ANDREW M. CUOMO Governor

THEODORE KASTNER, M.D., M.S. Commissioner

ROGER BEARDEN, J.D.Executive Deputy Commissioner

Attestation of Participation in Interim Visitation Program at OPWDD Certified Residential Facilities

Provider Agency Name:	
Address:	

The submission of this signed document by the agency to quality@opwdd.ny.gov informs OPWDD that the above certified residential sites will participate in the visitation program in effect on or after June 19, 2020. The agency must attest to its ability to adhere to the following requirements:

Initial

Each Box The facility sets the appropriate hours during which visitation may occur, based upon the size and needs of the home, staffing available, and ability to implement appropriate disinfection between visits;

All visits must be scheduled ahead of time and approved by the provider agency. Visits shall be staggered so as not to have multiple families visiting in a shared space at one time and to ensure adequate time to clean any common areas or high touch surfaces between visits. Providers should be cognizant of the time spent visiting in order to maximize access to visitation by all residents;

All other residents should be notified ahead of time that visitors will be present and advised how to remain socially distant from them;

Providers should thoroughly discuss the potential risks and benefits of the visitor's presence with the visitor and the resident ahead of a scheduled visit;

Visitors should be limited and, where multiple visitors are permitted, then such visitors should be, to the extent possible, members of the same family or household;

All visitors should be 18 years of age or older, except in rare exceptions as determined by the facility;

Prior to each scheduled visit, visitors must undergo symptom and temperature checks by facility staff and shall be denied visitation if they report any COVID-19 exposure or symptoms during the prior 14 days, or have a temperature over 100.0 degrees Fahrenheit;

Visitors must be provided a face mask if they do not arrive with one and that mask must be properly worn throughout the entirety of the visit when social distancing cannot be maintained;

Visitors who refuse to wear a face mask must be asked to leave the facility;

Visitors must sanitize their hands upon arrival and perform meticulous hand hygiene throughout the visit;

Visitation is encouraged to occur outdoors if weather permits, with masks worn by all parties when social distancing cannot be maintained;

Visitation exercised inside the facility shall only occur in a designated area where disinfection, social distancing, and separation from other residents can be safely implemented;

Visits may occur in single bedrooms, ideally. Visitors must remain in the resident's room throughout the visit except when directed by staff to leave;

Visitation remains prohibited anywhere except within sight of the residential facility and shall not include sitting in a non-agency vehicle or leaving the premises unmonitored by staff;

Visitation must not occur with any individuals who are currently in quarantine due to exposure for COVID-19 or isolation for a positive COVID-19 test;

Providers must notify visitors, at the time they are scheduling a visit, whether there are any positive or suspected cases of COVID-19 in the home;

Any areas of the facility utilized by the visitor(s) shall be disinfected immediately following the visit; and

Facilities shall maintain a daily log of all visitors, which shall include names and contact information, as well as the location within the facility/property that visitation occurred.

All facilities opting to allow visitation under this guidance reserve the right to impose additional restrictions, upon notice to and approval by OPWDD. Additionally, any facility opting to allow visitation under this guidance reserves the right to cease participation and end visitation access while visitation restrictions otherwise remain in place, upon notice to OPWDD at quality@opwdd.ny.gov. Any attestation is a filing of a written document with a government agency and is enforceable against the signatory.

Participating Program Addresses:	Operating Certificate Number:
Signature of Agency CEO	Date
Printed Name of Agency CEO	