

**SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
SITE CLOSURE NOTIFICATION**

Date of Notification: _____

This form is used to report the emergency closure of a licensed or provider operated service location for one (1) or more days. This is reported as a site report and does not apply to person's who reside in homes owned, rented or leased solely by the person and/or family member.

In the event of temporary closure due to an emergency, the facility shall notify DDSN in writing within 24 hours of the closure. At a minimum this notification shall include, but not be limited to, the reason for the temporary closure, the manner in which the records are being stored, the identification of those participants displaced, the relocated site, and the anticipated date of reopening. DDSN shall consider, upon appropriate review, the necessity of inspecting and determining the applicability of current construction standards to the facility prior to its reopening.

The facility shall notify DDSN no later than the following workday when evacuees have been relocated to the facility by providing the names of the individuals received.

LICENSEE INFORMATION:

Licensee's Name: _____

Address (include zip code): _____ County: _____

Executive Director: _____

Phone Number (include area code): _____ Email Address: _____

Name of Alternate Staff for Licensing Contact: _____

Phone Number (include area code): _____ Email Address: _____

FACILITY INFORMATION:

Closure is: Permanent Temporary (expected re-opening date: _____)

REASON FOR SITE CLOSURE:

- Communicable Diseases** - Epidemic outbreaks or other unusual occurrences that threaten the health and safety of clients or staff and require facility closure.
- Infestation** - The closure of a site due to the need to treat for animal, insect, or other pests.
- Loss of Utilities** - The closure of a site due to loss of utility that was not related to a failure on the part of the operating entity. This includes electrical outages, issues with water and/or sewer systems and heating and/or cooling system failures.
- Natural Disaster/Weather Related** - The closure of a site due to a natural disaster or weather conditions. The facility shall immediately notify DDSN regarding any fire, regardless of size or damage that occurs in the facility, or any natural disaster in the facility which requires displacement of participants or jeopardizes or potentially jeopardizes the safety of the participants.
- Structural** - The closure of a site due to structural issues.
- Zero Census** - No participants are receiving services at the designated facility and there are no immediate plans to provide services at that address.

ADDITIONAL NOTES:

Facility Name: _____

Facility Type: SLP-I SLP-II CIRS CTH-I CTH-II Respite Adult Activity Center
 Work Activity Center Unclassified Program

Physical Address (include zip code): _____

Phone Number (include area code): _____ Contact Person: _____

PERMANENT FACILITY CLOSURE:

Prior to the permanent closure of a facility, the licensee shall notify DDSN in writing of the intent to close and the effective closure date. Within ten (10) days of the closure, the facility shall notify DDSN of the provisions for the maintenance of the facility records, the identity of those participants displaced, and the relocated site. On the date of closure, the current license shall be terminated.

ATTESTATION:

Statements contained in this application are correct. I understand the facility must be in compliance with all applicable Federal, State, and local laws and regulations, and all applicable DDSN contracts, policies, procedures, and standards, and that noncompliance with these terms may result in enforcement actions as identified in DDSN Directive 104-01-DD: Certification and Licensure of DDSN Residential and Day Facilities, and/or the DDSN/Provider Contract. The provider is responsible for maintaining evidence of service delivery to support claims.

Print Name: _____ Date: _____

Signature of Executive Director/CEO of Provider Organization

****The Site Closure Notification Form must be submitted to License@ddsn.sc.gov****