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JULY 18, 2022

PIN 22-23-ASC
(Supersedes PIN 21-33-ASC)

TO: ALL ADULT AND SENIOR CARE PROVIDERS

FROM: ***Original signed by Kevin Gaines***
KEVIN GAINES
Deputy Director
Community Care Licensing Division

SUBJECT: **ADULT DAY PROGRAMS INFECTION CONTROL GUIDANCE**

Provider Information Notice (PIN) Summary

PIN 22-23-ASC provides updated guidance on infection control specific to Adult Day Programs (ADP) during the Coronavirus Disease 2019 (COVID-19) pandemic. Specifically, this PIN provides new guidance on participation in day programs, as well as updated guidance on mitigation plans, masking, testing, COVID-19 vaccination, visitors, communal dining, public outings, and transportation. All residential Adult and Senior Care (ASC) licensees with participants in an ADP should review this PIN. This PIN supersedes [PIN 21-33-ASC](#), dated July 27, 2021.

Please post/keep this PIN in the facility where clients/participants can easily access it and distribute the PIN Summary (located at the end of this PIN) to clients/participants and, if applicable, their representatives.

The Community Care Licensing Division (CCLD) has developed this PIN to encourage ADP providers to remain diligent with their operations while incorporating the necessary infection control prevention and mitigation strategies for communicable diseases. ADPs must provide day program services in accordance with local county public health orders or recommendations and relevant guidelines issued by California Department of Social Services (CDSS) and/or California Department of Public Health (CDPH), and/or Department of Developmental Services. This PIN supersedes [PIN 21-33-ASC](#), dated July 27, 2021 and provides updated guidance to ADP providers on infection control protocols, as specified below.

Note: On July 21, 2021, the California Department of Developmental Services (CDDS) issued [Department Directive 01-072121](#) (PDF), rescinding its [August 10, 2020 Directive](#) (PDF) regarding day program services. As a result, persons in care who reside in the Adult Residential Facility for Persons with Special Health Care Needs facility type licensed by CDSS CCLD may also participate in day program services.

The purpose of this PIN is to reiterate information and provide new or updated guidance for ADPs where noted for the following topics:

- Opening Guidance *!UPDATED!*
- Mitigation Plans and the New Infection Control Plan *!UPDATED!*
- Change in Services
- Capacity *!UPDATED!*
- Masking and Face Coverings *!UPDATED!*
- Testing *!UPDATED!*
- Isolation Procedures
- COVID-19 Vaccination and Recordkeeping *!UPDATED!*
- Visitors *!NEW!*
- Communal Dining *!UPDATED!*
- Activities
- Public Outings *!UPDATED!*
- Transportation *!UPDATED!*

All providers shall continue to follow guidance in all applicable CDSS [PINs](#), in addition to guidance or instructions from:

- Health care providers;
- [Centers for Disease Control and Prevention \(CDC\)](#);
- [California Department of Public Health \(CDPH\)](#);
- [California Department of Developmental Services \(CDDS\)](#);
- [California Department of Industrial Relations \(DIR/ Cal/OSHA\)](#);
- [Local health departments](#).

If there are differing requirements between the most current CDC, CDPH, CDSS, CDDS, Cal/OSHA, and local health department guidance or health orders, **licensees should follow the strictest requirements**. For instance, counties may have a higher standard regarding vaccinations, including but not limited to flu. However, there may be times when a licensee will need to contact their Regional Office for assistance with reconciling these differences, especially if the strictest requirements appear to be in conflict with the best interest of persons in care.

UPDATED: Opening Guidance

CCLD has not issued any guidance prohibiting ADPs from remaining open during the COVID-19 pandemic and does not need to approve ADPs to reopen. Providers that are Regional Center vendors should follow guidance from the Regional Centers and CDSS. The

following are best practices for ADPs to consider when reopening:

