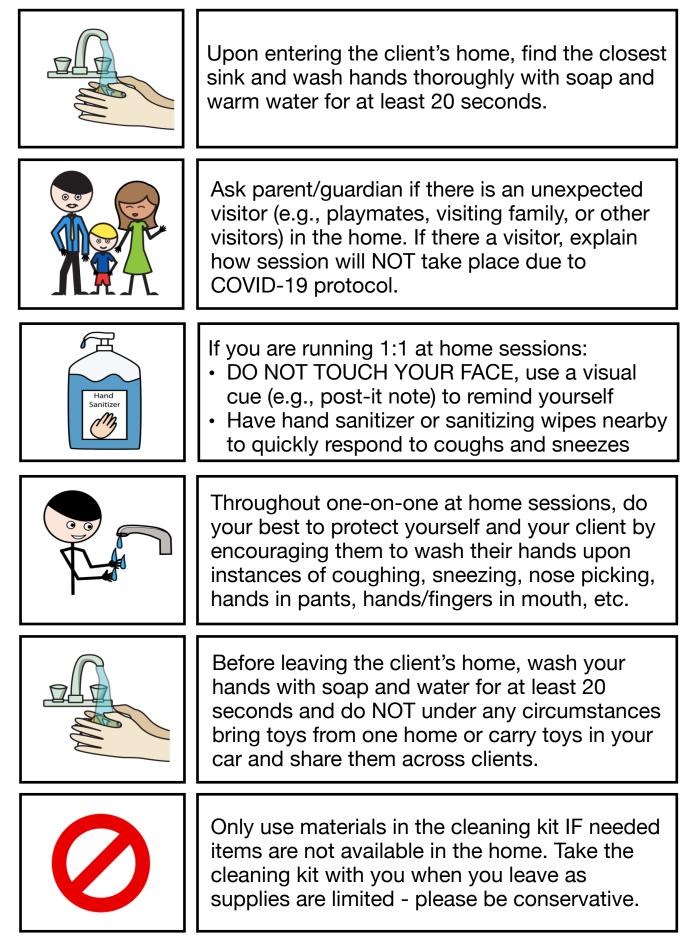
COVID-19 PREVENTATIVE STEPS



COVID-19 THERAPIST LOG

DATE/ INITIALS	ARRIVAL HAND WASH?	VISITOR CHECK/CLIENT FEELING WELL?	AVOIDED HAND-TO- FACE?	SUPPORTED CLIENT HYGIENE?	DEPARTURE HAND WASH?	LEFT WITH SANITIZER KIT?