

**Converse County
Request for Exception**

In accordance with the third continuation and modification of statewide Public Health Orders 1-3 issued by Governor Gordon on April 28, 2020, a Request for Exception is made for a variance to the Orders.

Facility Name:	Joyful Living Massage + Wellness, LLC	Telephone:	307-298-9891
Contact Person:	Debbie Shadden	Telephone:	307-351-6494
		Email:	joyfulliving2019@gmail.com
Mailing Address:	209 W. Center St. Ste B	Fax Number:	NA
City:	Douglas	State/Zip:	WY 82633
Order # for which this exception is being requested:			
Personal Services (massage therapy, infrared sauna)			
Date on which this exception will begin:			
6-2-20			
Basis for Exception			
The specific reason(s) for the request, including why compliance with the order cannot be accomplished or should be given special consideration:			

I am requesting an exemption to allow the use of a 1-person infrared sauna (not steam). No more than 3 persons (including myself, sole operator) occupy the facility at any given time. Face coverings are worn when we are unable to maintain a 6ft distance (always during massage sessions). The sauna unit is in a separate room from the rest of the business. Only one person is allowed to use the sauna at any given time. All persons using the sauna are required to use provided towels/wraps/footwear to minimize direct contact with the interior of the sauna. All said linens are changed after each use and laundered according to Public Health Department standards. The sauna and sauna room is disinfected/sanitized between each use, just as the rest of the facility is between each client. A minimum of 30 minutes will be scheduled in between each use of the sauna

Services are by appointment only. Daily records are kept of each client receiving services, and each person completes a health affidavit to ensure they are free of COVID-19 symptoms and known exposure. All clients are required to wash their hands immediately upon entry. Hand sanitizers and disinfectants are available.

By signing below, I attest that all information provided in this document is correct and will be followed. I also acknowledge that, if granted a copy of the approval will be clearly posted on the entrance to the facility it pertains to.

I understand that this request will be returned to Converse County Public Health and they will forward it to the County Health Officer. It will then be forwarded to the State Health Officer for approval. The time line for state approval is unknown at this time.

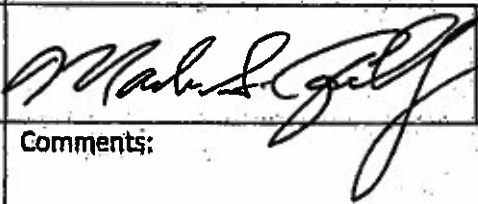

I understand I will not be able to operate under this plan until the request is approved.

I also understand approvals will be data-driven and based on state and county metrics.

By executing this request for exemption, the undersigned hereby acknowledges that they have reviewed the requirements of all statewide health orders, that the County Health Officer, the Incident Management Team and its members, as well as Converse County, Wyoming and its officials, have in no way represented whether or not this request will be successful and that the undersigned has completed this request without any promise or understanding from any of the above that this request will be approved. The approval authority lies first with the County Health Officer. If the Request satisfies the County Health Officer's review the Request will be forwarded to the State Health Officer for approval. Approvals are largely based upon the contents of the Request for Exemption.

PRINTED NAME	SIGNATURE	DATE SIGNED
Debbie Shadden		5-27-20

Submit completed form to: johnna.shepherd1@wyo.gov

Office Use Only		
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Approved with revisions <input type="checkbox"/> Not Approved	Comments:	
Signature: Mark S. Campbell M.D., County Health Officer		Date Signed: 6/5/20
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Approved with revisions <input type="checkbox"/> Not Approved	Comments:	
Signature: Wyoming State Health Officer		Date Signed: 6/5/20

Customer/Patron Use Only

If you feel this facility is non-compliant with the posted Covid-19 operating plan, please call 358-2536 or email: johnna.shepherd1@wyo.gov