

Alternate Housing
Facility Daily Reporting

Date: _____ Facility Manager: _____ Phone Number: _____

Facility: _____

1. STAFF REPORTED ON SITE			2. ROOM STATUS							
	Shift 1	Shift 2		Daily Number						
Facility Managers			Rooms (Guest)							
Logistics Staff			Rooms (Staff)							
FTL Staff			Rooms Needing Cleaning							
Security			Rooms Available							
Other Staff (Specify)										
3. ROOMS OCCUPIED										
	COVID+, Isolation	Quarantine	Asymptomatic, High-risk	Other (please describe)						
# Rooms at 12 PM										
4. RESIDENTS REPORTED ON SITE										
	0-3 Yrs. Old	4-17 Yrs. Old	18-64 Yrs. Old	65+ Yrs. Old						
Yesterday										
12 PM Today										
5. CHANGES IN HOUSING NUMBERS										
Number of New Residents Since 12 PM (Noon) Yesterday										
Number of Residents Who Have Left Since 12 PM Yesterday										
6. MEALS PROVIDED										
	Total (Gen + Spec)	Generic (non-specialty)		Specialty (quantity + description)						
Breakfast										
Lunch										
Dinner										
Other/Notes:										
	Disposable Masks	Disinfectant Wipes	Gloves	Gowns	Hand Sanitizer	Thermometer (Non-contact/ Disposable)	Oxygen tanks/ storage/racks or liquid O2 tanks	Walkers	Wheelchairs	Hygiene Kits / Comfort Kits
#Have										
#Avail for Imm Use										
#Needed, not Avail										
Notes:										

Name: _____ Contact Information: _____

Signature: _____

Alternate Housing Facility Daily Reporting

Descriptions for Reporting Questions

General Information:

- Enter the date when the report is being completed
 - Alternate housing facility address
 - Phone number of Facility Manager or designee
1. Staff:
 - a. Enter number of non-medical staff for each shift
 2. Room Status
 - a. Enter Number of rooms used by Guests
 - b. Enter Number of rooms used by Staff
 - c. Enter Number of rooms need cleaning
 - d. Enter Number of rooms available
 3. Rooms Occupied by (as of 12:00 AM)
 - a. COVID positive
 - b. Quarantine
 - c. Asymptomatic
 - d. Other
 4. Residents Reported On Site and Changes In Housing Numbers:
 - a. Enter number of individuals reported in previous day's report, broken out by age group
 - b. Enter number of individuals present at 12 PM, broken out by age group
 - c. Enter number of individuals
 - i. Who checked in
 - ii. Who checked out
 5. Meals Provided:
 - a. Enter number of meals provided by vendor, per meal
 - b. List any special meals and amounts
 6. Operations / Logistics:
 - a. Review inventory and provide numbers for immediate use tomorrow
 - b. Total quantity needed, not available in shelter
 7. Notes: Enter high-level notes. Notes in this field do not replace notifications to Regional Facility Manager.
 8. Final Instructions:
 - a. Enter name and contact information of individual preparing the report.

Email to alternate.housing@illinois.gov by 12 PM noon daily.