- Designate one area by which to enter the facility and a different area by which to exit the facility to promote distancing.
- Consider staggered arrival and departure times with staff, clients/participants, and visitors arriving and leaving at different times to promote distancing.
- To the extent that distancing is feasible, remind staff and clients/participants to practice distancing through use of visual cues, when in shared spaces. ADPs should avoid crowding in any indoor space.
- Enact a sign-in policy and have all individuals check in with staff and be screened for symptoms prior to entry into the facility.
 - The screening should include checking for symptoms of COVID-19, temperature screening and questions related to exposure to COVID-19 (i.e., has the person had close contact* with a person with COVID-19 during the 10 days prior).
 - The sign-in policy should include the procedure to verify vaccination status or proof of a current COVID-19 test.
- Exclude clients/participants from participating in day program services when any of the following occurs if they:
 - Tested positive for, have symptoms of, or are in quarantine for COVID-19 exposure.
 - Had close contact with a person with COVID-19 during the 10 days prior **and** are unvaccinated or have completed primary series and are booster eligible but not yet boosted.
- Provide alternative activities for the clients/participants at home (licensee should consider their mitigation plan, as appropriate).

***NOTE:** [Close contact](#) is defined as someone sharing the same indoor airspace, e.g., home, clinic waiting room, airplane etc., for a cumulative total of 15 minutes or more over a 24-hour period (for example, three individual 5-minute exposures for a total of 15 minutes) during an infected person's (laboratory-confirmed or a clinical diagnosis) infectious period per [CDPH Isolation and Quarantine Guidance](#).

- Provide training and remind staff, clients/participants, and visitors that effective handwashing and use of face masks or face coverings can help prevent the spread of COVID-19. Clients/participants and visitors should optimize mask fit and filtration, ideally through use of a respirator (N95, KN95, KF94) or surgical mask.

UPDATED: Mitigation Plans and the NEW Infection Control Plan

Per [PIN 21-43-ASC](#) Adult and Senior Care facilities, including ADPs, are required to submit a COVID-19 Mitigation Plan Report to CCLD. The Mitigation Plan will stay in effect until the licensee's Infection Control Plan is submitted to CCLD for approval.

Note: The licensee's Infection Control Plan should have been submitted to CCLD by June 30, 2022. Licensees may use the courtesy [Adult Day Program Infection Control Plan \(LIC 9283\)](#) form. Information related to the Infection Control Plan and Infection Control Regulations can be found in [PIN 22-13-ASC](#).

Change in Services

Providers are reminded that if there are any changes in services that were previously approved by CCLD via the Plan of Operation, then a provider may need to update and submit an updated Plan of Operation to CCLD for approval. Providers should consult with their Licensing Program Analyst (LPA) to determine if this is necessary for the associated facility.

Examples of changes that may need to be updated in the Plan of Operation include, but are not limited to, change in services previously provided in-person that are now provided via telecommunication or video as well as services provided off-site as the primary method for meeting the Needs and Services Plans of the clients/participants, etc.

UPDATED: Capacity

To the extent feasible, consider distancing between each person present to help protect individuals who are unvaccinated, or are booster-eligible and have not yet received a booster dose, or whose vaccination status is unknown. People from the same household/facility can be in groups together.

UPDATED: Masking and Face Coverings

Updated: Required Use of Masks for Vaccinated, Facility Staff

Pursuant to the [State Public Health Officer Order of July 26, 2021](#), all facilities must strictly adhere to current [California Department of Public Health \(CDPH\) Masking Guidance](#), which requires that all individuals entering the facility wear a mask, and highly recommends the use of FDA cleared surgical masks, unless a N95 respirator is required pursuant to Title 8 regulations.

Updated: Required Use of FDA-Cleared Surgical Masks for Unvaccinated or Incompletely Vaccinated Facility Staff, or Booster Eligible Staff Who Have Not Received a Booster Dose

Pursuant to the [State Public Health Officer Order of July 26, 2021](#), all facilities must strictly adhere to current [California Department of Public Health \(CDPH\) Masking Guidance](#). Where Title 8 of the California Code of Regulations or CCLD PINs do not require the use of N95

respirators, providers shall provide all unvaccinated or booster eligible workers who have not yet received a booster dose with FDA-cleared [surgical masks](#). Additionally, the [State Public Health Officer Order of December 22, 2021 \(updated February 22, 2022\)](#) provides that all unvaccinated exempt workers and all booster-eligible workers who have not yet received a booster dose are required to wear a surgical mask or higher-level respirator. **These facility staff are required to wear FDA-cleared surgical masks in indoor settings anywhere they are working with another person.**

IMPORTANT! Facility staff who are unvaccinated with an exemption to the vaccinated requirement and facility staff who are booster-eligible and have not yet received a booster dose are required to use an FDA-Cleared Surgical Masks as of December 22, 2021 (updated February 22, 2022). As of March 1, 2022, providers must be in full compliance with this requirement.

