

Guidance for Early Care and Education Providers

Effective Date: 12:01am on **Monday, April 5, 2021**

Recent Updates: (Changes highlighted in yellow)

4/2/2021:

- Updated guidance regarding maximum size of stable groups
- Removed guidance for dividing classroom space between multiple stable groups as no longer needed

The County of Los Angeles Department of Public Health is adopting a staged approach, supported by science and public health expertise, to allow certain venues to conduct in-person business over the course of the COVID-19 pandemic. The requirements below are specific to all programs, including Early Care and Education Programs (ECE) programs. These sites are permitted to be open by the Order of the State Public Health Officer. In addition to the conditions imposed on these specific venues by the Governor, these types of businesses must also be in compliance with the conditions laid out in this Checklist. Sites that are licensed as Early Care and Education Programs or are license exempt, must comply with these mandatory guidelines. Please note: This document may be updated as additional information and resources become available so be sure to check the LA County website <http://www.ph.lacounty.gov/media/Coronavirus/> regularly for any updates to this document

This checklist covers:

- (1) Workplace policies and practices to protect employee health
- (2) Measures to ensure physical distancing
- (3) Measures to ensure infection control
- (4) Communication with employees and the public
- (5) Measures to ensure equitable access to critical services

These five key areas must be addressed as your facility develops any reopening protocols.

All Programs covered by this guidance must implement all applicable measures listed below and be prepared to explain why any measure that is not implemented is not applicable to the Program.

Program Name:

Wilshire Boulevard Temple Erika J. Glazer Early Childhood Center

Facility Address:

3663 Wilshire Boulevard Los Angeles, CA 90010

**A. WORKPLACE POLICIES AND PRACTICES TO PROTECT EMPLOYEE HEALTH
(CHECK ALL THAT APPLY TO THE FACILITY)**

- Everyone who can carry out their work duties from home has been directed to do so.
- Vulnerable staff (those above age 65, those with chronic health conditions) are assigned work that can be done from home whenever possible.
- Work processes are reconfigured to the extent possible to increase opportunities for employees to work from home. Consider offering workers, and volunteer staff who request modified duties options that minimize their contact with others (e.g. administrative duties)
- Alternate, staggered or shift schedules have been instituted if possible, to maximize physical distancing.
- All employees (including paid staff, and volunteers; referred to collectively as “employees”) have been told not to come to work if sick, or if they are exposed to a person who has COVID-19. Employees understand to follow DPH guidance for self-isolation and quarantine, if applicable. Workplace leave policies have been reviewed and modified to ensure that employees are not penalized when they stay home due to illness.
- Upon being informed that one or more employees test positive, the employer has a plan or protocol in place to have the case(s) isolate themselves at home and require the immediate self-quarantine of all employees that had a workplace exposure to the case(s). The employer’s plan should have a protocol for all quarantined employees to have access to or be tested for COVID-19 in order to determine whether there have been additional workplace exposures, which may require additional COVID-19 control measures.
- Symptom screenings are conducted before employees may enter the workspace. The site must follow DPH guidance on [Decision Pathways](#) for persons who screen positive for symptoms prior to entry to the educational institution or while at the educational institution. Screening must include a check-in concerning symptoms consistent with possible COVID-19 infection listed on the Decision Pathway and if the employee has had contact with a person known to be infected with COVID-19 in the last 14 days. These checks can be done remotely or in person upon the employees’ arrival. A temperature check should also be done at the worksite if feasible.
- Facilities are required to notify the Child Care Licensing Regional Office and the Department of Public Health of all employees with confirmed COVID-19 who were on site at any point within the 14 days prior to the illness onset date. The illness onset date is the first date of COVID-19 symptoms or the COVID-19 test date, whichever is earlier.
- Online reporting is the preferred method for notifying the Department of Public Health of COVID-19 exposures at the facility and can be done on a computer or mobile device with access to the secure web application: <http://www.redcap.link/lacdpheducationsector.covidreport>. If online reporting is not possible, reporting can be done manually by downloading and completing the [COVID-19 Case and Contact Line List for the Education Sector](#) and sending it to ACDC-Education@ph.lacounty.gov. All case notifications should be submitted within 1 business day of being notified of the case.
- In the event that 3 or more COVID-19 cases are identified within the facility in a span of 14 days, the employer should immediately report this cluster to the Department of Public Health using the same reporting method described above. The Department of Public Health will work with the school to determine whether the cluster is an outbreak that will require a public health outbreak investigation.
- All employees must wear masks at all times except when working alone in private offices with closed doors or when eating or drinking. The exception made previously for employees working in cubicles with solid partitions exceeding the height of the employee while standing is overridden while this order remains in effect.
- Staff who work with children who are deaf or hard of hearing, or with children who are learning to read, learning a new language, or for some other reason need to see the proper shape of the mouth for making appropriate vowel sounds, may use a clear mask or a cloth mask with a clear plastic panel. For instructions on use of masks see [COVID-19 Masks](#).

