



COVID-19 ATTESTATION FORM

All employees must strictly adhere to the following guidelines at all times.

I, _____ have been trained and/or given information on the following topics;

Policy/Training	Date Completed	Staff Initials	Manager/ Nurse Initials
Cleaning and Disinfecting Policy and Procedure <ul style="list-style-type: none"> Cleaning Checklist for each specific program area Ecolab Peroxide Multi-Surface Cleaner- Proper use of, safety precautions per MSDS. 			
Social Distancing Policy and Procedure			
Personal Protective Equipment. <ul style="list-style-type: none"> Protective Glove Policy and Procedure Mask/Face Covering <ul style="list-style-type: none"> How to wear correctly Proper removal Care of cloth face covering Gowns Face Shield/Goggles 			
Hand Hygiene Policy and Procedure			
Symptoms, Transmission and Prevention of COVID- 19			
Day Hab Screening and Monitoring Policy and Procedure. <ul style="list-style-type: none"> Daily Screening Checklist and what to do in the event an individual arrives symptomatic. 			
Symptomatic/Positive COVID- 19 Individual or Staff: Policy and Procedure			
Nursing Staff: Medication Administration During COVID-19 Pandemic			
Food Preparation and Feeding Guidelines- Meal/Snack Plan			
Management of group sizes and staffing plan.			
Transportation Guidelines			

By signing this attestation form, you are confirming that you have received training on the items listed above and are aware you must strictly adhere to the guideline in place to protect yourself and the individuals you support.

Employee Signature: _____

Date: _____

Program Managers Signature: _____

Date: _____

Program site: _____