N95 Respirators for Facility Staff

The Aerosol Transmissible Disease (ATD) Standard (Title 8 Section 5199) requires staff working in an area where a suspected or confirmed airborne infectious disease case is present to use NIOSH-approved respirators. An N95 is the minimum protection permitted for these staff. In circumstances where an N95 respirator is required, the facility staff member must wear an N95 respirator regardless of their vaccination status.

The COVID-19 Emergency Temporary Standard (ETS) (Title 8 Sections 3205 – 3205.4) requires employers to provide NIOSH-approved respirators, such as N95s, upon request to unvaccinated employees. ADP facilities licensed by CDSS are covered by the ETS.

Updated: Face Coverings for Clients/Participants and Visitors

As specified in the [CDPH Guidance for the Use of Face Coverings](#), a client/participant at an ADP must continue to wear a well-fitted face covering, irrespective of vaccine status. Visitors at an ADP should also wear a well-fitted face mask upon entry and at all times within the facility, irrespective of vaccine status. Face coverings should be well-fitted, have multiple layers, completely cover the nose and mouth, and fit snugly against the sides of the face without gaps. All persons wearing masks should optimize mask fit and filtration, ideally through use of a respirator (N95, KN95, KF94) or surgical mask. Any exemptions to this mandate should be based on the following information:

- A medical condition, mental health condition, or disability that prevents wearing a face mask. This includes persons with a medical condition for whom wearing a mask could obstruct breathing or who are unconscious, incapacitated, or otherwise unable to remove a mask without assistance.
- The ability to see the mouth is essential for communication, for example, persons who are hearing impaired, or communicating with a person who is hearing impaired.
- When obtaining a service involving the nose or face where temporary removal of face mask is necessary.
- When eating or drinking.
- When engaged in outdoor work or recreation.

UPDATED: Testing

Diagnostic Screening Testing in Facilities Without COVID-19

Facility Staff

Pursuant to the [State Public Health Officer Order of December 22, 2021 \(updated February 22, 2022\)](#):

- Facility staff are required to undergo diagnostic screening testing at least once weekly if they are:
 - unvaccinated with an exemption to the vaccination requirement;
 - vaccinated with an exemption to the booster requirement; or are
 - booster-eligible and within the 15-day grace period for a booster or deferral deadline.

- Staff who provide proof of COVID-19 infection do not need to submit to testing until after 90 days from the date of first positive test or clinical diagnosis, but must self-monitor for symptoms and continue to follow all infection control requirements, including masking.

Diagnostic screening testing of asymptomatic staff who have completed their primary series of COVID-19 vaccine and have received a booster dose or who have completed their primary series of COVID-19 vaccine and not yet booster eligible, is not required. Providers may consider continuing routine screening testing for staff who have completed their primary series of COVID-19 vaccine with underlying immunocompromising conditions (e.g., organ transplantation, cancer treatment), which might impact the level of protection provided by COVID-19 vaccine.

Clients/Participants

CDSS does not require diagnostic screening or COVID-19 testing for clients/participants of ADPs.

Providers should also consult [CDPH Testing Guidance](#) and [CDC guidance on workplace screening testing](#) for additional cohort specific considerations.

Response Testing in Facilities With COVID-19

Response testing is repeat testing performed following an exposure that has occurred, in accordance with [CDC guidance](#). The goal of response testing is to identify asymptomatic infections in individuals in high-risk settings and/or outbreaks to prevent further spread of COVID-19.

Response testing is recommended for all staff and clients/participants who have had exposure or close contact as soon as possible after a client/participant or staff member has a laboratory confirmed COVID-19 positive test. Individuals exposed or who have had close contact, regardless of vaccination status, should test not earlier than two days after the exposure and, if negative, again five to seven days after the exposure.