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- To ensure that masks are worn consistently and correctly, employees are discouraged from eating or drinking except during their breaks and only if they are able to safely remove their masks and physically distance from others.
 - Space is maximized between employees in any space that is used by employees for meals and/or breaks. See "Meals" section, below, for requirements related to safe mealtimes.
- Staff and parents are instructed on appropriate uses of masks for children as follows:
 - Children from birth through 24 months old should not wear mask.
 - Children who are 24 months through 8 years old should use masks with adult supervision to ensure that the child can breathe safely and avoid choking or suffocation
 - Children who experience difficulty breathing when wearing a mask should not use one.
- Employees who have contact with others are offered, at no cost, an appropriate mask that covers the nose and mouth. The masks is to be worn by the employee at all times during the work day except when an employee is working alone in a closed-door office or is eating or drinking. Employees who have been instructed by their medical provider that they should not wear a mask should wear a face shield with a drape on the bottom edge, to be in compliance with State directives, as long as their condition permits it. A drape that is form fitting under the chin is preferred. Masks with one-way valves should not be used. Employees need not wear a mask when the employee is alone in a private office. Employees in cubicles, including cubicles with partitions, must wear.
- Employees are instructed to wash or replace their masks daily.
- Employees are offered gloves to be used for tasks such as serving food, handling trash, or using cleaning and disinfectant products
- Employees have been instructed to maintain at least a six (6) feet distance from visitors and from each other in all areas of the facility whenever feasible. Employees may momentarily come closer as necessary to assist children, or as otherwise necessary.
- Restrooms and other common areas are disinfected frequently, on the following schedule:
 - Restrooms After each use
 - Other Classrooms at 3:30pm daily, Tables in classrooms after each use as needed
- Disinfectant and related supplies are available to employees at the following location(s):
Classrooms, Restrooms, Front Office and Facilities office
- Hand sanitizer effective against COVID-19 is available to all employees at the following location(s):
Classrooms, Restrooms, Front Office and Facilities office
- Employees are reminded to wash their hands frequently.
- A copy of this protocol has been distributed to each employee.
- As much as feasible each worker is assigned their own equipment and has been instructed to avoid sharing phones, tablets, two-way radios, other work supplies, or office equipment wherever possible. They have also been instructed never to share PPE.
- Where items must be shared, they are disinfected with a cleaner appropriate for the surface between shifts or uses, whichever is more frequent, including the following: shared office equipment, such as copiers, fax machines, printers, telephones, keyboards, staplers, staple removers, letter openers, surfaces in reception areas, shared work stations, audio and video equipment, walkie talkies, etc.
- Time is provided for workers to implement cleaning practices during their shift. Cleaning assignments are assigned during working hours as part of the employees' job duties. Modify hours, if necessary, to ensure regular, thorough cleaning, as appropriate. Consider obtaining options for third-party cleaning companies to assist with the increased cleaning demand are procured, as needed.

- Monitor staff absenteeism and have a roster of trained back-up staff where available.
- All policies described in this checklist other than those related to terms of employment are applied to staff of delivery and any other companies who may be on the premises as third parties.
- Optional—Describe other measures:

