

**SAMPLE
Risk Notification for Residential Visitation
June 2020**

Please note: Each agency should consult with their legal counsel around modifications to meet the agency’s specific needs.

The purpose of this document is to review and acknowledge that the parent or guardian of the individual residing this this home understands the risks associated with visitation related to COVID-19 (novel coronavirus).

COVID-19 has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local officials recommend social distancing, masks, and have, in many locations, limited the congregation of groups of people.

In accordance with guidance issued from the State of Connecticut Department of Developmental Services,

Agency Name

has put in place preventative measures to reduce the spread of COVID-19 and will continue to follow all safety protocols issued by DDS, the Department of Public Health and the Centers for Disease Control Prevention.

Visitors will be required to follow all requirements as specified by the aforementioned agency. Expectations of visitors by such agency may include but are not limited to: requiring personal protective equipment (PPE) be used by all visitors, risk and symptom screening and temperature reading of all who will be present during the visit, guidelines relating to type, location, and length of visit. The guidelines also suggest that visitors take into consideration if someone has an underlying medical condition and is of advanced age. Family/Guardians will be required to complete an Activity Log during all contacts and visits and return completed information/log to the individuals’ home when returning.

It is important to explain, that even with these measures in place, the agency **cannot guarantee** that you or your loved one will not become exposed or infected with COVID-19 during the course of the visit.

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By signing this notification agreement, I acknowledge that I have been made aware of the COVID-19 exposure and infection risks associated with the visitation options presented by the aforementioned agency.

Signature of Parent/Guardian

Date

Print Name of Parent/Guardian

Name of Individual