

COVID-19 PROTOCOL FOR CPS IN AND OUT OF THE FACILITY

Monitoring and Managing Staff

- LCARC has implemented procedures to limit where employees provide services during the COVID-19 pandemic. All employees are permitted to work in no more than two site locations unless a shortage in staffing requires emergency deployment.
- The LCARC Human Resource Department maintains information on each LCARC employee regarding which employees are employed or volunteer at multiple agencies so that the agency can determine how to limit exposure and transmission of the virus. The supervisor will contact Human Resources to acquire of the results of this documentation to assess the risk of the employee before assigning the employee to facility-based CPS services.

COVID-19 PROTOCOL for resuming facility-based CPS services

Staff Training

- All staff will be trained on the protocols to prevent the spread of COVID-19 at the ATF prior to the facility reopening, including frequent hand washing, proper use of hand sanitizer, cleaning and sanitizing of surfaces, selection and use including donning and doffing of PPE and social distancing. There is a video reference on how to properly don and doff PPE in the LCARC all access drive.
- Staff are trained to report symptoms and risk factors to their supervisors and HR immediately.
- At minimum staff will receive a monthly refresher training including updates from supervisors or the nurse on COVID-19 practices.

- Staff are required to wear a face mask in the facility, community, and vehicles.
- Masks are to be stored in the original container. Once they are removed and worn, they are to be disposed of. Masks should not be re-worn, nor should they be stored loosely in bags, purses, etc.
- Staff will wear gloves when preparing and serving food and when cleaning and disinfecting.
- Sick leave policies and the importance of not reporting or remaining at work when ill.
- Stress and coping mechanisms such as the ODP Warm Line and healthy ways to take care of yourself.

Individual Training

- Each individual and family member will be trained on a one-page flier called “Information for LCARC Adult Training Facility and Community Participation for Families & Individuals.”
- Each individual has a plan to develop the skills needed for preventing the spread of communicable disease. This plan focuses on the skill level of each individual to follow the CDC and ODP guidelines to regularly wash hands for at least 20 seconds, to properly wear a face mask and to maintain social distance.
- Staff will implement this plan as written to train the individuals daily.
- This plan will be reviewed and updated as skill levels change.
- Staff will document the level of assistance and support needed to properly complete hand washing, wear a face mask and social distance on agency form #566.
- For individuals that are unable to wear a face mask due to medical reasons their doctor will be asked to provide written recommendations.
- Stress and coping mechanisms such as the ODP Warm Line and healthy ways to take care of yourself.

Staff deployment

- Currently staff have been redeployed to support individuals in the LCARC community homes.

- Staff will return to the facility supporting the same individuals when possible.
- Staff are assigned to one fixed set of cohorts, including transportation where applicable. Changes are only made by the director when necessary.
- Program support staff will assist DSPs and provide additional supervision when needed.
- Staff will provide transportation via agency vehicle to and from the day program for individuals that reside in the LCARC community homes. Staff will clean/sanitize the vehicle before and after each trip, and complete supporting documentation #424.
- Staff will be trained to monitor and clean high contact areas while providing services. See cleaning/ disinfecting plan.
- Staff will contact floor support staff/ program support staff if they need to take a break. Staff will be limited to outdoor areas and the kitchen. Staff will sanitize all surfaces used prior to and after use.

Re-Integration Strategy to return to facility

- Transitional team meetings have been held to complete the ITG and the CPS readiness tool.
- Per the HCQU recommendation the individuals' HRST scores and risk factors were considered.
- The individuals Plan for Preventing the Spread of Communicable Disease form #563 includes mitigation to address these risks.
- The individuals were informed of changes to the CPS program activities, room set ups and expectations to prevent the spread of communicable disease. Individual's informed consent or declination to return will be documented and maintained in their record via the "Consent to Receive Services" form (Form #574).
- Services will resume initially for **no more than 10 individuals**, assigned to 2 separate cohorts/ groups. **If the facility needs to reopen due to closure from a positive COVID-19 test for a staff member or an individual or if the facility closure occurred due to the PCR percent positivity rate of Lawrence County being "substantial" please refer to the below section titled "Positive COVID test, PCR Percent Positivity rate, and closure guidance" for the facility reopening plan.**

