



COPIES OF THIS CERTIFICATE
SHALL BE POSTED AT ENTRANCES
OF EVERY OFFICE LOCATION

COUNTY OF LAKE
DEPARTMENT SELF-CERTIFICATION FORM
RETURN TO WORK – WORKSITE PREVENTION PROTOCOL COMPLIANCE

I, Todd Metcalf, certify that I am the Department Head of the Behavioral Health Services Department, of the County of Lake and have authority to bind this office to the requirements of this Self-Certification Form:

Address of Office: 7000B South Center Drive, Clearlake, CA 95422

I hereby declare under penalty of perjury under the laws of the State of California that the following is true and correct:

I have reviewed and I understand the terms and conditions of the County of Lake Return to Work – Worksite Prevention Protocol. This protocol can be viewed at:
<http://www.lakecountyca.gov/Assets/Departments/Administration/Docs/ReturnToWork.pdf>

- 1.
2. I have implemented all terms and conditions for the reopening of this office as detailed in the County of Lake Return to Work – Worksite Prevention Protocol and I shall continue to do so for the extent of the COVID-19 Public Health emergency, unless or until this protocol is modified or determined by the County Health Officer, or by the Lake County Board of Supervisors, to no longer be necessary.
3. In addition to my compliance, I shall ensure compliance with the terms and conditions of the County of Lake Return to Work – Worksite Prevention Protocol by any and all employees in their service to the public.
4. My department shall also adhere to and remain in compliance with all state and local laws, including but not limited to the Executive Orders of the Governor issued consequent to the COVID-19 emergency.
5. Any concerns or complaints regarding my Department's implementation and ongoing compliance with the County of Lake Return to Work – Worksite Prevention protocol should be submitted to:

Todd Metcalf

Email Address: todd.metcalf@lakecountyca.gov

Phone: 707-274-9101



Department Head Signature

5/29/2020

Date



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RETURN TO WORK – WORKSITE PREVENTION PROTOCOL COMPLIANCE

I, Todd Metcalf, certify that I am the Department Head of the Behavioral Health Services Department, of the County of Lake and have authority to bind this office to the requirements of this Self-Certification Form:

Address of Office: 6302 Thirteenth Avenue, Lucerne, CA 95458

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