

## **Plan for Reopening**

| Establishment Name(s):   |   |
|--|---|
| License Number(s) if applicable:   |   |
| Owner/Operator Name:   |   |
| Owner/Operator Contact Info:   |   |
| Please provide a detailed pla  | n about how and when you will do each of the following: |
| Plan for ENCOURAGING PHYSICAL DISTANCING   |   |
| Strategies may include: limiting numbers, asking clients only to enter, rearrange seating, rope off areas, handsfree payment options, curb-side pickup and to go options, offer appointments or one-on-one services, offer multiple smaller groups, post signage |   |
| Dian for CLEANING AND DISIN  | EECTING   |
| Plan for CLEANING AND DISINI   |   |
| Strategies may include: indicate how often and what you will use to clean high touch areas, use gloves and protective gear to clean, discourage use of communal equipment (encourage people to bring their own).   |   |
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| Plan for <b>SYMPTOM MONITORING</b>  |  |
|---|--|
| Strategies may include: policy to monitor staff symptoms, ask clients of symptoms before entering, actively encouraging   |  |
| sick customers to stay home or reschedule   |  |
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| Plan for ENCOURAGING HANDWASHING  |  |
| Strategies may include: Hand sanitizer stations at entrance and check out, policies for staff, handwashing "breaks" for children, signage   |  |
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| Plan for CLOTH MASKS  |  |
| Strategies may include: policies for staff use of cloth masks, promote appropriate use of cloth masks, encourage patrons to wear cloth masks, provide/launder cloth masks for employees |  |
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| Plan for OTHER STRATEGIES YOU WILL IMPLEMENT  |  |
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## Health Department staff is happy to review your plan and provide feedback.

Please return complete plan to Teton County Health Department:

• E-mail: <u>health@tetonmt.org</u>

• Fax: 406-466-5292

• In person: 905 4<sup>th</sup> St NW, Choteau MT 59422

• Questions? Call the Health Department at 406-466-2562.