- Small cohorts to be added with **no more than 10 individuals** returning at one time, preferably individuals will be grouped with housemates. **If the facility needs to reopen due to closure from a positive COVID-19 test for a staff member or an individual or if the facility closure occurred due to the PCR percent positivity rate of Lawrence County being “substantial” please refer to the below section titled "Positive COVID test, PCR Percent Positivity rate, and closure guidance” for the facility reopening plan.**
- Floor plan (attached) with additional information on capacity is located under the social distancing section.
- The main entrance will be used for arrival/entering the building and the main gym doors will be used to departure/exiting the building.
- Arrival and departure times will be staggered by cohorts as much as possible.
- For an individual that resides with their family and the family chooses not to provide their own transportation, a public shared ride may be utilized **during the “low” designation of community transmission in Lawrence County (see Positive COVID test, PCR Percent Positivity rate, and closure guidance section below)**. The shared ride provider’s plan must follow CDC and ODP guidelines.
- The agency will provide educational information regarding the prevention of the spread of communicable disease, specifically COVID 19 to families prior to their individual resuming services.

Re-integration to Community Activities

- Community activities will be reintroduced based on each individual’s comfort level, ability to follow CDC guidelines related to wearing a face mask, social distance, and hand washing.
- Opportunities that limit exposure such as outdoor parks during decreased periods of activity will be the first activities considered. Parks will be evaluated on a case by case basis shortly before activities are planned. Walks in the neighborhood will also provide physical activity with limited risk.

- Individual's supervision level may initially be increased to provide the level of support needed to avoid risky situations which may increase exposure risks.
- Transportation with anyone other than with whom they reside will not be permitted unless social distancing and face masks guidelines are adhered to.

Social Distancing

Space Considerations/ Room Setup/ Programming

- Face masks (cloth and disposable) and gloves will be available at the entrance and in all program areas. Per CDC and ODP guidance, everyone who enters the facility will be required to wear a face mask.
- Each classroom is approximately 900 square feet. Floor plan attached.
- The furniture in the classroom as been rearranged so that tables and chairs are a minimum of 6 feet apart.
- The facility has 6 classrooms that can accommodate up to 6 individuals (each at their own table) while maintaining a 6-foot social distance. The facility also has a gymnasium that can accommodate an additional six individuals. In the gymnasium, plexiglass dividers will be utilized to mitigate exposure. Based upon these plans, the facility can accommodate at least 42 individuals during the COVID-19 pandemic.
- Portable Plexiglas room dividers are also available to provide an additional barrier between tables.
- Visual cues have been placed on the floor to indicate proper social distancing in the hallway, near the classroom sinks, entrance, and exit.
- Classroom doors will be kept closed to deter visitors from entering the room.
- Program support staff or other support staff may enter the room as needed for short periods of time to provide services and supports as long as CDC guidelines can be maintained.
- A cart will be placed by the door inside each room to pass supplies/lunches back and forth.

- If items are needed from other areas of the facility, staff will contact the floor support staff to request those items (coffee, lunches, art supplies, games, DVDs).
- Each individual will have their own designated bins of basic supplies (pens, pencils, markers, tablet, construction paper, coloring pages, writing pages, other items they may choose such as specific books/ magazines), as well as additional bins of items they will use that day. Items will only be used by one individual each day to avoid any cross contamination. These bins will be marked with their name and stored at their table or on designated shelves in the room.
- All extraneous items/supplies have been removed from the room and will be added back in based on individual's preferences and needs.
- Individuals will participate in activities including lunch within their assigned program area/classroom, to limit exposure to others.
- Chromebooks and other technology will be utilized to encourage larger group interaction via virtual resources to promote a feeling of inclusion and reconnect with others.
- Programming may take place outside weather permitting. Staff will promote CDC guidelines.
- Individuals will be accompanied by staff anytime they leave the program area.

Ventilation

- Weather permitting windows will be opened to allow for air circulation.
- Program areas are equipped with air conditioning units that, along with open windows, will circulate air into the room. Fans will be placed at an open window (at the opposite end of the room from the air conditioning) blowing the air out of the room.

Restroom

- A staggered schedule will be provided to limit the number of people in the restroom and hallways.
- Number of individuals in the restroom will be limited to no more than 1 cohort group.
- We recognize there will be times when individuals and staff need to use the restrooms outside of those times. We will use the restroom in the main office when needed to accommodate

these situations. The restroom outside of Isolation Room A will also be used to accommodate these situations if there is no one in Isolation room A due to suspected COVID-19 symptoms. If the restroom outside of Isolation room A is used by someone with suspected COVID-19 symptoms, the restroom cannot be used for general purposes until at least 24 hours have passed and it has been sanitized.

