## COVID-19 PROTECTION PLAN VERIFICATION

### VENDOR INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
<th>Vendor Number(S):</th>
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<table>
<thead>
<tr>
<th>Administrator Name:</th>
<th>Phone Number:</th>
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<table>
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<tr>
<th>Email Address:</th>
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### SERVICE AREA:

A **COVID-19 Protection Plan** is needed for each vendored service, except supplemental service codes. Refer to the **Considerations for Each Phase** for each service area.

- [ ] Residential: ARFPSHN, ICF/DD-N, ICF/DD-CN, ICF/DD-H
- [ ] Residential: Licensed
- [ ] Residential: Unlicensed
- [ ] Day Services: Site-Based
- [ ] Day Services: Unlicensed Community-Based
- [ ] Day Services: Employment
- [ ] Transportation
- [ ] Early Start
- [ ] In-Home Services

### IN-PERSON SERVICE ENVIRONMENT(S):

Check all that apply to this vendored service and complete the relevant section(s) within this document.

- [ ] In a facility managed by the provider
- [ ] In a vehicle managed by the provider, including staff-owned
- [ ] In various community settings, including public transportation
- [ ] In the person’s home

### COVID-19 PREPAREDNESS PLEDGE:

- [ ] Vendor is committed to the pledge and will post and distribute to consumers and interested parties

### PERSON RESPONSIBLE FOR IMPLEMENTING THIS COVID-19 PROTECTION PLAN

<table>
<thead>
<tr>
<th>Name:</th>
<th>Phone Number:</th>
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<table>
<thead>
<tr>
<th>Title:</th>
<th>Email Address:</th>
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### COUNTY HEALTH OFFICER

<table>
<thead>
<tr>
<th>County:</th>
<th>Phone Number:</th>
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<table>
<thead>
<tr>
<th>Name:</th>
<th>Email Address:</th>
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### REGIONAL CENTER (RC) INFORMATION

<table>
<thead>
<tr>
<th>RC Name:</th>
<th>Phone Number:</th>
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<table>
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<tr>
<th>Contact Name:</th>
<th>Email Address:</th>
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</table>
## COVID-19 PROTECTION PLAN VERIFICATION

### PHASE 1 LIMITED RE-ENTRY

*This section does not need to include the number of people receiving remote services.*

<table>
<thead>
<tr>
<th>Maximum number of people to receive in-person services in a single day:</th>
<th>Maximum number of people to receive in-person services:</th>
<th>PER WEEK/MONTH (circle one)</th>
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<tbody>
<tr>
<td>DESCRIPTION:</td>
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### PHASE 2 PARTIAL RE-ENTRY

*This section does not need to include the number of people receiving remote services.*

<table>
<thead>
<tr>
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### PHASE 3 FULL RE-ENTRY

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### REGIONAL CENTER VERIFICATION OF PROTECTION PLAN

*The Vendor’s COVID-19 Protection Plan has been verified.*

**Name and title:**

**Signature:**

**Date of verification:**
COVID-19 PROTECTION PLAN VERIFICATION

IN ALL SETTINGS

Knowledge and Compliance
☐ Track and comply with all local directives for public health
☐ Track and adapt to changing guidance from credible sources on federal, state and local levels

Individual Control Measures & Screening
☐ Health/symptom screenings and/or temperature checks.
☐ Encourage staff, participants and visitors to stay home if they are sick, exhibiting symptoms of COVID-19, or if they or someone they live with has been diagnosed with COVID-19.
☐ Encourage frequent handwashing and use of hand sanitizer.
☐ Strongly recommend cloth face covers and communicate frequently with participants and staff that they should use face masks/cover.  
☐ Anyone who becomes ill during services will be separated from the group and arrangements will be made with the caregiver to pick up the individual within 1 hour.

Staff Training
☐ Provide information on COVID-19, preventing spread, and who is especially vulnerable.
☐ Frequently review and stay current on information, recommendations and guidance, including screening questions, posted on the CDC’s and California Department of Public Health’s (CDPH) websites.
☐ Procedures and responsibilities associated with this protection plan.
☐ Self-screening at home, including temperature and/or symptom checks using CDC guidelines.
☐ When to seek medical attention.
☐ The importance of hand washing.
☐ The importance of physical distancing, both at work and off work time.
☐ Appropriate use of Personal Protective Equipment (PPE).

