



# INLAND REGIONAL CENTER

*...valuing independence, inclusion and empowerment*

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## Reopening Checklist

Dear Day Service and Transportation Providers:

Inland Regional Center (IRC) is anticipating that Transportation and Day Services will begin traditional face to face services beginning July 1, 2021. Prior to re-opening, the vendors must submit this completed Reopening Checklist to their Quality Assurance Liaison, as soon as possible. Center based/licensed Day Services must also have an approved Mitigation Plan prior to reopening, as mandated in the Department of Social Services PIN 20-48-ASC.

Once this Checklist has been submitted and reviewed, you can begin the Inter-Disciplinary Team (IDT) Meetings for each client to determine who might return to traditional services and who may want to continue with an alternative model. The IDT meeting and the subsequent Individual Service Plan must reflect the rights and needs of the individuals served, while ensuring all possible strategies are in place to protect the health and safety of all participants and staff.

IRC is recommending that all service providers to include but not limited to the day service provider, the residential provider, and the transporter, be available for the IDT meetings, as well as the client, their family/circle of support and the Service Coordinator.

It is our recommendation that each vendor set into motion NEW Health & Safety policies which will, at minimum, include the following:

<b>Initial Review of Necessary Resources to Aid in Reopening</b>	<b>Yes/No/NA</b>
Have you reviewed the CDC guidelines	
Have you reviewed the CDPH and State of California guidelines	
Have you reviewed your County and Local guidelines	
Have you consulted with your insurance carrier	
Have you consulted with CCL, if you are a licensed program and have an approved Mitigation Plan on file (PIN 20-48-ASC)	
<b>***Key Part of initial Review***</b>	
Have you been in contact with the client, family and/or residential facility to get an update on the current medical history of the client, to determine the degree of risk of exposure to COVID-19 and the feasibility of providing traditional day programming (Can be done during the initial IDT meeting)	

**Please explain how these changes have been/will be met:**

<b>Physical Plant Inspection and Safety Plan</b>	Yes/No/NA
Inspect and upgrade ventilation and air filtration	
Inspect all breakrooms, kitchens, and restrooms to meet standards and guidelines	
Inspect all areas of work to meet standards and guidelines	
If unable to meet social distancing requirements, then develop alternative plan	
Develop routine disinfection and cleaning procedures of common-use areas and physical plant	
Develop safety procedures for physical plant and ensure staff are trained to procedures	
Post procedures throughout the building	

**Please explain how these changes have been/will be met:**

<b>Infection Control Measures Per Resource Guidelines</b>	<b>Yes/No/NA</b>
Develop protocol for staff and client PPE use	
Provide access to PPE for staff use	
Develop and implement staff training on areas related to Universal Precautions, proper PPE use, COVID-19 methods of potential exposure, and COVID-19 symptoms	
Develop routine and consistent hand washing procedures for staff and clients	
Encourage staff self-assessment to ensure feeling healthy (no COVID-19 common symptoms)	
Develop protocol for staff, participants and guests entering the facility to have their temperature taken and charted	
Develop procedure for staff and clients who test positive or display common symptoms of COVID-19	
Develop procedure for guests to enter building	
Post all procedures throughout the building	

**Please explain how these changes have been/will be met:**

<b>Communication Policies and Procedures</b>	<b>Yes/No/NA</b>
Develop communication protocols with clients, families, transporters, SLS and/or residential providers	
Develop communication protocols with IRC SCs	
Ensure all policies and procedures are reviewed and communicated with all parties	
Develop an exit policy for situations where the vendor's safety policies are not met and after all avenues of securing compliance are exhausted, the vendor may refuse further service	

**Please explain how these changes have been/will be met:**

<b>Programming</b>	<b>Yes/No/NA</b>
Coordinate with transporters for entry and exit to building	
Coordinate with transporters for possible staggering of routes	
Develop procedures for breaks and meals to meet standards and guidelines	
Develop plan for coordinated movement throughout the building to meet standards and guidelines	
Develop procedures for community outings based on standards and guidelines	
Develop procedures for alternative service provision based on standards and guidelines, to include but not limited to remote teleservice, alternate or part time attendance, staggered attendance times, etc.	

**Please explain how these changes have been/will be met:**

**Vendor #:** \_\_\_\_\_

**Service Code:** \_\_\_\_\_

**Authorized Signatory:** \_\_\_\_\_

**COVID-19 Resources:**

CDC: [www.cdc.gov/coronavirus/2019-ncov/index.html](http://www.cdc.gov/coronavirus/2019-ncov/index.html)

DDS: [www.dds.ca.gov/corona-virus-information-and-resources/](http://www.dds.ca.gov/corona-virus-information-and-resources/)

SB County Department of Public Health: [www.wp.sbcounty.gov/dph](http://www.wp.sbcounty.gov/dph)

Riverside County Public Health: [www.rivcoph.org/coronavirus](http://www.rivcoph.org/coronavirus)

**Program Design Addendum**

Directions: Please complete template below to ensure that each area in which you are making a change to your programming is documented. All changes should be documented on this IRC form and turned into to your Quality Assurance Liaison and/or IRC personnel for approval. Each vendorization requires a separate program design addendum.

<b>Programming</b>	IRC only: Met/Not Met
Plan to notify all families and/or circle of support of changes	
Plan for alternative service provision based on the standards and guidelines to include but not limited to remote teleservices, alternate or part time attendance, staggered attendance times, etc.	
What is your client and staff training plan on areas related to Universal Precautions, proper PPE use, COVID-19 methods of potential exposure, and COVID-19 symptoms	
Plan for proposed program times changes; if applicable	
Develop procedures for community outings based on standards and guidelines	
Develop procedures for alternative service provision based on standards and guidelines, to include but not limited to remote teleservice, alternate or part time attendance, staggered attendance times, etc.	
Entrance Criteria changes; if applicable	
Steps taken prior to given a consumer a 30 day notice due any program changes	
<b>Include the following Continuity Statement:</b> All other items in the program design will remain the same, in compliance with Title 17 regulatory standards and IRC's Best Practices.	

**Please document all changes below if applicable:**

**Plan to notify all families and/or circle of support of changes:**

**Plan for alternative service provision based on the standards and guidelines to include but not limited to remote teleservices, alternate or part time attendance, staggered attendance times and etcetera:**

**What is your client and staff training plan on areas related to Universal Precautions, proper PPE use, COVID-19 methods of potential exposure, and COVID-19 symptoms?**

**Plan for proposed program times change and notification of this if applicable:**

**Develop procedures for community outings based on standards and guidelines:**

**Entrance Criteria changes; if applicable:**



**Steps taken prior to given a consumer a 30 day notice due any program changes:**

**Continuity Statement:**

**Save this completed form to your device and email a copy to your QA Liaison for review.**

**Vendor #:** \_\_\_\_\_

**Service Code:** \_\_\_\_\_

**Authorized Signatory:** \_\_\_\_\_

**IRC Approval:** \_\_\_\_\_

For help finding your QA Liaison information or other questions, email [community@inlandrc.org](mailto:community@inlandrc.org) with your vendor number.