- Prior to leaving the classroom, the staff will contact the floor support staff to confirm that the restroom is available, and the hallway is clear.
- Each stall and sink will be numbered and will have a clean/ dirty sign on or above it.
- Following each use, the staff overseeing the cohort group will sanitize all frequently touched items in the restroom. If they are unable to clean the restroom, the staff will flip the sign to dirty and inform the floor support staff they are leaving the restroom and it needs sanitized.
- Twice a day at designated times, the floor support staff will do a more thorough cleaning of all restrooms.

** There are sinks in each classroom for staff and individuals to frequently wash their hands. There are floor markers indicating where to stand to maintain social distance at the sink.

Screening

- ATF staff will screen all group home individuals at their group home. If someone is unable to clear the screening process, the entire group home will remain at home and the ATF staff will provide residential services until it is safe for the group to return for CPS facility services.
- The main entrance of the CPS facility will be equipped with face masks, gloves, non-touch thermometers, alcohol wipes, required forms and documents, cleaning/ sanitizing supplies.

Screening of residential cohorts transported via agency staff

- Staff will screen all individuals at their residential group home before they are transported to the CPS facility. All staff will be screened in the main entrance / screening area before providing CPS facility services.

- The results of the individuals will be documented on the “ATF Individual Temperature Chart” (Form 569)
- Staff will complete the Visitor and Shift-to-Shift Employee Log (Form 555).
- Once everyone has cleared the screening process, they will use hand sanitizer, and go directly to their assigned program area.
- All staff and individuals will wash their hands once in the program area.
- Individuals will be screened again in the afternoon by the program support staff between 2pm and their departure.

Screening for staff not providing transportation

- Staff will enter via the main entrance/ screening area one at a time.
- A facility supervisor will take their temperature. Staff will use hand sanitizer and then complete the Visitor and Shift-to-Shift Employee Log (Form 555).
- Once the staff has cleared the screening process, they will go directly to their assigned program area and wash their hands.

Screening for community individuals

- Individuals will enter via their assigned entrance one at a time/ or as a cohort and immediately use hand sanitizer.
- The program support staff will take the individual’s temperature and oxygen level. The “ATF Individual Temperature Chart” (Form 569) will be completed.
- Once the individual has cleared the screening process, they will be escorted by cohort staff directly to their assigned program area.
- Individuals will wash their hands once in the program area.

PPE

Everyday PPE

Disposable Gloves
Surgical Mask Disposable
Cloth masks (allowed per guidance but
is not considered actual PPE)

PPE COVID-19 Specific

Disposable Gloves
KN95 Mask
Isolation Gowns
Face shields
Goggles (if face shields are unavailable)

Symptoms discovered upon initial screening

- There are 2 isolation areas at the facility. The main isolation room (Isolation Room A) is located immediately to the right of the rear door/ isolation entrance. The secondary isolation room (Isolation Room B) is directly across from the isolation entrance.
- If an individual displays symptoms, staff will immediately put on gloves and assist the individual to put on a face mask if they are not already wearing one.
- The staff will escort the individual to the isolation room via the outside of the building, entering the rear isolation entrance.
- Once in the isolation room, staff will put on full PPE (KN95 mask, face shield, isolation gown, and gloves).
- The individual and staff will remain in the isolation room with the door closed until arrangements can be made for the individual to leave.
- Individuals families/ caregivers will be immediately notified.
- The individual's symptoms will be monitored every 30 minutes and documented by the accompanying staff on ATF Individual Temperature Chart (Form 569).
- There is a single stall restroom available directly beside isolation room A. This restroom will be used by anyone occupying isolation room A.
- Isolation Room B will have a portable commode with privacy curtain.
- The isolation rooms will be cleaned per CDC guidelines in the cleaning section.

- The individual will be referred to their medical doctor for additional screening prior to returning to the facility.
- Staff that are symptomatic will immediately leave the facility and be directed to contact the HR department.
- Areas of the facility that are visited by ill persons will be closed off from anyone else in the facility. The affected area will have all windows opened and fans will be used to increase air circulation in the area. The area will not be cleaned and disinfected until 24 hours have passed since the ill person was in the area. If the area is the designated main entrance, a different entrance will be utilized.

*LCARC central office staff will report suspected and confirmed cases of COVID-19 amongst individuals and staff as directed by ODP via EIM and HRST.

