VENDOR INFORMATION				
NAME:	VENDOR NUMBER(S):			
ADMINISTRATOR NAME:	PHONE NUMBER:			
	EMAIL ADDRESS:			
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 TO CONSUMERS AND INTERESTED PARTIES				
PERSON RESPONSIBLE FOR IMPLEMENTING TH	HIS COVID-19 PROTECTION PLAN			
NAME:	PHONE NUMBER:			
TITLE:	EMAIL ADDRESS:			
COUNTY HEALTH OFFICER				
COUNTY:	PHONE NUMBER:			
NAME:	EMAIL ADDRESS:			
REGIONAL CENTER (RC) INFORMATION				
RC NAME:	PHONE NUMBER:			
CONTACT NAME:	EMAIL ADDRESS:			

PHASE 1 LIMITED RE-ENTRY
This section does not need to include the number of people receiving remote services.
MAXIMUM NUMBER OF PEOPLE TO RECEIVE <u>IN-PERSON</u> SERVICES IN A SINGLE DAY: MAXIMUM NUMBER OF PEOPLE TO RECEIVE <u>IN-PERSON</u> SERVICES: PER WEEK/MONTH (circle one)
DESCRIPTION:
PHASE 2 PARTIAL RE-ENTRY
This section does not need to include the number of people receiving remote services.
MAXIMUM NUMBER OF PEOPLE TO RECEIVE <u>IN-PERSON</u> SERVICES IN A SINGLE DAY: MAXIMUM NUMBER OF PEOPLE TO RECEIVE <u>IN-PERSON</u> SERVICES: PER WEEK/MONTH (circle one)
DESCRIPTION:
PHASE 3 FULL RE-ENTRY
This section does not need to include the number of people receiving remote services.
MAXIMUM NUMBER OF PEOPLE TO RECEIVE <u>IN-PERSON</u> SERVICES IN A SINGLE DAY: MAXIMUM NUMBER OF PEOPLE TO RECEIVE <u>IN-PERSON</u> SERVICES: PER WEEK/MONTH (circle one)
DESCRIPTION:
REGIONAL CENTER VERIFICATION OF PROTECTION PLAN
The Vendor's COVID-19 Protection Plan has been verified.
NAME AND TITLE:

DATE OF VERIFICATION:

SIGNATURE:

COVID-19 PROTECTION PLAN VERIFICATION IN ALL SETTINGS

 □ Track and comply with all local directives for public health
☐ Track and comply with all local directives for public fleath. ☐ Track and adapt to changing guidance from credible sources on federal, state and local levels
Track and adapt to changing guidance from credible sources on rederal, 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/covers.
□ 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/covers and how to wear them properly.

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:	ALLOWED INT ACIEIT FAT AINT TIME.			
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.				
ensure availability. ☐ Number of hand sanitizing stations through ☐ Provide disposable gloves to workers using	ch use. en users, whichever is more frequent. cts, including hand sanitizer and sanitizing wipes and nout the program site. g cleaners and disinfectants if required. Consider gloves r other cleaning tasks such as handling commonly eening. Gloves are stored:			
 □ Ensure that restroom facilities are sanitized between At a minimum, bathrooms will be disinfected on the Use products approved for use against COVID-19 instructions and Cal/OSHA requirements. 	en use and stay operational and stocked at all times. le following schedule: on the EPA-approved list and follow product at cleaning practices before and after shifts and consider			

IN A FACILITY MANAGED BY THE PROVIDER (CONTINUED)

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.

IN A VEHICLE MANAGED BY THE PROVIDER, INCLUDING STAFF-OWNED

(OMIT THIS PAGE IF NOT APPLICABLE)

Signage and Distribution	
\square 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	
\Box Post signage within the entrance of the vehicle to specify the maximum passenger capacity to maintain	า
adequate physical distancing.	
☐ Maintain a copy of this verified Protection Plan within the vehicle.	
Cleaning and Disinfecting Protocols	
\square 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. 	3,
 Adequate supplies are available in vehicles to support cleaning and disinfecting protocols. Supplies me be replenished at the following location(s): 	ay
Use products approved for use against COVID-19 on the EPA-approved list and follow product instruction and Cal/OSHA requirements.	ns
Provide time for staff to implement cleaning practices and consider intermittent use of third-party cleaning companies.	ng
To the extent possible, remove, replace or cover surfaces within the vehicle that can not be adequately disinfected.	r
Physical Distancing Guidelines	
☐ Eliminate the use of the front passenger seat.	
\square Implement measures to physically separate driver and passengers and clearly label designated seating	j.
☐ If possible, designate vehicle entrances and exits to reduce congestion during loading and unloading.	
Other	
\square 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 a door frame/handles, windows, seatbelt buckles, steering wheel and other vehicle parts before cleaning and disinfection.	

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 genera 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

IN THE PERSON'S HOME

(OMIT THIS PAGE IF NOT APPLICABLE)

□ 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.
Trotocols for distinction of clothing, equipment and supplies in between nome 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

Preparation

Compliance Procedures and Risk Mitigation ☐ The internal process to check for compliance and	to document and correct defi	ciencies is	s:		
☐ The process to report and track COVID-cases, to and isolate close workplace contacts of infected e	-	-	_		
☐ Consumers, care givers, and staff have been infor safety concerns.	med that they can call	at	to report any		
List attachments: 1. Floor plan adhering to physical distancing 2. COVID-19 Preparedness Pledge (signed) 3. 4. 5.	protocols (if applicable)				
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:				