



DDS Residential Program Off-Site Visit Attestation Form

Updated July 1, 2020

The following form is for use at residential congregate care programs operated, funded, or licensed by the Department of Developmental Services who are permitting residents to leave the Program site on a temporary basis. This form should be completed prior to departure from the program site.

At the discretion of residential program staff, this form may be completed verbally (i.e., by a staff member, in conversation with the person responsible for the offsite visit)

This form is being completed by:

- Parent / guardian
- Other (Relationship to Resident _____)
- Staff member on behalf of one of the above (check both)

Requirements for off-site visitation

As a condition of the off-site visit being permitted, the resident must not currently be under isolation because they are presumed or confirmed COVID-19 positive or quarantined because of close or household contact. Residents and visitor(s) must not have signs and symptoms of COVID-19 and must not have a temperature of >100 deg F. Additionally, during the visit, the following must be true:

1. All individuals who the resident plans on visiting are free from any symptoms of COVID-19, including fever, cough, shortness of breath, sore throat, muscle pain, chills, or new loss of taste or smell, and have not been in close contact¹ with anyone with a confirmed or suspected case of COVID-19 in the past 14 days
2. Close contact will be prevented with anyone who has not been screened for symptoms of COVID-19
3. A face mask or covering will be worn by all visitors, and by the resident if they can do so safely, while unable to socially distance, indoors including in the family home, and in other enclosed areas such as a car.
4. If staying overnight, the resident will sleep in their own room, or if not possible, at least six feet from others, to the greatest extent possible.
5. Medical attention will be sought by family and the residential program will be notified if individual starts displaying symptoms of illness or comes into contact with a COVID-19 positive person while away on visit.

¹ Close contact is defined as being within 6 feet of a COVID-19 positive person, for at least 10-15 minutes, while they were symptomatic or within the 48 hours before symptom onset, or someone who tested positive for COVID-19, regardless of symptoms, in the 48 hours before their test was taken or anytime in the 10 days after the test



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Preventative measures to keep residents safe

Preventative measures such as those listed below should be taken during the entire duration of the off-site visit:

- To the extent possible, activities should be conducted outdoors and in settings where individuals are able to remain at least 6-feet apart. Time spent in highly populated, public areas or other areas where the ability to social distance may be limited should be minimized.
- Close proximity and physical touch should be limited (e.g., avoid face-to-face contact and kissing, hug with faces turned in opposite directions)
- Face coverings should be worn by all individuals, as they are able, when in public spaces, confined spaces, or otherwise in close proximity (i.e., within 6 feet, such as in a car)
- Hands should be cleaned frequently, with soap and warm water for at least 30 seconds, or with an alcohol-based hand sanitizer with at least 60% alcohol content
- No food should be shared off the same plate, utensils should not be shared, and individuals should not drink by mouth from the same container
- All individuals should monitor themselves or those around them frequently for symptoms of COVID-19, and the resident should strictly avoid anyone displaying symptoms
- If staying off-site overnight, the resident should sleep in their own room or at least six feet from others while sleeping

Signature:

I _____ (name) have read this document and confirm that all the requirements listed allowing the off-site visit to occur are true, to the best of my knowledge, and that I will make every reasonable effort to follow infection control best-practices during the entirety of the visit, such as the preventative measures outlined in this document.

(Name of resident)

(Name/Relationship to resident of person completing this form)

(Signature)

(Date)