Individuals/ staff develop symptoms during the day

- Staff will immediately notify their supervisor.
- The program area will be isolated. Staff will immediately put on the PPE COVID-19 Specific supplies.
- Families, caregivers, and the HR department will be notified.
- They will be referred to their medical doctor for additional screening prior to returning to the facility.
- Areas of the facility that are visited by ill persons will be closed off from anyone else in the facility. The affected area will have all windows opened and fans will be used to increase air circulation in the area. The area will not be cleaned and disinfected until 24 hours have passed since the ill person was in the area. If the area is the designated main entrance, a different entrance will be utilized. Restrooms are cleaned after each use per cleaning protocol.
- The program area must be thoroughly cleaned and disinfected per the CDC guidelines in the cleaning section.

*LCARC central office staff will report suspected and confirmed cases of COVID-19 amongst individuals and staff as directed by ODP via EIM and HRST.

Isolation rooms

- Both isolation rooms are accessible via the isolation entrance in the rear of the building.
- The primary isolation room (isolation room A) located across from the laundry room and is separate from the first aid room.
- The windows in this room will be open daily to permit ventilation. A fan will provide additional air circulation.
- The secondary isolation room (isolation room B) will have a mechanical fan and air purifier for air circulation.
- Each room contains 2 chairs, cot, first aid supplies, PPE COVID-19 Specific, cleaning, and sanitizing supplies.
- The individual's symptoms will be monitored every 30 minutes and documented by the accompanying staff on ATF Individual Temperature Chart (Form 569).
- These areas will be cleaned per CDC guidelines in the cleaning section following each use.
- There is a single stall restroom marked isolation restroom available directly beside isolation room A. **If the restroom outside of Isolation room A is used by someone with suspected COVID-19 symptoms, the restroom cannot be used for general purposes until at least 24 hours have passed and it has been sanitized.**

Positive COVID-19 test, PCR Percent Positivity rate, and closure guidance

- **On 10/9/2020, The Office of Developmental Programs (ODP) in conjunction with the PA Department of Human Services provided guidance related to the community spread of COVID-19. Based upon this guidance the CPS facility will operate based upon the following thresholds for community spread:**

Thresholds for Community Spread		
Level of Community Transmission in the County	PCR Percent Positivity (Most Recent 7 Days)	Facility Operational Status
Low	<5%	LCARC CPS facility will remain open or re-open if previously closed and Low threshold met continuously over a 14-day period
Moderate	5% - 10%	LCARC CPS facility remains open and will increase mitigation activities related to the risk of COVID-19 including: (1) inform participants with high risk needs of the “moderate” level of community transmission designation; (2) consider reduction in the number of service days to provide for additional cleaning; (3) reduce, or at a minimum, do not expand current capacity; (4) make alternative transportation plans for anyone using public transit or multi-passenger vehicles with passengers from multiple locations.
Substantial	>10%	LCARC CPS facility to close or remain closed. The PCR percent positivity rate is updated every Friday afternoon, if above 10% the facility will be closed the following Monday.

- To mitigate the spread of COVID-19, the LCARC CPS facility will also be closed temporarily in the following situations:

Situation	Closure Guidance ¹
Staff who rendered services or an individual who receives services: (1) tested positive for COVID-19, (2) is asymptomatic and (3) does not know the <u>date of exposure to COVID-19</u> .	The setting must close if the staff or individual was present in the setting at any point <u>starting 48 hours before the test date</u> .
Staff who rendered services or an individual who receives services: (1) tested positive for COVID-19, (2) is asymptomatic and	The setting must close if the staff or individual was present in the setting at any point <u>starting 48 hours after the</u>

(3) knows the <u>date of exposure to COVID-19</u> .	<u>diagnosed person was exposed to COVID-19</u> .
Staff who rendered services or an individual who received services: (1) <u>exhibits symptoms of COVID-19² and</u> (2) <u>subsequently tested positive for COVID-19</u> .	The setting must close if the staff or individual was present in the setting at any point <u>starting 48 hours prior to the time the person started exhibiting symptoms of COVID-19</u> .

