



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

MARK T. BENTON • Assistant Secretary for Public Health
Division of Public Health

October 29, 2020

[REDACTED]
[REDACTED]
[REDACTED]
Goldsboro, North Carolina 27530

Dear [REDACTED]

This letter is to notify [REDACTED] that we have received complaints regarding non-compliance with applicable face covering and social distancing requirement(s) of Executive Order No. 170 which extended Executive Order No. 169, Restrictions to Protect Lives During the COVID-19 Pandemic, at your establishment located at [REDACTED], Goldsboro, North Carolina 27530 in Wayne County.

Specifically, NCDHHS has received a complaint regarding the lack of face coverings being worn by employees in the establishment, primarily that employees were seen not wearing a face covering of any kind. Additionally, the complainant indicated that social distancing was not observed. The complaint was received on October 27, 2020.

Executive Order No. 169 states that Healthcare settings other than long term care facilities must follow Face Covering requirements in the CDC infection Control Guidance for Healthcare Professionals about the Coronavirus ([COVID-19](#)). In addition, businesses must have all guests wear Face Coverings when they are inside the establishment and be within (6) feet of another person. Businesses must also post emergency maximum occupancy signage, post signage reminding people to maintain social distancing and requesting symptomatic individuals not enter, and mark 6 feet of distancing for check-in. Also, all locations including seating, waiting areas, and other places must be arranged to allow for social distancing, and high touch surfaces must be routinely disinfected using an EPA-approved disinfectant effective against the SARS-CoV-2 virus.

As a result of the complaint received against you, we ask that you sign the enclosed Attestation Form indicating that [REDACTED] will come into compliance with the Governor's Executive Order. This form must be submitted to COVIDcomplaints@dhhs.nc.gov within seven (7) business days of the day of this letter.

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF PUBLIC HEALTH

LOCATION: 5605 Six Forks Road, Building 3, Raleigh, NC 27609
MAILING ADDRESS: 1931 Mail Service Center, Raleigh, NC 27699-1931
www.ncdhhs.gov • TEL: 919-707-5000 • FAX: 919-870-4829

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Additionally, be advised that violating any provision of the Governor's Executive Order is a Class 2 misdemeanor. We plan to continue monitoring [REDACTED] for compliance. Continued failure to cooperate and abide by the restrictions in the Executive Order may result in further actions such as issuance of an imminent hazard abatement order or referral to law enforcement. It is our desire that [REDACTED] protect the health and safety of its employees and patrons and assist in slowing the spread of COVID-19 by maintaining compliance with the Executive Order.

It is more important than ever that establishments across North Carolina, including [REDACTED] do their part in protecting those around them. While [REDACTED] may continue to operate, it must do so under full compliance with Executive Order No. 169. The Governor's Executive Orders on the COVID-19 pandemic, like the Phase 3 Order, are part of our State's "dimmer switch approach" to combatting this virus and the restrictions in place are part of our data-driven and evidence-based process. We can find the balance that allows us to live with this virus – protecting the public's health and reigniting the economy if every North Carolinian does their part to adhere to these Orders and practice ***the three W's: Wear a face covering, Wait six feet apart and Wash your hands.***

Sincerely,



Mark Benton

Enclosure: Attestation Form

cc: Craig Honeycutt, Wayne County Manager
Brenda Weis, Director, Wayne County Health Department
Larry Pierce, Sheriff, Wayne County Sheriff's Department



STATE OF NORTH CAROLINA
DEPARTMENT OF HEALTH AND HUMAN SERVICES

ROY COOPER
GOVERNOR

MANDY COHEN, MD, MPH
SECRETARY

COVID ATTESTATION FORM

I, _____ (Name) hereby attest that _____ (Entity Name) will adhere to the applicable provisions of the Governor's Executive Order on the COVID-19 pandemic that is in effect now or may be in the future.

I understand that failure to comply with the provisions of the Governor's Executive Order may result in further action by NCDHHS such as issuance of an imminent hazard abatement order or referral to other government authorities.

By signing below, I attest that I am authorized to sign on behalf of the above listed establishment.

_____ (Signature)

_____ (Date)

Please return this form to: COVIDcomplaints@dhhs.nc.gov within 7 business days.