- See *Types of Testing* section in [PIN 20-23-ASC](#) for additional information on PCR tests. See [PIN 21-16-ASC](#), [PIN 21-30-ASC](#) and [PIN 22-10-ASC](#) (Use of At-Home, Over-The-Counter (OTC) (Covid-19) Antigen Testing Kits), for additional information on antigen tests.

Health Insurance Coverage Reminders

As provided by federal law, health plans and issuers must cover the cost of COVID-19 diagnostic tests without imposing any cost-sharing requirements (including deductibles, copayments, and coinsurance), prior authorization, or other medical management when the purpose of the testing is for individualized diagnosis or treatment of COVID-19. Further, health plans and issuers cannot require the presence of symptoms or a recent known or suspected exposure, or otherwise impose medical screening criteria on coverage of tests.

Important! The California Department of Managed Health Care (DMHC) released an [All Plan Letter](#) (APL) alerting health plans of the new public health order and also to remind health plans of their obligation to continue to cover COVID-19 testing. If you are having trouble accessing a COVID-19 test through your health plan or if you have any questions, please contact the California Department of Managed Health Care (DMHC) Help Center at 1-888-466-2219 or visit the [DMHC Help Center website](#) (www.HealthHelp.ca.gov).

Note: For Frequently Asked Questions (FAQ) on Implementation of FFCRA and CARES Act, *Centers for Medicare and Medicaid Services*, February 26, 2021, please see [FAQ Part 44 Cover Page](#) (cms.gov).

Isolation Procedures

As part of the facility's communicable disease containment measures, providers should have an isolation room or area (preferably with access to a dedicated restroom) to isolate anyone who begins to have symptoms of a respiratory illness while at the facility. Providers should notify the client's/participant's emergency contact and arrange safe and accessible transportation home for clients/participants or staff showing symptoms of respiratory illness or emergency transportation to a healthcare facility for clients/participants or staff with severe symptoms. Staff should prepare a list of all individuals who have been in close contact with sick clients or staff and should notify local health officials, staff, clients/participants, and visitors, of COVID-19 cases.

Staff and client/participants who test positive for COVID-19, regardless of vaccination status, previous infection or lack of symptoms, should isolate themselves at their home and [follow CDC recommendations](#) and [CDPH Guidance on Isolation and Quarantine](#) recommendations for the General Public.

UPDATED: COVID-19 Vaccination and Record Keeping

Facility Staff Vaccination and Record Keeping Requirement

As noted in [PIN 22-05.1-ASC](#), pursuant to the [State Public Health Officer Order of December 22, 2021 \(updated February 22, 2022\)](#), all facility staff who provide services or work in ASC facilities must have completed their primary series of COVID-19 vaccine and receive a booster

dose for COVID-19 by no later than March 1, 2022. Individuals are considered to have completed their primary series of COVID-19 vaccine two weeks or more after they have received the second dose in a 2-dose series (Pfizer-BioNTech or Moderna or vaccine authorized by the World Health Organization) or two weeks or more after they have received a single-dose vaccine (Johnson and Johnson[J&J]/Janssen). Facility staff not yet eligible for boosters must be in compliance no later than 15 days after the recommended timeframe above for receiving the booster dose. Facility staff who provide proof of COVID-19 infection after completion of their primary series of vaccine doses may defer their booster for up to 90 days from the date of first positive test or clinical diagnosis.

All facilities are to verify and document vaccination and booster status of facility staff. For further information regarding staff vaccination and record keeping requirements see [PIN 22-05.1-ASC](#) and [Supplemental Guidance for PIN 22-05.1-ASC](#).

Client/Participant Vaccination

COVID-19 vaccination is one of the most important tools to help us fully recover from this pandemic and thrive again. Every Californian age 6 months and older is now eligible for vaccination; more information on vaccinations can be found on the [California For All website](#). Receiving the COVID-19 vaccine is not required by law and is voluntary for ADP clients/participants. Refusal to be vaccinated is a client's/participant's right, and therefore is not an authorized reason for removing a client/participant from an ADP or denying participation in any activity or service available to any other client/participant solely based on the decision to not receive the vaccine.

