**Participant Planning *Prior* to Re-Opening**

[ ]  Survey All Enrolled Participants/Caregivers/Guardians

* + Does the participant wish to return to the program upon re-opening?
	+ Does the participant wish to participate in virtual/remote programming?
	+ If the participant wishes to return upon re-opening, what days would they plan to attend?
	+ If the participant does not wish to return in-person to the program upon re-opening, does the participant wish to return at a later date or attend virtual sessions?
	+ **Note**: If the participant does not wish to continue in-person or virtual day program services, the provider should assist in referring and establishing alternative services in coordination with the participant as appropriate.

[ ]  Send Risk/Benefit Discussion Tool to all participants/caregivers/guardians identified as wishing to return to the program in-person. Nothing in the tool or any accompanying document shall be construed to waive or limit provider liability.

[ ]  Create Roster of Expected Attendees. Program occupancy upon re-opening must comply with the applicable social distancing protocols described in the Massachusetts Day Program Reopen Approach guidance document [link]. Providers should prioritize in-person services for participants whose needs cannot be adequately provided via telehealth or in the home.

[ ]  Create/update the following plans to prepare for re-opening in light of COVID-19:

* Staff and participant COVID-19 screening plan
* Staff and participant isolation and discharge plan
* Communication plan that outlines, at a minimum, steps for contacting local boards of health, staff, participants, participant caregivers/guardians/emergency contacts
* Education plan for staff, participant and participant caregiver/guardian to share information about COVID-19 symptoms, transmission, prevention, program policies, and COVID-19 testing
* Transportation plan
* Program closure and staff absences
* Meal and snack plan
* Medication plan

**Staff Planning *Prior* to Re-Opening**

[ ]  In addition to EOHHS agency mandated trainings, programs must train all staff in the following areas:

* + Social distancing in a congregate setting
	+ PPE Use: when and what type to wear under various scenarios, including scenarios where social distancing cannot be maintained (e.g., supporting ADL tasks); donning; doffing; disposal; and maintaining integrity of equipment
	+ Cleaning and disinfecting schedule and procedure
	+ Identifying signs and symptoms of COVID-19
	+ Transporting participants safely and vehicle disinfection protocols, as applicable
	+ Hand washing protocols, scheduling, and monitoring for staff and program participants
	+ Agency Communication Plan for reporting symptomatic cases of both staff and participants
	+ Human Resource policies regarding self-monitoring and not coming to work with symptoms
	+ Management of group sizes and staffing plan

**Program Site Planning *Prior* to Re-Opening**

[ ]  PPE Procurement Plan that identifies how the provider will acquire and maintain appropriate PPE for all staff. Adequate PPE supplies must be available on site prior to opening the program.

[ ]  Cleaning Plan that identifies what items must be cleaned, sanitized, or disinfected and with what frequency. This must include a daily cleaning schedule for staff (before, during, and after programming) to ensure that all areas, materials, furniture, and equipment used for participant care are properly cleaned, sanitized, or disinfected. Programs must also have a plan in place to obtain and maintain inventory of essential cleaning supplies.

[ ]  Vendor Delivery Plan, if applicable. Non-contact delivery protocols must be arranged whenever possible.

[ ]  Prepare program space to promote small groups and social distancing.

**Attestation**

The attestation must be signed by the program provider’s designated compliance leader. Providers with multiple locations may sign and maintain one attestation on behalf of providers at all locations, as long as the designated compliance leader has clinical and operational control over the other locations. Providers must maintain a signed copy of the attestation form at any and all service locations.

[ ]  ***I acknowledge the completion of all planning documents and the execution of all preparedness actions outlined in the Massachusetts Day Program Reopen Approach guidance document and this Checklist.***

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name: ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Service Location(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Service Location(s) Re-open Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_