

## ORIENTATION TRAINING VERIFICATION FORM

Name: \_\_\_\_\_ Program Name \_\_\_\_\_

| Required Training Topic Areas   | Date Of Training | Training Content/Training Name | Employee Signature | Director/Provider Signature |
|---|------------------|--------------------------------|--------------------|-----------------------------|
| 1. Prevention and control of infectious diseases  |                  |                                |                    |                             |
| 2. Prevention of sudden infant death syndrome and use of safe sleeping practices              |                  |                                |                    |                             |
| 3. Administration of medications  |                  |                                |                    |                             |
| 4. Prevention of and response to emergencies due to food and allergic reactions               |                  |                                |                    |                             |
| 5. Building and physical premises safety  |                  |                                |                    |                             |
| 6. Prevention of shaken baby syndrome and abusive head trauma                                 |                  |                                |                    |                             |
| 7. Emergency preparedness and response planning   |                  |                                |                    |                             |
| 8. Handling and storage of hazardous materials and appropriate disposal of bio-contaminants   |                  |                                |                    |                             |
| 9. Child Development  |                  |                                |                    |                             |
| 10. For providers that offer transportation, appropriate precautions in transporting children |                  |                                |                    |                             |
| 11. Reporting child abuse and neglect   |                  |                                |                    |                             |
| 12. First aid   |                  |                                |                    |                             |
| 13. CPR   |                  |                                |                    |                             |

Date all orientation topics were fully completed: \_\_\_\_\_

Staff Signature \_\_\_\_\_ Director/Provider Signature \_\_\_\_\_

Additional information and instruction located on the back of the form.

### **Family Day Care Providers**

- **Orientation training in the categories listed on this form, is to be completed within three months after the date a new family day care provider becomes registered. This requirement also applies to helpers, substitutes and volunteers involved in the program.**
- **Current providers, helpers and substitutes must meet this new requirement by July 1, 2017.**
- **In addition, for current providers, helpers, and substitutes, training that was obtained in 2015 or in 2016 in the required topic areas, may count toward meeting orientation requirements. If using previous training to count toward meeting this requirement, you can use this form to document the prior training. Verification of completing the training must be attached to this document such as a certificate of completion, a current CPR certification card, etc. Present the information to the licensing specialist at the time of your next inspection. If there is no verification, the training will not count toward meeting this requirement and the provider, helper or substitute will need to obtain the training before July 1, 2017.**

### **Day Care and OST Programs**

- **Orientation training, in the categories listed on this form, is to be completed within three months after the date a new director or staff person becomes employed or who is volunteering at the licensed program.**
- **Current directors and staff must meet this new requirement by July 1, 2017.**
- **In addition, for current directors and staff, training that was obtained in 2015 or in 2016 in the required topic areas, may count toward meeting orientation requirements. If using previous training to count toward meeting this requirement, you can use this form to document the prior training. Verification of completing the training must be attached to this document such as a certificate of completion, a current CPR certification card, etc. Present the information to the licensing specialist at the time of your next inspection. If there is no verification, the training will not count toward meeting this requirement and the director or staff will need to obtain the training before July 1, 2017.**

**Contact your licensing specialist with any questions you have regarding training.**