- If a staff or individual is identified as testing positive **or the PCR percent positivity rate reaches the “substantial” level** the facility will be closed for 14 days **(or less if the local Department of Health and re-opening guidance determines that it is safe to reopen sooner)**. If a staff or individual is identified as testing positive for COVID-19 the facility will undergo deep cleaning and sanitization **while closed**.
- LCARC central office staff will report all suspected and confirmed cases of COVID-19 amongst individuals and staff as directed by ODP via EIM and HRST. **LCARC will also communicate all appropriate information (including reopening date) to the individuals, Supports Coordinators, Administrative Entities, and the ODP Regional Office.**

Criteria to return to facility for staff & individual with suspected or confirmed COVID-19

Criteria to return to facility for staff & individual with suspected or confirmed COVID-19

with symptoms:

Symptom-based strategy. Exclude from facility / work until:

- At least 3 days (72 hours) have passed *since recovery* defined as resolution of fever without the use of fever-reducing medications **and** improvement in respiratory symptoms (e.g., cough, shortness of breath); **and**,
- At least 14 days have passed *since symptoms first appeared*
- Must obtain medical clearance from a licensed physician to return to the facility / work.

Criteria to return to facility for staff & individual with suspected or confirmed COVID-19 \

without symptoms:

Time-based strategy. Exclude from facility / work until:

- 14 days have passed since the date of their first positive COVID-19 diagnostic test assuming they have not subsequently developed symptoms since their positive test.
- If they develop symptoms, then the *symptom-based* **will** be used. Note, because symptoms cannot be used to gauge where these individuals are in the course of their illness, it is possible that the duration of viral shedding could be longer or shorter than 14 days after their first positive test.
- Must obtain medical clearance from a licensed physician to return to the facility / work.

Note that detecting viral RNA via PCR does not necessarily mean that infectious virus is present. If staff/ individual had COVID-19 ruled out and have an alternate diagnosis (e.g., tested positive for influenza), criteria for return to work should be based on that diagnosis.

Visitation to the facility

- Visitation is limited to the facility to essential business only and must be preapproved by the director. It is required that visitors make an appointment or call ahead to avoid multiple visitors entering the facility at one time **and to ensure that this visitation procedure is communicated to all visitors before the visit occurs.**
- **All visitors are required to wear a mask and maintain social distancing from individuals that are receiving services.**

- Visitors must complete the screening process on the Visitors & Shift-to-Shift Employee Log (Form 555). If they enter yes to any of the questions, they will not be allowed to enter the facility.
- Movement throughout the facility will be limited to only areas necessary to perform their task.
- If a visitor needs to meet with an individual, they can do so in the designated visitor's room (located at the back of the gym) limiting exposure to other individuals in the facility. **The designated visitor's room will be set up to ensure social distancing is maintained throughout the duration of the visit. The room will be cleaned daily and after each visit.**

Contingency plan should the county return to yellow or red phase

- The Pennsylvania Department of Health and ODP guidelines will be followed.
- Services at the facility will be immediately halted.
- CPS in the home or remotely will be offered.

COVID-19 PROTOCOL for CPS Without Facility

For community individuals and/or families that do not wish to have facility-based CPS services during COVID-19.

Staff will be provided with basic PPE (face masks, disposable gloves) as well as hand sanitizer, and disinfectant wipes. Staff will also be provided with isolation gowns, KN95 masks, and a face shield to use if an individual begins to display symptoms of COVID-19 during service. Staff are required to wear a face mask when providing services. Staff will wear gloves when providing personal care, preparing, and serving food, cleaning and disinfecting high touch surfaces and the cleaning and disinfecting of vehicles used during the provision of

services. During weekly visits, the CPS supervisor will monitor and replenish the PPE supply. If staff run low on any PPE supplies between visits, they will immediately notify their supervisor. PPE is ordered, stored, and inventoried at the main office. The agency has access to numerous resources to obtain all forms of PPE and has an adequate supply on hand to meet the current need of CPS services.

Education & Training for Staff

- All staff will be trained on the protocols to prevent the spread of COVID-19 prior to providing services in the individual's home.
- Training will be provided on the following:
 - The importance of screening staff, individuals, and families for COVID-19.
 - The importance of mask usage by staff, individuals, and families as well as mask storage protocols.
 - Masks are to be stored in the original container, once they are removed and worn, they are to be disposed. Masks should not be re-worn, nor should they be stored loosely in bags, purses, etc.
 - The symptoms of COVID-19, how it is transmitted, and how to report symptoms and risk factors to their supervisors and HR immediately.
 - Sick leave policies and the importance of not reporting or remaining at work when ill
 - Adherence to recommended infection, prevention, and control practices such as hand hygiene, selection and use of PPE including donning and doffing PPE, cleaning and disinfecting environmental surfaces and individual care equipment as well as any vehicles used for the provision of service. (additional video demonstration of the donning and doffing of PPE is available for review).
 - Stress and coping mechanisms such as the ODP Warm Line and healthy ways to take care of yourself.
- There will be weekly unannounced visits to monitor services and that proper protocols are being followed to prevent the spread of COVID-19 and replenish PPE.
- At minimum staff will receive a monthly refresher training including updates from supervisors or sooner if new guidance is received from state or federal authorities.