NEW: Visitors

While there are currently no requirements from CCLD on visitation in ADPs, below are general recommended guidelines:

- Indoor Visits:
 - Licensees should allow indoor visitation, including communal area visitation, at all times and for all clients/participants regardless of vaccination status **of the client/participant**, if (1) the visitor has completed their primary series of COVID-19 vaccine and received a booster dose **or** provided evidence of a negative COVID-19 test within one day of visitation for antigen tests, and within two days of visitation for Polymerase Chain Reaction (PCR) tests; **OR** (2) permit only outdoor visitation for those that do not meet all the recommendations in this section. Visitors with history of COVID-19 within the prior 90 days may provide documentation of recovery from COVID-19 in lieu of testing.
- Outdoor Visits
 - Outdoor visits pose a lower risk of transmission due to increased space and airflow; therefore, any outdoor visitation is preferred and should be held whenever practicable.

- Visitors that choose to meet outside with a client/participant do not need to be vaccinated or show proof of negative test.

Entertainers are considered visitors and should follow the recommended guidelines above. Clients/participants should be encouraged to wear a well-fitting face mask during the performance, regardless of vaccination status.

UPDATED: Communal Dining

For clients/participants who are unvaccinated and/or are booster eligible and have not yet received a booster dose, providers should maintain the standard of arranging tables and chairs to allow for physical distancing and space seating at least six feet apart per [CDC Guidance for Adult Day Service Centers](#). If clients/participants have completed their primary series of COVID-19 vaccine and have received a booster dose, the six feet requirement does not apply.

Client/participants from the same household do not have to stay six feet away from each other. When this arrangement does not allow for all clients/participants to be included in communal dining, then providers should develop an alternating schedule that allows for staggering communal dining times that will ensure all clients/participants have the opportunity to participate in communal dining. Additional recommendations include:

- offering **outdoor dining**;
- assigning clients/participants to eat in small, **stable cohorts** to minimize their exposure to others, especially during outbreaks or during surges (times of high community transmission);
- consulting with a professional industrial hygienist and/or Cal/OSHA to ensure that providers are **maximizing indoor air quality** by improving ventilation and performing air purification indoors, especially in eating areas.

Though maintaining six of feet physical distance helps decrease the risk of transmission, it is not sufficient to prevent all risk of transmission. However, it does help prevent individuals from contracting COVID-19. Clients/participants must continue to follow guidelines for face coverings in communal settings (except while eating or drinking).

Activities

For infection control measures, providers are encouraged to maintain the following recommended safety protocols:

- Clients/participants may be in group activity rooms (including at the same table) as long as appropriate hand hygiene, face coverings are used (except when eating or drinking) and other appropriate COVID-19 safety precautions are followed. ADPs should avoid crowding in any indoor space. Clients/participants from the same household can be in groups together.
- Prioritize outdoor activities over indoor activities when possible.
 - Providers are encouraged to consider the use of cohorts for clients/participants. Providers may consider assigning cohorts to a specific room for their use for the program day. A cohort is a stable group of staff and clients/participants that stay

together for all activities (meals, recreation, etc.). However, assigning cohorts based on vaccination status is a violation of personal rights; therefore, it is important to ensure services provided to clients/participants are consistent for all.

- Providers may limit and discourage the rotational use of multiple rooms by one group, if another space is required and conditions allow consider moving cohort outside.
- Clean supplies before and after the client/participant has finished using them, or at least daily.
- Schedule types of activities that allow for staff and clients/participants to wear a face covering during the activity and when moving to and from the activity.
 - Schedule activities with sufficient time between activities to allow for cleaning and disinfection of equipment, chairs, or other items used for the activity.

