Dear Individuals, Families, Guardians, and Care Providers,

We have recently been notified that we are able start the process of reopening our Day Habilitation and Pre Vocational programs. As we look forward to everyone’s return, we want to ensure the health and safety of all the individuals and our staff. Prior to the return to programs, we have prepared a reopening plan that includes information on scheduling, delivery of service, transportation, daily screening of any symptoms of illness, and protocol that will need to be followed by both the individual’s residence as well as the program.

As we begin the cautious process of reopening, we will be responsible for the implementation and monitoring of specific guidelines set forth by the state. Our programs must meet minimum State and Federal safety requirements as outlined by the Center for Disease Control and Prevention (CDC), Environmental Protection Agency (EPA), United States Department of Labor’s Occupational Safety and Health Administration (OSHA), New York State Department of Health (DOH), and OPWDD while also meeting the minimum standards of the Americans with Disabilities Act (ADA).

It has been a difficult, long hard road since March with the beginning of this pandemic and we are doing everything we possibly can to keep everyone healthy and safe. Please understand, if there is an increase in Covid 19 cases in our area, we may need to reassess our approach or halt operations all together.

We want to remind everyone to continue to practice social distancing, wear masks when appropriate, limit exposure in public places and continue frequent hand washing to ensure minimal transmission of Covid-19.

Thank you for your patience as we work through some of the challenges associated with the safe return to program. As always, our number one priority is the health and safety of the people we support and our staff.

Please review the below agreement; we ask you sign and return to program staff upon pick up/drop off at program site. If you have any questions or would like a copy of the complete safety plan you can request one by contacting Michele VanGiesen at 315-567-0224 or at [mvangiesen@mozaic.org](mailto:mvangiesen@mozaic.org).

Sincerely,

Michele VanGiesen, Director of Services

**Day Hab and Prevocational Services Agreement**

Prior to an individual coming in to program, we ask that you ensure the person is not exhibiting any signs or symptoms of illness:

* **Fever or chills**
* **Coughing or sneezing**
* **Shortness of breath or difficulty breathing**
* **Muscle or body aches**
* **New loss of taste or smell**
* **Sore throat**
* **Congestion or runny nose**
* **Nausea or vomiting**
* **Diarrhea**

**\*If any symptoms of illness are present, the individual must stay home\***

On a daily basis, upon pick up, the staff member will perform a health screen before the individuals will be allowed on the bus or vehicle. Family member, advocate, or guardian must be present with individual at pick up times in order to complete the below screening and ensure we have the correct information:

* Temperature check- must be below 100.4 degrees F in order to pass screening
* Have you had COVID-19 symptoms in the past 14 days?
* Have you had a COVID-19 test in the past 14 days?
* Have you come in close contact with a confirmed or suspected COVID-19 case in the past 14 days?
* Have you traveled from within one of the designated states with significant community spread in the last 14 days?

**\*If you answer yes to any of these questions, the individual will be asked to stay home and will not be allowed to be transported to program\***

* All staff, individuals, and essential visitors, will be screened prior to entry into the program site and monitored for signs and symptoms of COVID-19 thereafter as well.
* Individuals receiving services must wear face coverings, if they can medically tolerate one whenever social distancing cannot be achieved. The individual should arrive to the bus or program with a facemask. If they do not have a facemask, staff will provide one for them.
* We ask if food is brought from home that it requires as limited preparation as possible at the day program site (i.e. heating in microwave, cut up) and be packed appropriately.
* If an individual exhibits any sick symptoms during the program day, they must be sent home. It is the expectation for them to be picked up within an hour of notification from the program. They will be required to return home until they are fever free for 72 hours without the use of fever-reducing medications (e.g. Advil, Tylenol).
* Any individual sent home must contact their healthcare provider for assessment and testing. The day program will immediately notify the local health department and OPWDD about the suspected case. Individuals sent home from program must consult with their healthcare practitioner prior to returning to the program.
* Individuals may not return to or attend the day program while a member of their household or certified residence are being quarantined or isolated. If an individual or staff member is identified with COVID-19, the day program will seek guidance from State or local health officials to determine when the individual/staff can return to the program and what additional steps are needed.
* In the event an individual, staff or anyone they reside with are placed on quarantine or isolation, the responsible party (i.e. self, family member, guardian, residence manager etc.) must notify the day program immediately and must suspend attending day program until they are medically cleared to return to work/program.

**I have read the outline for the safe reopening and return to the program and agree to above expectations and am committed to playing an active role in ensuring the health and safety of all.**

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**Signature Date**

**Contact Information:**

**Primary Contact:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Back-up Contact:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**