B. MEASURES TO ENSURE PHYSICAL DISTANCING

ARRIVAL AND DEPARTURE

- The number of persons in the facility is limited to the number appropriate for maintaining physical distancing.
- If transport vehicles (e.g., buses) are used by the program, drivers practice all safety actions and protocols as indicated for other staff (e.g., hand hygiene, masks, and physical distancing).
 - Physical distancing on transport vehicles is instituted through measures such as having one child per bus/vehicle seat or using alternating rows.
 - Windows are kept open on transport vehicles, to the extent weather and safety permit to promote ventilation.
 - All passengers above 24 months of age wear masks at all times.
- All children above the age of 24 months and all visitors are required to wear masks at arrival and departure.
- Contact is minimized among staff, children and families at the beginning and end of the day.
- Drop off and pick-up of children are arranged at the entry to the facility when feasible, to limit the number of parents or visitors that need to enter the building.
- Arrival and drop off-times and locations are staggered as consistently as practicable without causing undue scheduling challenges for families.
- Routes for entry and exit are designated, using as many entrances as feasible.
 - Other protocols are used as feasible to limit direct contact among arriving and departing families.
- Physical guides, such as tape on floors or sidewalks and signs on walls, are used to ensure that staff and children remain at least 6 feet apart in lines and at other times (e.g., guides for creating “one-way routes” in hallways, and lines during pick-up and drop off of children).

CLASSROOM SPACE

- Childcare activities, indoor and out, are carried out in stable groups that maintain physical distancing among children and between children and staff (“stable” means the same children and staff are in the same group each day)
 - When possible, children in the same household (i.e. siblings) are grouped together.
 - If a child must leave the facility to quarantine and/or be tested due to possible exposure, siblings/other children from the same household who share the same exposure also leave the facility to quarantine and/or be tested.
- Stable groups should be as small as feasible. The maximum size of stable groups is limited by the number of children that allows all members of the group to maintain physical distancing of 6 feet from all other members within the available licensed space. At no time may group size exceed the maximum number of children permitted by Community Care Licensing (CCL) per classroom or other licensed space, and facility shall comply at all times with minimum staff to child ratios set by CCL.
- Children do not move from one group to another.

- If more than one group of children is cared for at a facility, each group stays in a separate room.
 - Groups do not mix with each other in classrooms, outdoor spaces, or any common space within the facility.
- Early educators may supervise up to two different groups of children.
- Classrooms are rearranged as needed to put 6 feet between activity stations, tables, and chairs.
- Circle time and other activities that bring children close together are eliminated.
- Sharing of toys and materials is prevented.
 - Each child has use of a backpack or a large Ziplock bag for individual materials.
 - Each child is assigned a specific bin or other container for their individual materials, clothing, and other possessions.
- At naptime, cribs/cots are placed at least 6 feet apart and alternated from head to foot.
 - If 6 feet is not feasible, cribs/cots are placed as far apart as possible and arranged from head to foot.
- Classroom activities that model and reinforce physical distancing practices are developed
 - Materials are used to help children visualize the required 6-foot distance between people; play-acting games are used to remind children and encourage them to remind each other to stay 6 feet apart, wear their mask, etc.
- Breaks and outdoor activities are staggered, so no 2 groups are in the same place at the same time.
- Outdoor space is used to the extent feasible without intermingling of groups to extend the classroom and make more room for activities
- Individualized activities, such as coloring, painting, putting together puzzles, using building blocks, or other activities children like to do alone. are emphasized,
 - Group activities that don't involve physical contact (clapping games, storytelling) are used to permit socialization.

NON-CLASSROOM SPACE

- Childcare activities, indoor and out, are carried out in stable groups that maintain physical distancing among children and between children and staff ("stable" means the same children **and staff** are in the same group each day)
- All visitors and children are required to wear mask while at the facility or on its premises, except while napping, eating/drinking, or engaging in solo physical exertion (such as jogging by one's self) where there is no chance of contact with others. This applies to all adults and to children 2 years of age and older. Only individuals who have been instructed not to wear a mask by their medical provider are exempt from wearing one. To support the safety of your employees and visitors, a mask should be made available to visitors who arrive without them.
- Steps have been taken to maximize space in areas between individual in areas with seating, desks, and bedding.
 - Space is maximized between adults in any space used by staff for meals or breaks as described below.
- Activities have been designed and furniture arranged to maintain separation between individuals and cohorts.
- Staff have developed instructions that are easy for children to understand and are developmentally appropriate through the use of aids such as floor markings and signs, songs and games for maximizing spacing and minimizing risk of close contact among children in both indoor and outdoor spaces .
- Restrictions have been placed on nonessential visitors, volunteers, and activities involving multiple groups at the same time.

