

**ORIENTATION RECORD  
NON-EMERGENCY USE SUBSTITUTE (FCCH/LFCCH) & STAFF (LFCCH)**

**Substitute/Staff Name:** \_\_\_\_\_

**Licensee Name:** \_\_\_\_\_

Orientation Topic	Date of Training	Initials of Substitute	Initials of Licensee
<b>LICENSING REGULATIONS</b>			
<b>LICENSEE’S POLICIES ON:</b> <ul style="list-style-type: none"> <li>• Positive behavior management</li> <li>• Routine/emergency health care and allergic reactions</li> <li>• Health exclusions for children</li> <li>• Release of children</li> <li>• Food and meals</li> </ul>			
<b>PROCEDURES:</b> <ul style="list-style-type: none"> <li>• Daily routines/schedule</li> <li>• Child accident and injury reports</li> <li>• Administration of medication</li> <li>• Safety and sanitation</li> <li>• Emergency preparedness and disaster/evacuation plan</li> </ul>			
<b>NOTIFICATION</b> if child has special health concern or allergy			
<b>HEALTH AND SAFETY TRAINING:</b> <ul style="list-style-type: none"> <li>• Safe sleep practices including prevention of sudden infant death syndrome, if applicable</li> <li>• Prevention of shaken baby syndrome and abusive head trauma</li> <li>• Prevention of and response to food allergies</li> <li>• Prevention and control of infectious diseases, including immunization</li> <li>• Building and physical grounds safety;</li> <li>• Storage of hazardous materials and biocontaminants</li> <li>• Safety measures in transporting children, if applicable</li> </ul>	<b>Certificate(s) required</b>		
<b>CPR AND FIRST AID</b>	<b>Certificates required</b>		
<b>ADMINISTRATON OF MEDICATION TRAINING</b>	<b>Certificate required</b>		
<b>CHILD ABUSE AND NEGLECT:</b> <ul style="list-style-type: none"> <li>• Recognition of the symptoms of child abuse and neglect</li> <li>• Delaware Code reporting requirements</li> </ul>	<b>Certificate required</b>		
<b>CHILDREN’S FILES:</b> <ul style="list-style-type: none"> <li>• Location and contents</li> <li>• Confidentiality for all families</li> </ul>			
<b>AUTHORITY TO INSPECT:</b> <ul style="list-style-type: none"> <li>• Office of Child Care Licensing</li> <li>• Free access for parents</li> <li>• Other state agencies</li> </ul>			

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

\_\_\_\_\_  
Substitute/Staff Signature

\_\_\_\_\_  
Date