( ) Hollow Core

( ) Combination

( ) Unknown

35) Floor Plan

( ) Yes

( ) No

36) If Applicable, Upload a Copy of This Program's Floor Plan (in SurveyGizmo)

37) How Many Floors Does This Program Have?

( ) One

( ) Two

( ) Three

( ) Four

( ) Five

( ) Six

( ) Seven

( ) Eight or More

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38) Number of **Exit Doors** For Floor One (1) _____

39) Number of **Exit Doors** For Floor Two (2) _____

40) Number of **Exit Doors** For Floor Three (3) _____

41) Number of **Exit Doors** For Floor Four (4) _____

42) Number of **Exit Doors** For Floor Five (5) _____

43) Number of **Exit Doors** For Floor Six (6) _____

44) Number of **Exit Doors** For Floor Seven (7) _____

45) Number of **Exits Routes** (Including Doors, Windows, or Other Means of Egress) for Floor One (1) _____

46) Number of **Exits Routes** For Floor Two (2) _____

47) Number of **Exits Routes** For Floor Three (3) _____

48) Number of **Exits Routes** For Floor Four (4) _____

49) Number of **Exits Routes** For Floor Five (5) _____

50) Number of **Exits Routes** For Floor Six (6) _____

51) Number of **Exits Routes** For Floor Seven (7) _____

52) If The Program Has Eight or More Floors, Please Briefly Explain The Types of Building Your Program is in, The Number of Floors, Exits, and Exit Routes.

_____

_____

_____

_____

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Staffing Information

Please provide us with information on staff from this program that could support services in this or any other re-purposed location.

53) Do You Have Staff at This Program (e.g., Due to Furlough/Temporary Suspension of Services) That Could Support Services in This or Any Other Re-Purposed Location?

( ) Yes

( ) No

54) How Many Staff? (If Applicable) _____

55) What Type of Skills Do These Staff Have? (Check All That Apply, If Applicable)

[ ] Administrative

[ ] Day Habilitation

[ ] Community Habilitation

[ ] Fiscal Intermediary/Self-Direction

[ ] Clinician (e.g., MD, RN, LPN, etc.)

[ ] Other - Write In (Required): _____