

## Attachment A – Social Distancing Protocols and Enforcement

**Migrant Center Facility** \_\_\_\_\_  
**Migrant Center Address** \_\_\_\_\_

**Executive Director**   **Name:** \_\_\_\_\_  
                                  **Phone:** \_\_\_\_\_  
                                  **Email:** \_\_\_\_\_

**Center Manager**      **Name:** \_\_\_\_\_  
                                  **Phone:** \_\_\_\_\_  
                                  **Email:** \_\_\_\_\_

**After Hours Phone:** \_\_\_\_\_

OMS center operators must develop all applicable protocols listed below and explain why any protocols not being implemented are inapplicable to the migrant center.

<b>Protocols to Restrict the Use of Common Areas (Check all that apply)</b>	
<input type="checkbox"/> <b>Manager Office:</b> Describe protocols for the restricted use of space/facility.	
	<b>Enforcement:</b> Describe how protocols will be enforced and by whom.
<input type="checkbox"/> <b>Laundry Facilities:</b> Describe protocols for the restricted use of space/facility.	
	<b>Enforcement:</b> Describe how protocols will be enforced and by whom.
<input type="checkbox"/> <b>Playground Equipment:</b> Describe protocols for the restricted use of space/facility.	
	<b>Enforcement:</b> Describe how protocols will be enforced and by whom.
<input type="checkbox"/> <b>Sports and Recreational Areas:</b> Describe protocols for the restricted use of space/facility.	
	<b>Enforcement:</b> Describe how protocols will be enforced and by whom.
<input type="checkbox"/> <b>Community Center:</b> Describe protocols for the restricted use of space/facility.	
	<b>Enforcement:</b> Describe how protocols will be enforced and by whom.
<input type="checkbox"/> <b>Childcare Center:</b> Describe protocols for the restricted use of space/facility.	
	<b>Enforcement:</b> Describe how protocols will be enforced and by whom.

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<input type="checkbox"/> <b>Other Common Areas:</b> Describe protocols for the restricted use of space/facility.  <b>Enforcement:</b> Describe how protocols will be enforced and by whom.
<b>Protocols to Reduce the Number of Non-Essential Visitors</b>
<input type="checkbox"/> <b>Visitor Policy:</b> Describe how the Center’s visitor policy will be modified in order to reduce the number of non-essential visitors on-site.  <b>Enforcement:</b> Describe how measures will be enforced and by whom.
<b>Protocols in Place for the Submission of Work Orders</b>
<input type="checkbox"/> Describe the protocols in place for the submission of work orders
<b>Protocols when Resident(s) Test Positive for COVID-19</b>
<input type="checkbox"/> Describe protocol in place for a situation where a tenant, or tenants, have tested positive for COVID-19
<b>Additional Protocols</b>
<input type="checkbox"/> Additional protocols not included above should be described below or listed on separate pages, which should be attach to this document.
<b>Signage (Check all that apply)</b>
<input type="checkbox"/> Signage in English and Spanish at each public entrance of the facility to inform all center personnel and residents that they should: self-monitor, isolate or quarantine if they have a cough or a fever; maintain a minimum of six-foot distance from one another; sneeze and cough into a cloth or tissue or, if not available, into one’s elbow; and not shake hands or engage in any unnecessary physical contact.
<input type="checkbox"/> Signage in English and Spanish posting a copy of the Social Distancing Protocol at each migrant center entrance, manager’s office, community center, laundry facility and common spaces.
<b>Measures to Protect Personnel Health (Check all that apply)</b>
<input type="checkbox"/> Everyone who can carry out their work duties from home has been directed to do so.
<input type="checkbox"/> All personnel have been told not to come to work if sick.
<input type="checkbox"/> Office space, laundry facility and other common areas are being disinfected frequently, on the following schedule Manager’s Office Laundry Facility Other:
<input type="checkbox"/> Disinfectants and related supplies are available to all personnel at the following locations:

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<input type="checkbox"/> Hand sanitizer effective against COVID-19 is available to all personnel at the following locations
<input type="checkbox"/> Soap and water are available to all personnel at the following locations:
<input type="checkbox"/> Copies of this Protocol have been distributed to all personnel.
<b>Measures to Prevent Crowds from Gathering (Check all that apply)</b>
<input type="checkbox"/> Limit the number of residents in common areas to which allows residents and employees to easily maintain at least six-foot distance from one another at all practicable times.
<b>Measures to Keep People at least Six Feet Apart (Check all that apply)</b>
<input type="checkbox"/> Placing tape or other markings, at least six feet apart in common space areas, on travel paths at public entrances with signs directing residents to use the markings to maintain distance.
<input type="checkbox"/> All personnel have been instructed to maintain at least six feet distance from residents and from each other, except personnel may momentarily come close when necessary to conduct resident intake, accept forms, collect rental payment, or as otherwise necessary.
<b>Measures to Increase Sanitization (Check all that apply)</b>
<input type="checkbox"/> Disinfecting wipes that are effective against COVID-19 are available near high-contact surfaces.
<input type="checkbox"/> Hand sanitizer, soap and water, or effective disinfectant is available to residents at or near the entrance of manager's office, community room, laundry facility and any other common areas.
<input type="checkbox"/> Disinfecting all pens after each use.
<input type="checkbox"/> Disinfecting all high-contact surfaces frequently.
<b>Additional Measures</b>
<input type="checkbox"/> Additional measures not included above should be described below or listed on separate pages, which should be attach to this document.

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

**Name** \_\_\_\_\_  
**Phone Number** \_\_\_\_\_  
**Email** \_\_\_\_\_

Please submit a copy of this form to the Office of Migrant Services at [OMSProgram@hcd.ca.gov](mailto:OMSProgram@hcd.ca.gov).