



COVID-19 Personal Care Services Reopening Notification

(Esthetician/Cosmetology; Electrology; Nail Salons; Massage Therapy)

NOTE: Not to be used for Body Art Practitioners, Tattoo Facilities or Piercing Shops See Separate Attestation Document on Environmental Health Webpage

Business Name:

Business Address:

Prior to reopening for extended personal care services each Nail Salon, Cosmetology or Massage Therapy business owner must review, and agree to abide by, California Department of Public Health's COVID-19 Industry Guidance: Expanded Personal Care Services which can be found at: <https://covid19.ca.gov/pdf/expanded-personal-services.pdf>

Prior to reopening you must complete, sign, and submit this form to the Fresno County Department of Public Health. Email completed forms to DPH@Fresnocountyca.gov with "COVID-19 Expanded Personal Care Services", with your business name and address in the subject line.

Please ensure that the BUSINESS NAME and the BUSINESS ADDRESS are on this form.

By completing this form, you attest to and will comply with the California Department of Public Health's COVID-19 Industry Guidance for Expanded Personal Care Services including having measures in place for the following:

Written Worksite Specific COVID-19 Prevention Plan

Employee Health Protections and Employee Trainings

Daily Employee Log by shift and duties maintained for contact tracing purposes

MANDATORY: Provide designated name and contact phone number to work with the health department

Name:

Phone:

Business Control Measures, Individual Control Measures, Employee and Customer Screenings

Cleaning and Disinfection Protocols; including frequency schedule, cleaning assignments for each tenant, booth renter, staff, work stations, and treatment rooms

Physical Distancing Guidelines, Modified Operations or Duties

Additional Considerations for Esthetician, Skin Care, and Cosmetology Services

Additional Considerations for Electrology Services

Additional Considerations for Nail Salons

Additional Considerations for Massage Services (Non-Healthcare Settings)

COVID-19 Signage and Education, [Returning to Work Checklist](#)-Board of Barbering & Cosmetology

I hereby attest that I am duly authorized to sign and act on behalf of this business. I certify that this business will comply with California Department of Public Health's COVID-19 Industry Guidance: Hair Salons and Barbershops

and that the information provided is true, accurate, and complete to the best of my knowledge. I acknowledge that I remain responsible for implementing these COVID-19 Operating Procedures.

Person Completing this Form:

Contact Phone Number:

Date:

Signature: