



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? *

LOGIC Show/hide trigger exists.

7. When does your program currently operate? *

- Overnight only
- Daytime only
- 24 hours a day, 7 days a week

Comments

LOGIC Hidden unless: #7 Question "When does your program currently operate?" is one of the following answers ("Overnight only","Daytime only")

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

LOGIC Show/hide trigger exists.

8. What spaces does your facility currently have to accommodate symptomatic people? *

- Separate rooms
- Large ventilated rooms
- No space available

Comments

LOGIC Hidden unless: #8 Question "What spaces does your facility currently have to accommodate symptomatic people?" is one of the following answers ("Separate rooms","Large ventilated rooms")

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

If none, enter zero.

LOGIC Hidden unless: #8 Question "What spaces does your facility currently have to accommodate symptomatic people?" is one of the following answers ("No space available")
Would you be able to create a space on site to support and isolate symptomatic people? *

Yes

No

Comments

LOGIC Show/hide trigger exists.

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

Yes

No

Comments

Logic Hidden unless: #9 Question "Under current operations, is your project/facility able to designate staff to support symptomatic people?" is one of the following answers ("No")
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 prepares 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, where is the food prepared? *

- Food is prepared on site
- Food is prepared off site
- Food is not served at this project/facility

Comments

Page entry logic:

This page will show when: Question "Project/Facility Type" is one of the following answers ("Emergency Shelter", "Transitional Housing", "Warming Center", "Other congregate living program")

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 shared kitchen and shared 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

LOGIC Show/hide trigger exists.

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

- Yes
- No

Comments

LOGIC Hidden unless: #20 Question "Does your project/facility currently have dividers between beds, mats, or cots?" is one of the following answers ("No")

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

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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Beds and Bedframes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bedding (sheets, pillowcases, blankets etc)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Towels and washcloths	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
High-touch surfaces (counters, door knobs, handrails, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Kitchens and food prep areas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food service areas (dining room tables, seats, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bathrooms (toilets, sinks, showers, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

LOGIC Show/hide trigger exists.

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

*

Yes

No

Comments

LOGIC Hidden unless: #28 Question "Do you currently have sufficient cleaning supplies for your project/facility?" is one of the following answers ("No")

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.