- Restrictions have been placed on communal activities where practicable. Where not practicable, use of space has been staggered, occupants have been placed at least 6 feet apart and groups are kept as small and consistent as possible. Spaces used in common are disinfected in between uses.
- Alternative spaces are used as needed to permit physical distancing at all times. Use is made, for example, of outdoor space, dining areas and other spaces to permit physical distancing while allowing children to be active.
- Congregate movement is minimized as much as practicable. For example, arrivals and departures are arranged so that congregation of parents and children is avoided.
- As many activities involving children as possible are conducted outdoors (all fitness activities, singing and chanting must only occur outdoors).

MEALS

- Parents are encouraged to send children with their own meals to the extent feasible.
- Physical distancing is practiced when children are eating.
- Mealtimes are arranged so that each cohort of children eats apart from other cohorts. Shared use of a single, communal dining room or cafeteria is avoided. The safety of children with food allergies is ensured.
- Staff meals and breaks are arranged to permit maximum distancing while individuals have removed masks to eat.
 - Occupancy is reduced and space between individuals is maximized in any room or area used by staff for meals or breaks. This has been achieved by:
 - Posting a maximum occupancy that is consistent with a distance of at least six feet between individuals in rooms or areas used for meals or breaks
 - Staggering break or meal times to reduce occupancy in rooms or areas use for meals and breaks
 - Placing tables six feet apart and assuring six feet between seats, removing or taping seats to reduce occupancy, placing markings on floors to assure distancing, and arranging seating in a way that minimizes face-to-face contact. Use of partitions is encouraged to further prevent spread but should not be considered a substitute for reducing occupancy and maintaining physical (social) distancing.
- Disposable food service items (e.g., utensils and plates) are used. If disposable items are not feasible, all non-disposable food service items are handled with gloves and washed with dish soap and hot water or in a dishwasher. Individuals should wash their hands after removing their gloves or after directly handling used food service items.
- If food is offered at any event, pre-packaged boxes or bags are provided for each attendee instead of a buffet or family-style meal. Avoid sharing of foods and utensils.

C. MEASURES FOR INFECTION CONTROL

- All staff and families are aware of enhanced sanitation practices, physical distancing guidelines and their importance, proper use, removal and washing of masks, screening practices and COVID-19 specific exclusion criteria.
 - Staff have been specifically informed and are reminded through signage of the risk due to shared mealtimes and breaks. Staff are informed of the importance of compliance with current regulations outside of work in order to maintain safety in the workplace.
- A staff person has been designated to be responsible for responding to COVID-19 concerns. All childcare staff and families should know who this person is and how to contact them. This individual should be trained

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to coordinate the documentation and tracking of possible exposures, in order to notify staff and families in a prompt and responsible manner. This person is also responsible for notifying local health officials of all COVID-19 cases at the facility.

- Adequate supplies are available onsite to support healthy hygiene behaviors.
 - These items include soap, tissues, no-touch trashcans, and hand sanitizers with at least 70 percent ethyl alcohol for staff and those children who can safely use hand sanitizer.
- Children are taught the following personal protective measures:
 - Washing hands regularly before and after eating; after coughing or sneezing; after being outside; and after using the restroom.
 - Avoiding touching your eyes, nose, and mouth.
 - Covering coughs and sneezes.
 - Using a tissue to wipe your nose and cough/sneeze inside a tissue or your elbow.
- Routines have been established enabling staff and children to regularly wash their hands at staggered intervals.
- Children and staff are instructed to wash their hands for 20 seconds with soap, rubbing thoroughly after application, and using paper towels (or single use cloth towels) to dry hands thoroughly.
- Staff model and practice handwashing. For example, for younger children, bathroom time is used as an opportunity to reinforce healthy habits and monitor proper handwashing.
- Children and staff use hand sanitizer when handwashing is not practicable. Sanitizer must be rubbed into hands until completely dry. Note: frequent handwashing is more effective than the use of hand sanitizers, especially when hands are visibly dirty
 - Children under age 9 should use hand sanitizer under adult supervision. Call Poison Control if consumed: 1-800-222-1222. Ethyl alcohol-based hand sanitizers are preferred and should be used when there is the potential of unsupervised use by children. Isopropyl hand sanitizers are more toxic and can be absorbed through the skin. Do not use any products that contain methanol
- Portable handwashing stations are provided throughout the site to the extent possible to minimize movement and congregation in bathrooms.
- Use of drinking fountains is suspended; use of personal, reusable water bottles is encouraged instead.
- Frequently touched surfaces such as door handles, light switches, sink handles, bathroom surfaces, tables as well as surfaces in transportation vehicles are cleaned at least daily and more frequently throughout the day if possible.
- Use of shared playground equipment is limited in favor of physical activities that require less contact with surfaces. When shared facilities are used, they are cleaned and disinfected between uses.
- Sharing of objects and equipment, such as toys, games, and art supplies, otherwise clean and disinfect between uses.
- Use of shared toys and manipulatives is avoided.
 - Multiple toys and manipulatives that are easy to clean and disinfect are used throughout the day
 - Or each child has an individually labeled bin with toys for their own use.
 - Toys that are difficult to clean (e.g. soft toys) are either removed from the classroom or carefully monitored for use by individual children only.
- When choosing cleaning products, those approved for use against COVID-19 on the Environmental Protection Agency (EPA)-approved list "N" are selected and product instructions are followed. These products contain ingredients which are safer for individuals with asthma.
- Disinfectants are selected that are labeled to be effective against emerging viral pathogens and label directions for appropriate dilution rates and contact times are followed. Employees are given training on the

