

Volunteers and Substitutes Orientation Checklist

Procedure

Use this checklist to orient substitutes and volunteers (defined as in the classroom once a month or more). Confirm that the required information is completed by dating and initialing each step as it is completed. Maintain this checklist for 3 years.

Name of Volunteer/Substitute _____

Name of staff member verifying completion _____ Initials _____

Date Completed	Initials	Requirements
		Criminal Background Check
		Food Handler's Card (if preparing food)
		Complete a one-step Mantoux tuberculosis (TB) skin test unless there is written proof of one of the following: <ul style="list-style-type: none"> Negative Mantoux TB test in the 12 months prior to volunteering Medication therapy to treat TB A recent negative chest x-ray and a statement from a health care provider that the volunteer does not pose a risk to others.
Date Completed	Initials	Overview of Policies
		<i>Child Abuse and Neglect</i>
		<i>Community Feedback and Complaint</i>
		<i>Drug- and Alcohol-Free Workplace</i>
		<i>Equity, Inclusion, and Classroom Celebration</i>
		<i>Safe Arrival and Departure</i>
		<i>Standard of Conduct: Active Child Supervision</i>
		<i>Standard of Conduct: Child Guidance and Support</i>
		<i>Standard of Conduct: Confidentiality</i>
		<i>Tobacco- and Smoke-Free Environment</i>
Date Completed	Initials	Emergency Procedures
		Emergency phone numbers and how to dial out, posted by the telephone
		Location of fire extinguisher, fire drill procedures, and evacuation routes
		Location and contents of first aid kit
		Universal Precautions Procedure
		Location of Child Health Plans (for substitute staff only)
		All Hazard Preparedness plans
Date Completed	Initials	Preparations
		Explain check-in procedures for the school and the classroom <ul style="list-style-type: none"> ECEAP: Volunteer Sign-In Sheet Head Start: In-Kind Volunteer Services Sign-In Sheet and In-Kind Professional Services Donations (whenever applicable)
		Show where to put belongings, where adult bathroom is located, where to take breaks, etc.
		Introduce volunteer or substitute to other staff and children
		Discuss classroom expectation, who to go to for questions or concerns, etc.

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Date Completed	Initials	Classroom and Children
		Daily schedule
		Information about the different learning areas of the room
		Toileting routines and bathroom supervision
		Information specific to health and safety of children (e.g. special needs, food allergies)
		Family style meal service
		Sanitation and safety
		Basic food handling procedures – sanitizing, washing hands, wearing gloves for food handling, etc.

I, _____, have completed all the requirements, have reviewed and understand all policies, procedures, and philosophies. I agree to participate in the Early Learning classroom with the understanding of the above.

Signature

Date