Education & Training for Individuals and families

- Training will be provided on the following:
 - The symptoms of COVID-19, how it is transmitted and how to screen for symptoms of COVID-19 prior to service.
 - The importance of immediately informing staff or support team if the individual feels feverish or ill.
 - Recommendations to limit exposure including hand hygiene, maintain social distancing, wearing masks when appropriate and covering coughs and sneezes with your elbow.
 - This CPS Readiness Plan will be provided to communicate the actions that LCARC is taking to keep the individuals safe.
 - Stress and coping mechanisms such as the ODP Warm Line and healthy ways to take care of yourself, and availability of Behavior Specialists and other recently developed resources to assist individuals and employees with maintaining their mental and physical health.
 - The agency has taken the following steps to keep the individuals safe. Including providing training, instruction and information on proper use and changing of basic and isolation PPE, avoiding large crowds, social distancing guidelines, the availability of remote services. The agency has cancelled large group activities. These will not resume unless deemed safe for individual's participation via the Individual Transition Guide

Agency Preparedness

- The agency is aware of and received training on the Individual Transition Guide (ITG) via webinar hosted by ODP on May 15th, 2020.
- Individual team meetings have been and will continue to be held to review the ITG and each individuals' specific needs for services and supports. The results are being used to implement and modify as needed, ongoing training and education for staff.
- Regular Agency staff are available to support the needs of the individuals served.

- The agency will re-deploy staff & supervisors to provide CPS services when necessary, per the agency backup plan.
- Each individual will have a plan to develop the skills needed to prevent the spread of communicable disease in order to maintain their personal safety. The planning process is utilized to assist individuals in conjunction with the Supports Coordinator to acquire the skills needed in order to maintain their personal safety as communities begin to reopen.
- It is preferred that community activities are limited to outdoor areas where social distancing can be maintained. Individuals and staff all wear masks when in the community. Short indoor activities may take place in the event that the individual demonstrates the ability to wear a mask and maintain social distance.
- Human Resources maintains a list of employees who are symptomatic or have had a positive COVID-19 test result. This list is shared with the CEO. It is shared with the Program Directors if the employee data is required to be reported in the HRST software.

Plan to provide services in each phase of the Governor's plan to Re-open

- Services in the red, yellow, or green phase will be provided based on federal, state, and local guidelines. The agency will stay up to date on changes to guidelines and recommendations and will move fluidly as needed or preferred by the individual and family.
- At the request of the individual or family the agency can provide services remotely (see below) or in the individual's home. Community participation services will be based on the results of Individual Transition Guide as well as federal, state, and local guidelines.
- Regardless of the phase, the individuals will return to community activities only when they can safely do so by following the CDC and ODP guidelines related to wearing a face mask, maintaining social distancing, and proper hand hygiene.
- Initially services will be provided in the individual's home and the staff will utilize the plan to develop the skills needed to prevent the spread of communicable disease.

Screening

- Before staff leave for their first service location for the day, the staff will contact their supervisor via video to confirm their temperature and answers to the CPS Staff Screening Log.
- If residential individuals choose 100% CPS services outside the licensed residential home, then staff will follow the residential screening protocol before beginning services.
- Staff can screen their own temperature in front of the family and will screen the temperature of the family. After the family completes the CPS Family & Individual Screening Tool and signs it, the agency staff will be permitted to enter the service location.

Remote Services

- For families and/or individuals that prefer to receive services remotely, the agency will provide services that are tailored to their availability and needs.
- **Services can be provided remotely in the Residential Group Home for individuals. Services can not exceed 10 hours per week.**
- This service is not available for 100% CPS from a licensed residential home.
- The staff will contact the family each week to schedule the remote services utilizing the media that the individual and/or family prefer.
- Services that can be provided are as follows:
 - Service that is person specific
 - Service that allows the individual to participate in facility group activities remotely
 - Any other service as needed