DOH Statewide Connecticut COVID 19 Homeless Response Assessment

(untitled)

In response to the Declaration of Public Health and Civil Preparedness Emergency enacted by Governor Lamont on March 10, 2020, we have created this data collection form to assess the preparedness needs of shelters, transitional housing, and drop-in centers pertaining to the anticipated spread of COVID-19. **Please respond to the questions in this form with the best available information about your project**.

DOH will be updating shelters regularly as new information emerges as providers enter a state of prevention and preparedness in response to the COVID-19 virus. We recognize that some of these measures seem extraordinary, but our hope is that our efforts now will result in greater safety for all of us and the clients we serve.

1. Please provide the information below, so that you can be contacted if follow-up is necessary. *

Organization Name *

Project/Facility Name *

Project/Facility Type *

Emergency Shelter
Transitional Housing
Warming Center
Drop-in center / Day program
Other congregate living program

Full Name (of the person completing this form) *

Email Address (of the person completing this form *

Phone Number (of the person completing this form) *

2. Who can be served by your project/facility? *

Please select all that apply.

- ☐ Adult males (age 25+)
- ☐ Adult females (age 25+)
- ☐ Youth males (age 18-24)
- ☐ Youth females (age 18-24)
- ☐ Parents with dependent children
- ☐ Unaccompanied minors

Comments

3. What is the maximum occupancy of your project/facility? *

Comments

4. Please briefly describe the type of building and space that your project/facility operates in (church, school, single family house, multi-family, basement, storefront, firehouse, barn, etc). *

5. If your project/facility shares a building, please briefly describe the other tenants/activities below.

(untitled)

LOGIC Show/hide trigger exists.

6. Is your program open year-round or seasonally? *

○ Year-round

○ Seasonal

Comments

LOGIC Hidden unless: #6 Question "Is your program open year-round or seasonally?" is one of the following answers ("Seasonal")

What resources, funding, or staffing would you need to stay open beyond the end of your season if necessary? *

7. When does your program currently operate? *

- ○ Overnight only

- ○ Daytime only

- ○ 24 hours a day, 7 days a week

Comments

[   ]

What would your program need to expand to 24/7 operations?

[   ]

8. What spaces does your facility <u>currently have</u> to accommodate symptomatic people? *

☐ Separate rooms

☐ Large ventilated rooms

☐ No space available

Comments

Approximately how many symptomatic people could <u>currently</u> be supported or isolated at your facility? *

If none, enter zero.

Would you be able to create a space on site to support and isolate symptomatic people? *

   ○ Yes

   ○ No

Comments

9. Under current operations, is your project/facility able to designate staff to support symptomatic people? *

   ○ Yes

   ○ No

Comments

What does your project/facility need to be able to designate staff to support symptomatic people? *

10. Please enter the number of each of the following in your project/facility: *

Bathrooms

Toilets

Urinals

Bathtubs

Showers

Sinks

11. How many exits does your project/facility have? *

(untitled)

12. What meals are served at your facility? *

Select all that apply.

☐ Breakfast

☐ Lunch

☐ Dinner

☐ Other food

☐ None

Comments

[   ]

13. What kind of kitchen/food prep capacity is available at your facility? *

○ Commercial kitchen

○ Residential kitchen

○ Personal kitchens in each unit

○ No kitchen or food preparation on site

Comments

[   ]

14. If food service is available at your project/facility, who <u>prepares</u> the food?
*

- ☐ Paid staff of your project/facility

- ☐ Food service contractor

- ☐ Volunteers from the community

- ☐ Food is not served at this project/facility

Comments

15. If food service is available at your project/facility, <u>where</u> is the food prepared? *

- ☐ Food is prepared on site

- ☐ Food is prepared off site

- ☐ Food is not served at this project/facility

Comments

16. What type of beds are used at your facility? *

☐ Mats on the floor

☐ Cots

☐ Bunk beds

☐ Single beds in shared dorms

☐ Private unit with private kitchen and private bathroom

☐ Private unit with <u>shared</u> kitchen and <u>shared</u> bathroom

☐ Other (please specify)

*

Comments

17. How many beds/mats/cots are at your project/facility? *

Comments

18. Does your project/facility currently have a "head to toe" sleeping set up? *

○ Yes

○ No

Comments

[   ]

19. How much space do you currently have between beds, mats, or cots? *

○ Less than 6 inches

○ 6 to 12 inches

○ 13 inches to 3 feet

○ 3 feet to 6 feet

○ More than 6 feet

Comments

[   ]

20. Does your project/facility currently have dividers between beds, mats, or cots? *

○ Yes

○ No

Comments

[   ]

Would your project/facility have space to add dividers between beds/cots/mats if they were available? *

○ Yes

○ No

○ Not sure

21. How many sleeping rooms and living units are at your project/facility? *

[   ]

Comments

[   ]

(untitled)

22. Does your project/facility have an established cleaning schedule? *

○ Yes

○ No

Comments

23. How often are the following areas cleaned in your project/facility? *

Select "n/a" as the frequency if an area does not apply to your facility

	Multiple times per day	Once per day	Every other day	Weekly	Every other week	Less often	N/A
Mattresses/Mats/Cots	○	○	○	○	○	○	○
Beds and Bedframes	○	○	○	○	○	○	○
Bedding (sheets, pillowcases, blankets etc)	○	○	○	○	○	○	○
Towels and washcloths	○	○	○	○	○	○	○
High-touch surfaces (counters, door knobs, handrails, etc.)	○	○	○	○	○	○	○
Kitchens and food prep areas	○	○	○	○	○	○	○
Food service areas (dining room tables, seats, etc.)	○	○	○	○	○	○	○
Bathrooms (toilets, sinks, showers, etc.)	○	○	○	○	○	○	○

Comments

24. Please describe the **medical services** available at your site, including any services provide on-site by community medical providers. *

Enter "none" if this question does not apply to your project/facility

25. Please describe the **behavioral health support** available at your site, including any services provide on-site by community providers (including mental health, substance use, and peer support). *

Enter "none" if this question does not apply to your project/facility

[   ]

(untitled)

26. Do you currently have information about COVID-19 posted in your project/facility? *

○ Yes

○ No

27. Do you currently have hand-washing stations in your project/facility? *

○ Yes, mobile stations

○ Yes, fixed stations

○ No

Comments

[   ]

28. Do you currently have sufficient cleaning supplies for your project/facility? *

○ Yes

○ No

Comments

[   ]

What cleaning supplies do you need and when? *

[   ]

29. Are there other supplies or resources your program needs to respond to COVID-19?

[   ]

30. Do you have any other comments or questions or concerns about COVID-19 you'd like to share?

Thank You!

Thank you for completing the information on this form.