Participant Training
☐ Provide information on COVID-19, preventing spread, and who is especially vulnerable.
☐ Changes in services and procedures associated with this protection plan.
☐ Screening procedures
☐ When to seek medical attention.
☐ The importance of hand washing and how to do it properly.
☐ The importance of physical distancing and how to do it properly.
☐ The importance of face masks/cover and how to wear them properly.
COVID-19 PROTECTION PLAN VERIFICATION

IN A FACILITY MANAGED BY THE PROVIDER
(OMIT THIS PAGE IF NOT APPLICABLE)

NAME OF FACILITY:
FACILITY ADDRESS:
TOTAL FACILITY SQUARE FOOTAGE: MAXIMUM NUMBER OF PEOPLE TYPICALLY ALLOWED IN FACILITY AT ANY TIME:
TOTAL FACILITY SQUARE FOOTAGE USED FOR SERVICES:

Signage and Distribution
☐ Post signage at each public entrance of the facility to inform staff and consumers of the following:
  ☐ Do not enter the facility if you have COVID-19 symptoms
  ☐ Staff, consumers and visitors must be screened prior to entering the facility
  ☐ Maintain a minimum of six-foot distance from others
  ☐ Sneeze and cough into a cloth or tissue, or if not available, into your elbow
  ☐ Do not shake hands or engage in any unnecessary physical contact
☐ Post signage at appropriate locations throughout the facility to remind people to maintain social distance.
☐ Post a copy of this verified Protection Plan at each public entrance to the facility where staff, consumers and visitors can easily view it.
☐ Assure training and communication with consumers, care givers, and staff on this protection plan.

Cleaning and Disinfecting Protocols
☐ Perform thorough cleaning in high traffic areas.
☐ Frequently disinfect commonly used surfaces and personal work areas.
☐ Clean and sanitize shared equipment between each use.
☐ Clean touchable surfaces between shifts or between users, whichever is more frequent.
☐ Equip shared spaces with proper sanitation products, including hand sanitizer and sanitizing wipes and ensure availability.
  ☐ Number of hand sanitizing stations throughout the program site.
  ☐ Provide disposable gloves to workers using cleaners and disinfectants if required. Consider gloves a supplement to frequent hand washing for other cleaning tasks such as handling commonly touched items or conducting symptom screening. Gloves are stored:
  ☐ Supplies are available to all at the following locations(s):
☐ Ensure that restroom facilities are sanitized between use and stay operational and stocked at all times.
  At a minimum, bathrooms will be disinfected on the following schedule:
☐ Use products approved for use against COVID-19 on the EPA-approved list and follow product instructions and Cal/OSHA requirements.
☐ Provide time for participants and staff to implement cleaning practices before and after shifts and consider third-party cleaning companies.
☐ Install hands-free devices if possible.
☐ Consider upgrades to improve air filtration and ventilation.
Physical Distancing Guidelines

☐ To allow adequate social distancing (6 feet minimum) at all times and comply with any occupancy limitations in public health orders, limit the number of people at any one time to:
   For LIMITED RE-ENTRY
   For PARTIAL RE-ENTRY
   For FULL RE-ENTRY

☐ Assign responsibility to an employee to ensure that the maximum number of occupants is not exceeded and that all occupants are complying with the provisions of this plan.

☐ Implement measures to physically separate participants and staff by at least six feet using measures such as physical partitions or visual cues (e.g., floor markings, colored tape, or signs to indicate to where workers should stand).

☐ Reconfigure program rooms and decrease maximum capacity for conference and meeting areas.
   ☐ Post new room capacities on each door.
   ☐ Provide updated program floorplan and post along with this plan.

☐ Reconfigure common areas and provide alternative where physical distancing can be practiced.

☐ Adjust in-person meetings, if they are necessary, to ensure physical distancing.

☐ Utilize a variety of service delivery modalities, as determined by the Interdisciplinary Team, to limit the number of participants and staff at the program at one time, such as teleservice, in-home service or community-based activities.
COVID-19 PROTECTION PLAN VERIFICATION
IN A VEHICLE MANAGED BY THE PROVIDER, INCLUDING STAFF-OWNED

(Omit this page if not applicable)

Signage and Distribution
☐ Post signage within the entrance of the vehicle to inform staff and consumers of the following:
  ☐ Do not enter the vehicle if you have COVID-19 symptoms
  ☐ Staff and consumers must be screened prior to entering the vehicle
  ☐ Sneeze and cough into a cloth or tissue, or if not available, into your elbow
  ☐ Do not shake hands or engage in any unnecessary physical contact
☐ Post signage within the entrance of the vehicle to specify the maximum passenger capacity to maintain adequate physical distancing.
☐ Maintain a copy of this verified Protection Plan within the vehicle.

Cleaning and Disinfecting Protocols
☐ Clean touchable surfaces between shifts or between users, whichever is more frequent.
☐ Adequate supplies are available in vehicles to support health hygiene behavior for staff and consumers, including hand sanitizer, tissues and trash receptacles.
☐ Adequate supplies are available in vehicles to support cleaning and disinfecting protocols. Supplies may be replenished at the following location(s):
☐ Use products approved for use against COVID-19 on the EPA-approved list and follow product instructions and Cal/OSHA requirements.
☐ Provide time for staff to implement cleaning practices and consider intermittent use of third-party cleaning companies.
☐ To the extent possible, remove, replace or cover surfaces within the vehicle that cannot be adequately disinfected.

