Golden Gate Regional Center
Day & Employment Services Restart Packet

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Cover Sheet

Local Department of Public Health (DPH) Shelter in Place COVID-19 Orders continue to be updated on a regular basis. Golden Gate Regional Center wants to support Day and Employment service providers as you plan to restart some of your in-person services while still following local DPH orders. The following tools and resources have been developed to aid you in creating a plan for in-person service delivery.

Required Forms in Order to Restart Services:

1. **Cover Sheet** with service provider information
2. **Program Work Plan** for the type and location of services offered. Please submit a separate plan for each vendor number.
3. **Health and Safety Plan** to demonstrate knowledge of current Public Health (and if applicable Community Care Licensing) requirements
4. **Individual COVID-19 Response Plan Summary Sheet** that records all Individual COVID-19 Response Plans from your program
5. *Individual COVID-19 Response Plan (ICRP)* for each participant who will be receiving in-person services, prior to their restarting services. Based on contacts with the participant and their residential support team, we understand that some individuals may choose (or be directed) to continue to shelter-in-place for an extended period of time. *This form is not included in this packet but is attached separately in the email.*

Submission Instructions:

1. Submit 1 packet per vendor number to GGRCservices@ggrc.org. This packet will contain:
    a. Cover Sheet
    b. Program Work Plan
    c. Health and Safety Plan
    d. Individual COVID-19 Response Plan Summary Sheet
2. Submit Individual COVID-19 Response Plans (ICRP) to assigned social workers. If you do not know the assigned social worker for any individual, please send associated ICRPs to the GGRC county manager
    a. Marin County – Ilene Pruitt, ipruitt@ggrc.org
    b. San Francisco County – Norman Manglona, nmanglona@ggrc.org
    c. San Mateo County – Jayasharee Nathaniel, jnathaniel@ggrc.org

Please Fill Out:

Organization Name: County Serviced:
Program Name: Completed By:
Vendor Number: Email:
Licensed by Community Care Licensing: Yes   No   Phone Number:

Restarting In-person Day Services Work Plan

This section should be filled out by all day service providers. If you are not a day service provider, please move to the next section and fill out the work plan for employment and tailored day service providers.

Overview of work plan:
- This work plan will help you think through how to safely restart your in-person day services.
- The boxes highlighted blue are for you to fill out.
- The boxes highlighted yellow contain points you should address in your responses.
- Remote Services are services that do not require in-person staff support from the day program (e.g. video classes). In-home Services are services provided in the individual's home by a day program staff person.

To complete this document:
1. Please describe your goals - why are you restarting in-person services?
2. Answer questions 1-3 based on how you plan to safely restart in-person services for each of your program locations: program site, community and remote/in home. GGRC understands that your service delivery locations may be different due to COVID-19 precautions.
3. **If a location site is not relevant for your organization, enter N/A.**

Goals	Why are you restarting in-person services?
	Ideas for Goals
	The people we serve: • Want to work (employee or self-employed), exercise and participate in recreational activities • Want to stay safe and are concerned about their safety in public • Miss everyday activities like going to shopping, out to eat, volunteering and other community activities • Miss social interactions with friends • Need support around cooking/nutrition, hygiene and social distancing

	Program Site	Community	Remote / In Home
Question 1 **<u>Describe</u> the services needed to meet the goals above.**			

	Program Site	Community	Remote / In Home
Question 2 **<u>Describe where</u> the services will be delivered.**			
	Please address all points below that are applicable to your plan:		
	Setting • How will your site be used? • How are you adapting your traditional settings to meet safety guidelines? • How will safety be maintained in shared spaces (e.g. bathrooms, kitchen)? • Is there additional information that would be helpful to share with GGRC? **Transportation** • How will participants get there? • How are you maintaining safety guidelines during transport? • Are you able to provide transportation to and from program?	**Setting** • Where will services be held? • Can you access your typical community sites or are you seeking new ones? • How are you adapting your traditional settings to meet safety guidelines? • How will you access bathrooms? • Is there additional information that would be helpful to share with GGRC? **Transportation** • How will participants get there? • How are you maintaining safety guidelines during transport? • How are you funding transportation?	**Setting** • For in-home services, how will you determine if the home setting is able to accommodate a day program staff coming to the home to provide services? • For remote services, how are you working with residential supports and/or family to support participant needs (e.g. access and training on tech)? • Is there additional information that would be helpful to share with GGRC?