hazards of the chemicals, manufacturer's directions, and Cal/OSHA requirements for safe use ([CAL OSHA Safe Use of Disinfectants](#)).

- Custodians or staff with responsibility for cleaning and disinfecting the site are equipped with proper Personal Protective Equipment, including gloves, eye protection, respiratory protection, and other appropriate protective equipment as required by the product instructions. All products are kept out of children's reach and stored in a space with restricted access.
- Space that have been cleaned are aired out before children arrive and thorough cleanings are done when children are not present. Air conditioning, when used, is set to bring in fresh air. Air filters and filtration systems are checked regularly and replaced as needed to ensure optimal air quality.
- If opening windows poses a safety risk, alternate strategies are used to improve air flow such as maximizing central air filtration for HVAC systems (targeted filter rating of at least MERV 13).
- Steps are taken to ensure that all water systems and features (for example, drinking fountains, decorative fountains) are safe to use after a prolonged facility shutdown to minimize the risk of infections such as Legionnaires' disease.

SCREEN CHILDREN

- In addition to screening staff when they arrive, all children are screened upon arrival at the facility:
 - Screening includes visual wellness checks of all children upon arrival; this could include taking children's' temperatures at the beginning of each day with a no-touch thermometer. If no-touch thermometers are not available, parent report on whether the child has felt or appeared feverish is acceptable.
 - The facility follows DPH guidance on [Decision Pathways](#) for persons who screen positive for symptoms prior to entry to the educational institution or while at the educational institution. Ask all individuals about symptoms within the last 24 hours and whether anyone in their home has had a COVID-19 positive test. Symptom checks are also conducted before visitors may enter the facility. Checks must include a check-in concerning symptoms consistent with possible COVID-19 infection listed on the Decision Pathway. These checks can be done in person or through alternative methods such as on-line check in systems or through [signage](#) posted at the entrance to the facility stating that visitors with these symptoms should not enter the premises.
- Any child, parent, caregiver, or staff showing symptoms of possible COVID-19 infection is excluded from the site. Staff and children are monitored throughout the day for signs of illness; children and staff with symptoms consistent with possible COVID-19 are sent home or sent to the appropriate medical facility rather than their home if necessary.
- Staff, children, and families are educated about when they should stay home and when they can return to the childcare. Staff and children who are sick or who have recently had close contact with a person with COVID-19 are actively encouraged to stay home.
- Staff and families are educated about the risk of outbreaks and the importance of maintaining safe practices, including avoiding gatherings outside a single household, outside of work and travel. Children receive age-appropriate education about risks and best practices to avoid risk as well.

IF STAFF OR CHILDREN BECOME ILL

- An isolation room or area has been identified to permit immediate separation of anyone who exhibits symptoms of COVID-19.
- Cloth masks or surgical masks are worn by children if they are over the age of 24 months and do not have problems putting on or removing the mask or have issues breathing with the mask on.
- Any child or staff exhibiting symptoms is cared for in the isolation room until they can be transported home or to a healthcare facility, as soon as practicable.