UPDATED: Public Outings

For infection control measures, providers are encouraged to consider the following:

- As a part of ADP operations, clients/participants may leave the facility for community outings. Providers must screen clients/participants, **regardless of their vaccination status**, for signs and symptoms of COVID-19 upon their return. The [COVID-19 screening](#) should include asking the client/participant if they have been in close contact with someone who tested positive for COVID-19.
- Providers should continue to follow COVID-19 safety precautions when clients/participants are engaging in activities including public outings in the community as part of the ADP programming. The recommended safety precautions include:
 - Conducting community outings in outdoor locations
 - Avoiding crowded locations
 - Providing sanitizer and sanitizing wipes to participants/clients

UPDATED: Transportation

Clients/participants who have completed their primary series of COVID-19 vaccine and have received a booster dose may be seated together without physical distancing in transport vehicles; otherwise, clients/participants who are unvaccinated or are booster eligible and have not yet received a booster dose should be seated with as much distance as possible and wear masks while in transport vehicles. Masks are recommended for all persons, regardless of vaccination status, in indoor public settings and on public transit.

ADDITIONAL RESOURCES

The following resources are available online:

- Centers for Disease Control and Prevention (CDC)
 - [Coronavirus Disease 2019](#)
- California Department of Public Health (CDPH)

- [Find a Testing Location](#)
- California Department of Social Services (CDSS)
 - [Community Care Licensing Division homepage](#) (includes all COVID-19 related materials (Provider Information Notices (PINs) and other resources)

If you have any questions regarding this PIN, please contact your local [Adult and Senior Care Regional Office](#).

PIN Summary for Clients/Participants

A Companion Guide for Provider Information Notice (PIN) 22-23-ASC Adult Day Programs Infection Control Guidance

The Community Care Licensing Division (CCLD) has prepared this **Summary for Clients/Participants** as a companion to **PIN 22-23-ASC** to inform you of infection control guidance that CCLD provided to your Adult Day Program (ADP) concerning your care.

CCLD has developed this PIN to provide updated guidance on infection control for ADP providers during the Coronavirus Disease 2019 (COVID-19) pandemic. In addition, PIN 22-23-ASC provides new guidance to licensees on staff vaccination and booster status pursuant to the updated [State Public Health Officer Order of December 22, 2021 \(updated February 22, 2022\)](#).

The purpose of this PIN is to reiterate information or provide new guidance for Adult Day Programs where noted for the following topics:

- Opening Guidance *!UPDATED!*
- Mitigation Plans and the New Infection Control Plan *!UPDATED!*
- Change in Services
- Capacity *!UPDATED!*
- Masking and Face Coverings *!UPDATED!*
- Testing *!UPDATED!*
- Isolation Procedures
- COVID-19 Vaccination and Recordkeeping *!UPDATED!*
- Visitors *!NEW!*
- Communal Dining *!UPDATED!*
- Activities
- Public Outings *!UPDATED!*
- Transportation *!UPDATED!*

The decision to participate in day program services should be made by you and your care team, taking into consideration overall health status and associated risks. Day program services must be provided in accordance with local county public health orders or recommendations and relevant guidelines issued by CDSS and/or CDPH. The new updates are as follows:

Opening Guidance

- You should refrain from participating in day program services when any of the following occurs, regardless of your vaccination status:
 - Tested positive for, have symptoms of, or are in quarantine for COVID-19 exposure.

- Recently had close contact with a person with COVID-19 during the prior 10 days and you are unvaccinated or have completed the primary series and are booster eligible but not yet boosted.

Mitigation Plans and the New Infection Control Plan

Licensees are required to submit a COVID-19 Mitigation Plan Report to CCLD, which will stay in effect until CCLD approves the licensee's Infection Control Plan. Licensees must submit their Infection Control Plan to CCLD by June 30, 2022. Information related to the Infection Control Plan and Infection Control Regulations can be found in [PIN 22-13-ASC](#).

Capacity

When feasible, your ADP may consider distancing everyone present to help protect individuals who are unvaccinated or are booster-eligible and have not yet received a booster dose, or whose vaccination status is unknown. You may be in a group with people from your same household.

Masking and Face Coverings

Pursuant to the [State Public Health Officer Order of July 26, 2021](#), all facilities must strictly adhere to current [California Department of Public Health \(CDPH\) Masking Guidance](#), which requires that all individuals entering the facility wear a mask, and highly recommends the use of FDA cleared surgical masks, unless a N95 respirator is required pursuant to Title 8 regulations.