	Program Site	Community	Remote / In Home
Question 3 **Describe how the services will be delivered.**			

	Program Site	Community	Remote / In Home
	General • How many people will you be able to accommodate with physical distancing? • Are there new types of support that participants may need (e.g. tech training, hygiene training)? • How are you maintaining safety of typically shared supplies? **Technology** • Does your plan require access to tech and wifi, and how will participants access it? **Staffing** • What staffing ratio does your plan require and do you need to get vendorized for new staffing ratios? **Funding** • Are these changes able to be funded in your current vendorization?	**General** • How many people will you be able to accommodate with physical distancing considered? • Are there new types of support that participants may need (e.g. tech training, hygiene training)? • How will participants access supplies (e.g. games, equipment)? • How are you maintaining safety of typically shared supplies? **Technology** • Does your plan require access to tech and wifi, and how will participants access it? **Staffing** • What staffing ratio does your plan require and do you need to get vendorized for new staffing ratios? • Do ratios account for supporting people who use wheelchairs or have mobility support needs? **Funding** • Are these changes able to be funded in your current vendorization?	**General** • Are there new types of support that participants may need (e.g. tech training, hygiene training)? • How will participants access supplies (e.g. games, cooking equipment)? **Technology** • Does your plan require access to tech and wifi, and how will participants access it? • How will you address participant in-home tech needs for remote services? **Staffing** • What staffing ratio does your plan require and do you need to get vendorized for new staffing ratios? **Funding** • Are these changes able to be funded in your current vendorization?

Restarting In-person Employment & Tailored Day Services Work Plan

This section should be filled out by all employment and tailored day services. If you are not an employment and/or tailored day service provider, please return to the section above and fill out the work plan for on-site day service providers.

Overview of work plan:
- This work plan will help you think through how to safely restart your in-person employment and tailored day services. GGRC understands these services may have continued during the Shelter in Place orders. The information you provide will help make us aware of plans and precautions you have been or will be implementing.
- The boxes highlighted blue are for you to fill out.
- The boxes highlighted yellow contain points you should address in your responses.

To complete this document:
1. Please describe your goals - why are you restarting in-person services?
2. Answer questions 1-3 based on how you plan to safely restart in-person services for each of your program locations: group employment, individual placement and tailored day services. **(The term "employee" refers to the individual receiving job coaching.)**
3. **If a location site is not relevant for your organization, enter N/A.**

Goals	Why are you restarting in-person services?
	Ideas for Goals
	1. Work as independently as possible while still receiving support from job coaches 2. Make enough money to keep my house 3. Being able to see my friends 4. Opportunity to be creative 5. Staying safe and healthy

	Group Employment	Individual Placement	Tailored Day Services
Question 1 **Describe** the services needed to meet the goals above.			

	Group Employment	Individual Placement	Tailored Day Services
Question 2 **Describe <u>where</u> the services will be delivered.**			
	Please address all points below that are applicable to your plan:		
	Setting • Describe how you will use your site • How are you adapting your traditional settings to meet safety guidelines? • How will safety be maintained in shared spaces (e.g. bathrooms)? **Transportation** • How will participants get there? • How are you maintaining safety guidelines during transport? • How is transportation funded?	**Setting** • What type of support may be provided to help ensure the employee understands changes to the work environment, new policies and procedures, etc.?	**Setting** • Where will services be held? • How are you adapting your traditional settings to meet safety guidelines? **Transportation** • Will transportation need to change to access these services? If yes, how will these changes be funded?

	Group Employment	Individual Placement	Tailored Day Services
Question 3 **Describe how the services will be delivered.**			
	Please address all points below that are applicable to your plan:		
	General • What type of changes, including group size, need to be made to accommodate physical distancing? • Are there new types of support that participants may need (e.g. tech training, hygiene training)? • How are you maintaining safety of typically shared supplies? **Technology** • Does your plan require access to tech and wifi, and how will participants access it? **Funding** • How will you fund these changes? **Miscellaneous** • Is there additional information that is helpful for GGRC to know?	**General** • Are there new types of support that employees may need (e.g. tech training, hygiene training)? • How will job coaches stay current on changes to the employees' work environment, responsibilities, etc.? **Technology** • Does your plan require access to tech and wifi, and how will participants access it? **Miscellaneous** • Is there additional information that is helpful for GGRC to know?	**General** • Are there new types of support that participants may need (e.g. tech training, hygiene training)? **Technology** • Does your plan require access to tech and wifi, and how will participants access it? **Staffing** • What staffing ratio does your plan require and do you need to get vendorized for new staffing ratios? **Funding** • Are program changes able to be funded through your current vendorization? **Miscellaneous** • Is there additional information that is helpful for GGRC to know?

Health and Safety Plan

The health and safety plan should be filled out by every provider.

