



Resuming In-Person Services Request for Site Visit

Provider:	Review Date:
Hosting Site:	Reviewer Name:
Hosting Site Address:	Reviewer Contact Info:
City, State, ZIP:	
Hosting Site Manager:	Hosting Site Contact Info:

ITEM	GENERAL	YES	NO	ACTION TAKEN/COMMENTS
Staff/Volunteer Training	A. Does the site have protocols in place for Staff/Volunteer training on COVID19 risk reduction measures?			
	B. Are all staff and volunteers properly trained?			
Infection Prevention	A. Does the site have protocols in place for infection prevention measures?			
	B. Are all persons entering the facility required to submit to symptom screening?			
	C. Does the site have a mask wearing protocol?			
	D. Does the site have a physical distancing protocol?			
	E. Are participants and staff encouraged to self-screen at home prior to entering the facility and if not feeling well or symptomatic, encourage them to stay at home?			
Cleaning and Disinfection	A. Does the site have cleaning and disinfection protocols?			
Communication	A. Have participants been notified of expectations for resuming in-person services?			
	B. Have staff/volunteers been notified of the expectations for returning to work and resuming in-person services?			
	C. Does the site have protocols in place for posting appropriate signage and information regarding indoor services?			