

**ORIENTATION RECORD
EMERGENCY-USE SUBSTITUTE**

Substitute Name: _____

Licensee Name: _____

Orientation Topic	Date of Training	Initials of Substitute	Initials of Licensee
LICENSING REGULATIONS			
LICENSEE'S POLICIES ON: <ul style="list-style-type: none"> • Positive behavior management • Routine and emergency health care including allergic reactions • Health exclusions for children • Release of children • Food and meals 			
PROCEDURES: <ul style="list-style-type: none"> • Daily routines/schedule • Child accident & injury reports • No administration of medication, unless certified • Safety and sanitation • Emergency preparedness and disaster/evacuation plan 			
NOTIFICATION if child has a special health concern or allergy			
SAFE SLEEPING PRACTICE/SIDS , if applicable			
CHILD ABUSE AND NEGLECT: <ul style="list-style-type: none"> • Recognition of the symptoms of child abuse and neglect • Delaware Code reporting requirements 			
CHILDREN'S FILES: <ul style="list-style-type: none"> • Location and contents • Confidentiality for all families 			
AUTHORITY TO INSPECT: <ul style="list-style-type: none"> • Office of Child Care Licensing • Free access for parents • Other state agencies 			

I have been given orientation training with the opportunity to ask questions and receive clarification.

Substitute Signature

Date