Overview of health and safety plan:
- This plan will serve as an overview or summary of health and safety precautions your program will take. This is not intended to be a substitute for development of policies and procedures your program may have.
- GGRC's review of this plan is not intended to ensure your service is in compliance with local/state DPH orders and guidance. It is the service provider's responsibility to continue to follow local DPH/CDC orders and applicable guidelines and to adjust service delivery if/when it may be needed.
- This health and safety plan will help you think through how to safely restart your in-person services.
- The boxes highlighted blue are for you to fill out.
- The boxes highlighted yellow contain points you should address in your responses.

To complete this document:
1. Please summarize your plan for each health and safety area below in 3 sentences or less. Note, this addresses many, but not all, common COVID-19 areas of precaution and response. This is intended to be a summary and not a replacement for your onsite policies and procedures.
2. **If a program type is not relevant for your organization, enter N/A.**

Question 1
Have you reviewed and used the Health and Safety Planning Flowing Chart?
Yes   No

Question 2
If you are a licensed site, what is your capacity?

	Program Site	Community / Jobsite	Remote / In Home
Question 3 **Physical (Social) Distancing**			
	Please address each of the following points in your response above:		
	- Briefly summarize physical distancing precautions your program will take, including impact to numbers of individuals supported or ratios (if applicable) - Physical distancing may not be possible 100% of the time. Briefly summarize physical distancing challenges you may encounter. - Will you be providing training to staff and/or individuals served? If yes, briefly describe.		

	Program Site	Community / Jobsite	Remote / In Home
Question 4 **Personal Protective Equipment (PPE)**			
	Please address each of the following points in your response above:		
	- Describe your process around access to and use of masks - Describe how you will acquire PPE - Briefly describe how your service delivery may be modified if PPE is delayed/not available - Will you be providing training to staff and/or individuals served? If yes, briefly describe.		

Question 5 **Sanitizing & Cleaning**	**Program Site**	**Community / Jobsite**	**Remote / In Home**

Please address each of the following points in your response above:

- Briefly describe applicable cleaning and sanitizing precautions
- Briefly describe your plans for cleaning/sanitizing shared spaces (e.g. restrooms, kitchens, doors, etc.)
- Will you be providing training to staff and/or individuals served? If yes, briefly describe.

Question 6 **Health & Hygiene Practices**	**Program Site**	**Community / Jobsite**	**Remote / In Home**

Please address each of the following points in your response above:

- Briefly describe your practice for monitoring signs and symptoms of illness, include COVID-19 symptoms
- Briefly describe your hand washing practices (including use of hand sanitizer and soap/water)
- Will you be providing training to staff and/or individuals served? If yes, briefly describe.

Question 7 **Exposure Plan**	**Program Site**	**Community / Jobsite**	**Remote / In Home**

Please address each of the following points in your response above:
- Briefly describe your response to suspected and known COVID-19 exposure
- Will you be providing training to staff and/or individuals served? If yes, briefly describe.

Question 8 **Plan to Stay Current on Local/State DPH Orders**	**Program Site**	**Community / Jobsite**	**Remote / In Home**

Please address each of the following points in your response above:
- Briefly describe how you will stay current on local/state DPH changes and their impact to your services
- Will you be providing training to staff and/or individuals served? If yes, briefly describe.

Question 9	Program Site	Community / Jobsite	Remote / In Home
Plan for Transportation			

Please address each of the following points in your response above:

- Your available methods of transportation (e.g. use of agency-provided vehicles, public transportation, etc.)
- Physical (social) distancing including impact to numbers of individuals supported
- Use of PPE
- Monitoring for signs/symptoms of illness
- Cleanliness/sanitizing
- Hygiene practices
- Other considerations you would like to share
- Will you be providing training to staff and/or individuals served? If yes, briefly describe.

Question 10	Program Site	Community / Jobsite	Remote / In Home
Communication			

Please address each of the following points in your response above:

- List key points that you will include in communication regarding service delivery and your health and safety plan. When developing your communication plan, please consider what messaging may be important for the following group:
  - Individuals supported
  - Family/residential services staff
  - Transportation provider(s) (e.g. R&D)

Individual COVID-19 Response Plan Submission Summary

Please Fill Out:

Organization Name:
Program Name:
Vendor Number:
Completed By:
Contact Email:
Contact Phone Number:

Please complete the following grid for all Individual COVID-19 Response Plans (ICRP) being submitted. Once initial approval has been received, any future ICRP forms can be submitted directly to the individual's GGRC Social Worker. Please use additional pages if needed.

Individual Name	UCI Number	GGRC Social Worker	Plan submitted (yes/no)	Individual ready to return? (yes/no)	If individual is not ready to return, please indicate why