

ADVOCACYDENVER

providing active voice and supporting civil rights
for people with disabilities

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: _____

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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