



Licensed Residential Home Visitor Plan

Updated 6/25/2020

In order to slow the spread of COVID-19, we ask that you read and follow the Licensed Residential Home Visitor Plan below.

- To arrange a visit, call the Residential Supervisor to schedule a time.
- Two visitors may meet with the person served at the same time, permitted that they are wearing facemasks and practicing social distancing (6 feet apart).
- Upon arrival to the premises for planned visit:
 - Visitors must be wearing and continue to wear a facemask throughout the visit
 - Visitors are not permitted inside the home
 - Visitors will undergo temperature check, symptom check and COVID-19 contact questions before being cleared for the visit
 - If a visitor is not cleared for the visit, they will be asked to schedule another visit in the future
- Visit will take place outside of the home
- Visitors and persons served will wear facemasks throughout the visit and practice social distancing (6 feet apart)

While we know that the visit restrictions may be challenging, we appreciate your support in keeping our staff and persons served safe and healthy.

Fine print - This plan may be modified based on regulations and Public Health Department guidance.

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Licensed Residential Home Visitor Questionnaire

Please read and answer the following questions:

Yes No I have read and understand the visitor plan expectations.

Yes No I will follow the visitor plan expectations as outlined.

Yes No My temperature was taken upon arrival to the premises.

Yes No Do you have a cough, shortness of breath or difficulty breathing, muscle pain, sore throat or a new loss of taste or smell?

Yes No Have you traveled outside of the US within the past 14 days?

Yes No Have you had contact with anyone who has tested positive for the COVID-19 virus within the past 14 days?

Yes No I understand that if I develop symptoms or test positive to COVID-19 within 14 days of my visit, that I am to contact OPTIONS to alert them of a potential exposure.

Yes No I have been provided with a contact number for OPTIONS.

Name of visitor (please print)

Date

Signature