- ☒ Procedures for safely transporting anyone sick to their home or to a healthcare facility have been established as appropriate. Call 9-1-1 without delay if the individual develops persistent pain or pressure in the chest, confusion, or bluish lips or face.
- ☒ The site ensures that it has at least one, but preferably more, emergency contact numbers for each child and staff person to ensure prompt notification if an adult or child develops signs of illness
- ☒ Sick staff members and parents of sick children have been advised not to return to the site until the sick person has met criteria to return to the facility as outlined in the [Decision Pathways](#) for symptomatic persons at an educational institution.
- ☒ Staff, children or parents who have had close contact with the ill individual are instructed to stay at home until they have met the criteria to return to the facility as outlined in the [Decision Pathways](#) for contacts of a potentially infected child at an educational institution.
- ☒ Upon being informed that a staff member or child tests positive for COVID-19, the facility instructs the infected person to isolate themselves at home and instructs all persons exposed to the infected person to quarantine. Exposures will be reviewed to assess which persons need quarantine including the possibility of quarantining all individuals in the same cohort or classroom as an infected person if exposures cannot be ruled out for the entire group. See public health guidance on isolation (ph.lacounty.gov/covidisolation) and quarantine (ph.lacounty.gov/covidquarantine) for additional details. Facilities are required to notify the local Child Care Licensing Regional Office and the Department of Public Health of all children with confirmed COVID-19 who had been at the site at any point within the 14 days prior to becoming ill.
- ☒ Secure, online reporting is the preferred method for notifying the Department of Public Health of all COVID-19 exposures at the facility and can be done on a computer or mobile device with access to the secure web application: <http://www.redcap.link/lacdph.educationsector.covidreport>. If online reporting is not possible, reporting can be done manually by downloading and completing the [COVID-19 Case and Contact Line List for the Education Sector](#) and sending it to ACDC-Education@ph.lacounty.gov. All case notifications should be submitted within 1 business day of being notified of the case.
- ☒ In the event that 3 or more COVID-19 cases are identified within the facility in a span of 14 days, the site should immediately report this cluster to the Department of Public Health. This can be done using the same reporting method described above.
- ☒ Areas used by any sick person are closed off and are not used before cleaning and disinfection. The site waits 24 hours before cleaning or disinfecting. If 24 hours is not feasible, wait as long as possible.
- ☒ The site ensures a safe and correct application of disinfectants using personal protective equipment and ventilation recommended for cleaning. Cleaning and disinfectant products are kept away from children.
- ☒ The site is aware that during an outbreak or a large exposure, in consultation with the local public health department, the appropriate childcare administrator may consider if closure is warranted and length of time based on the risk level within the specific community:
 - If the program is closed, staff, students, and their families may not plan alternative arrangements for gathering.

LIMIT SHARING

- ☒ Each child's belongings are separated and kept in individually labeled storage containers, cubbies, or areas. Belongings are taken home each day to be cleaned and disinfected.
- ☒ Adequate stocks of classroom supplies are kept on hand to minimize sharing of high-touch materials (art supplies, equipment, etc.) to the extent practicable. If supplies are limited materials are used by one group of children at a time and are cleaned and disinfected between uses.
- ☒ Sharing of electronic devices, clothing, toys, books, and other games or learning aids is avoided and discouraged as much as practicable.

D. MEASURES THAT COMMUNICATE TO THE PUBLIC

- Communication systems are established that allow staff and families to self-report symptoms and receive prompt notifications of exposures and closures while maintaining confidentiality.
- A copy of this protocol is posted at all public entrances to the facility.
- Signs are displayed throughout that remind instructors and children of the need for physical distancing and the use of masks.
- Signs are posted that instruct visitors that they should stay home if sick with respiratory symptoms.
- Online outlets of the establishment (website, social media etc.) provide clear information about physical distancing, use of masks and other issues.

E. MEASURES THAT ENSURE EQUITABLE ACCESS TO CRITICAL SERVICES

- Services that are critical to the children have been prioritized.
- Measures are instituted to assure services for children who have mobility limitations and/or are at high risk in public spaces.

Any additional measures not included above should be listed on separate pages, which the business should attach to this document.

You may contact the following person with any questions or comments about this protocol:

Business Contact Name:	<u>Douglas Lynn</u>
Phone number:	<u>(310) 383-1501</u>
Date Last Revised:	<u>4/9/2021</u>