Staff Orientation Verification

Child Care Center (COMAR 13A.16.06.02) and Large Family Child Care Home (COMAR 13A.18.06.02) state, "On or before assignment, an operator shall ensure and document that each employee and staff member has been informed in writing about all areas pertinent to the health and safety of the children. . ."

Facility Name/Operator
has informed me, in writing, of the following regulatory requirements pertinent to child health and safety in Child Care Centers OR Large Family Child Care Homes, as applicable
Check one: Child Care Center Large Family Child Care Home
(Check each item discussed below)
1. Location of the following:
 A. Telephone and emergency telephone numbers. B. First aid supplies. C. Emergency forms for children in care. D. Emergency on-call adults and staff who are required to be available to provide emergency coverage.
2. Medication administration and the identity of staff members who have completed approved training in medication administration.
3. ☐ Individuals who have been trained and hold a current certificate in First Aid and CPR.
4. Modified diet information, if applicable.
5. Emergency evacuation procedures and disaster plan.
6. Child discipline policy.
7. Authorized child release procedures.
8. Procedures for documenting and reporting injuries and accidents.
9. Approved hand washing and diapering procedures.
10. Requirements and procedures for reporting suspected child abuse and neglect.

11. Signs and symptoms of child abuse and neglect.	
12. Supervision appropriate to age and activity.	
13. Community resources available to the family of a ch	ild who may have special needs.
14. Other Information:	
15. The content of the most current edition of the COM Care Centers or COMAR 13A.18 Large Family Child Country may be accessed on the Maryland State Depart	Care Homes, as applicable.
website at: www.marylandpublicschools.org/MSDE/divisions	
16. During the absence of the operator, a substitute is respective the requirements of the regulations that include:	
☐ Supervision and protection of each child in care.	
Operation of the facility.	
I received an orientation about the above items on	Date
Printed name of the Employee/Staff Member	Position
Signature of Employee/Staff Member	Date
Signature of Operator	 Date

Please place completed form in employee record.