Physical Distancing Guidelines
☐ Eliminate the use of the front passenger seat.
☐ Implement measures to physically separate driver and passengers and clearly label designated seating.
☐ If possible, designate vehicle entrances and exits to reduce congestion during loading and unloading.

Other
☐ Avoid unscheduled rides or picking up multiple passengers who would not otherwise be riding together on the same route.
☐ Avoid using the recirculated air option for the vehicle’s ventilation during passenger transport; use the vehicle’s vents to bring in fresh outside air and/or lower the vehicle windows.
☐ Train all drivers and passengers to avoid unnecessary contact with surfaces frequently touched such as door frame/handles, windows, seatbelt buckles, steering wheel and other vehicle parts before cleaning and disinfection.
COVID-19 PROTECTION PLAN VERIFICATION
IN VARIOUS COMMUNITY SETTINGS, INCLUDING PUBLIC TRANSPORTATION
(OMIT THIS PAGE IF NOT APPLICABLE)

Preparation
☐ Train staff and participants to research known destinations in advance to identify any new protocols that may be relevant.
☐ To the extent possible, bring supplies or equipment that may be needed in lieu of using public sources.
☐ Train staff and participants to observe and respond to visual cues and directions to maintain social distancing within business establishments.
☐ Train staff and participants to recognize and adapt to unsafe situations such as members of the general public failing to maintain social distancing or unsanitary environments.
☐ Train staff and participants to plan for the use of public transportation with protocols for seat selection, limiting contact with high-touch surfaces and hand sanitization.

Cleaning and Disinfecting Protocols
☐ Adequate supplies are packed and carried to support health hygiene behavior for staff and consumers, including hand sanitizer, tissues and trash receptacles. Supplies may be replenished at the following location(s):
☐ Provide time to locate and use public hand-washing stations.
☐ Protocols for disinfection of clothing, equipment and supplies upon return.

Physical Distancing Guidelines
☐ To the extent possible, avoid environments that are not conducive to physical distancing

Other
☐ Face masks/covers and other personal protective equipment (PPE) associated with any personal care needs are available. Supplies may be replenished at the following location(s):
☐ Plan for re-routing to an alternate destination if it is suspected that any participant, including staff, was exposed to COVID-19 or becomes ill during the community activity.
COVID-19 PROTECTION PLAN VERIFICATION

IN THE PERSON’S HOME
(OMIT THIS PAGE IF NOT APPLICABLE)

Preparation
☐ Provide participants specific information about the Protection Plan prior to the home visit. Staff should maintain a copy of the plan with them for home visits.
☐ Train staff to research known destinations in advance to identify any circumstances that require additional consideration or planning.
   ☐ Any screening procedures for the home.
   ☐ Number of people participating in the visit and/or within the immediate vicinity.
   ☐ Any additional people expected to be in the home and potential exposures.
   ☐ Location for the visit within the home.
   ☐ Equipment that may be used within the home to reduce the need to bring items in.
☐ Prepare participants for non-contact visits and discourage social contact.
☐ Train staff to recognize and adapt to unsafe situations.

Cleaning and Disinfecting Protocols
☐ Adequate supplies are packed and carried to support health hygiene behavior for staff and consumers, including hand sanitizer, tissues and trash receptacles. Supplies may be replenished at the following location(s):
☐ Clean equipment prior to and after use. Adequate supplies are packed and carried to reduce reliance on the supply at the home. Supplies may be replenished at the following location(s):
☐ Provide time to locate and use public hand-washing stations in between home visits.
☐ Protocols for disinfection of clothing, equipment and supplies in between home visits.

Physical Distancing Guidelines
☐ Avoid environments that are not conducive to physical distancing

Other
☐ Face masks/covers and other personal protective equipment (PPE) associated with any personal care needs are available. Supplies may be replenished at the following location(s):
☐ Specify the maximum number of homes that may be visited by each staff each day.
   For LIMITED RE-ENTRY
   For PARTIAL RE-ENTRY
   For FULL RE-ENTRY
COVID-19 PROTECTION PLAN VERIFICATION

Compliance Procedures and Risk Mitigation
☐ The internal process to check for compliance and to document and correct deficiencies is:

☐ The process to report and track COVID-cases, to include alerting the local health department, and identify and isolate close workplace contacts of infected employees or consumers until they are tested is:

☐ Consumers, care givers, and staff have been informed that they can call at to report any safety concerns.

List attachments:
1. Floor plan adhering to physical distancing protocols (if applicable)
2. COVID-19 Preparedness Pledge (signed)
3.
4.
5.

Certification:
I , affirm that all information in this COVID-19 Protection Plan is true and accurate to the best of my knowledge, that all employees will be provided a copy of this plan and receive trainings as required in this plan, that copies of this verified plan, and signage will be posted as required herein, and that all applicable measures are being implemented as set forth herein.

NAME AND TITLE:
SIGNATURE: DATE: