

3A:54-6.19(f)2

Orientation training must be complete for newly hired substitute provider(s) and the alternate provider, if any, prior to caring for children.

**Checklist for Orientation Training**

Name of Substitute or Alternate provider: \_\_\_\_\_ Date hired: \_\_\_\_\_

<b>Orientation Topic</b>	<b>Provided by:</b>	<b>Date</b>
Provider's policies and procedures		
Name and ages of all children		
Any special needs or health concerns of enrolled children		
Any nutrition needs of enrolled children		
Planned program of activities		
Location of emergency contact information		
Procedures for emergency preparedness		
Mandatory reporting of child abuse and neglect		

Signature of employee: \_\_\_\_\_

Date training was complete: \_\_\_\_\_