

Training Schedule for Re-Entry

Program Name _____

Training	Date Held	Trainer's Name	Required Participants	Materials Distributed
Social Distancing				
PPE Use, Putting on and Taking off				
Cleaning, Sanitizing, and Disinfecting				
Physical Restraints				
Transportation				
Handling Sick, Symptomatic, Exposed Students and Staff				
Isolation and Discharge of Sick				
Infection Control				
Staffing Plans, Assignments				
Parent Communications				
Daily Screening Students and Staff				
Local Board of Health Engagement				
Program Closures				
Student and Staff Absences				
Medication Administration				
Facility Changes				
Proper Storage of Cleaning Supplies				
Daily Schedules				
Group Sizes and Ratios				
Regular Monitoring of Students				
Hand Washing				
Toileting				
COVID-19: general, how spreads, prevent spread, symptoms, when to seek medical attention				
Special Care for Special Populations				
Signage				
Entering and Exiting the Building, Travelling in the Building				
Staff Communications regarding COVID-19, Calling in Sick				
Acceptable Classroom Activities				
Meals and Snacks				
Students Trainings to be Provided				