Facility Staff

The [State Public Health Officer Order of December 22, 2021 \(updated February 22, 2022\)](#) provides that all unvaccinated exempt workers and all booster-eligible workers who have not yet received a booster dose are required to wear FDA-cleared surgical masks in indoor settings anywhere they are working with another person.

Clients/Participants and Visitors

As specified in the [CDPH Guidance for the Use of Face Coverings](#), you must continue to wear a well-fitted face covering, irrespective of vaccine status while at the ADP. Visitors should wear a well-fitted face mask upon entry and at all times within the facility, irrespective of vaccine status. You may be exempt from the mandate based on the following:

- If you have a medical condition, mental health condition, or disability that prevents you from wearing a face mask.
- The ability to see the mouth is essential for your communication, for example, if you are hearing impaired, or communicating with a person who is hearing impaired.
- When obtaining a service involving the nose or face where temporary removal of face mask is necessary.
- When eating or drinking.
- When engaged in outdoor work or recreation.

Testing

Pursuant to the [State Public Health Officer Order](#) from CDPH issued on December 22, 2021, unvaccinated exempt workers and all booster-eligible workers who have not yet received their booster are required to undergo diagnostic screening testing weekly.

All facilities shall verify and document vaccination, booster, and testing status of workers. It is required that all workers currently eligible for boosters, who provide services or work indoors must receive their booster dose by February 1, 2022. Workers not yet eligible for boosters, must be in compliance no later than 15 days after the recommended timeframe for receiving the booster dose.

COVID-19 Vaccination and Record Keeping

Pursuant to the [State Public Health Officer Order](#) issued on December 22, 2021, all workers who provide services or work in Adult and Senior Care facilities must have completed their primary series of COVID-19 vaccine, unless exempted prior to November 30, 2021.

Visitors

Below are general recommended guidelines for visitors of an ADP:

- Indoor Visits:
 - You should be allowed indoor visitation, including communal area visitation, at all times, **regardless of your vaccination status**, if (1) the visitor has completed their primary series of COVID-19 vaccine and received a booster dose **or** provided evidence of a negative COVID-19 test within one day of visitation for antigen tests, and within two days of visitation for Polymerase Chain Reaction (PCR) tests; **OR** (2) permit only outdoor visitation for those that do not meet all the recommendations in this section. Visitors with history of COVID-19 within the prior 90 days may provide documentation of recovery from COVID-19 in lieu of testing.
- Outdoor Visits
 - Outdoor visitation is preferred and should be held whenever practicable.
 - Visitors that choose to meet outside with you do not need to be vaccinated or show proof of negative test.

Entertainers are considered visitors and should follow the recommended guidelines above. You are encouraged to wear a well-fitting face mask during the performance, regardless of vaccination status.

Communal Dining

For individuals who are unvaccinated and/or are booster eligible and have not yet received a booster dose, your ADP should arrange tables and chairs to allow for physical distancing and space seating at least six feet apart per [CDC Guidance for Adult Day Service Centers](#). For those who have completed their primary series of COVID-19 vaccine and have received a booster dose, the six feet requirement does not apply. Individuals from the same household do not have to stay six feet away from each other.

Though maintaining six of feet physical distance helps decrease the risk of transmission, it is not sufficient to prevent all risk of transmission. However, it does help prevent individuals from contracting COVID-19. You must continue to follow guidelines for face coverings in communal settings (except while eating or drinking).

Public Outings

You have the right to leave facilities for outings such as community events, attending a short meeting, etc. Providers should provide education to you and your families about the types of activities that are safe. Providers must screen all clients/participants, **regardless of your vaccination status**, for signs and symptoms of COVID-19 upon your return.

Transportation

If you have completed your primary series of COVID-19 vaccine and have received a booster dose you may be seated together with individuals who have also completed their primary series of COVID-19 vaccine and have received a booster dose without physical distancing in transport vehicles; otherwise, if you are unvaccinated or are booster eligible and have not yet received a booster dose, you should be seated with as much distance possible and wear masks while in transport vehicles.

Your care providers, the licensee of your facility, and your ***local Long-Term Care [Ombudsman](#) (call 1-800-510-2020) are available to answer your questions.***