Day Program Re-Entry Checklist

AdvocacyDenver does not have an opinion as to whether or not your child or client ("adult/participant") should return to Day program. The following is a checklist that serves as a tool when considering a transition back to Day program and/or other options for providing meaningful daytime activities. You may wish to contact the Day program to arrange a time to visit (make sure clients will be in the building). Please use this checklist in conjunction with the person-centered plan and the contextual document to make an informed and person-centered decision about day program re-entry.

Day Program Name: ___________________________ Number clients served: ______________

Will the Day program follow their traditional calendar? □ yes □ no

1. What time does the Day program start and end? __________________________

2. What are the benefits of day programming?
   □ yes □ no People they care about
   □ yes □ no People that care about them
   □ yes □ no Feeling of belonging
   □ yes □ no Physical exercise
   □ yes □ no Allowing caregiver to work
   Other: __________________________

3. Will I have the option to change service delivery action at a later date? □ yes □ no

4. If I need to withdraw my adult, who do I contact? __________________________

5. Does the Day Program offer a hybrid option (e.g. some in person programming, some remote programming)? □ yes □ no
   Explain: __________________________
Day Program Plan

1. What is the plan for the entire program if a member of staff or a day program participant is diagnosed with COVID-19?

   a. What is the timeline for notifying staff and parents/host home providers?

   b. Will staff and adults be required to be tested for COVID-19? [ ] yes [ ] no

   c. Will staff and individuals be required to quarantine at home? [ ] yes [ ] no

2. Are lunch and snack breaks staggered? [ ] yes [ ] no

3. What universal precautions or protective steps are taken and how often?

4. How will staff respond in the event a client removes their mask or approaches within 6 feet of another person?

5. Is the adult willing and able to wear a mask for an extended period of time? [ ] yes [ ] no
   a. If no, how long?
   b. Will he or she need a break? [ ] yes [ ] no

6. Is the adult able to follow rules in relation to social distancing? [ ] yes [ ] no

7. How are the adult’s hygiene habits (e.g. frequent handwashing)?

8. Is the adult able to accurately self-report symptoms (e.g. tooth ache; hot/fever)? [ ] yes [ ] no

9. What accommodations will the adult need in order to participate in the Day program?

10. Are there other people in the household at-risk for COVID-19 based on work or social activities? [ ] yes [ ] no