

# O is for Organization

Developing Forms, Checklists and Systems to Manage Your Program

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**Objectives:**

- Examine** Examine OCC requirements for information and record keeping,
- Explore** Explore options for forms and checklists related to managing your program
- Develop** Create a annual checklist for managing the requirements and responsibilities for running your program

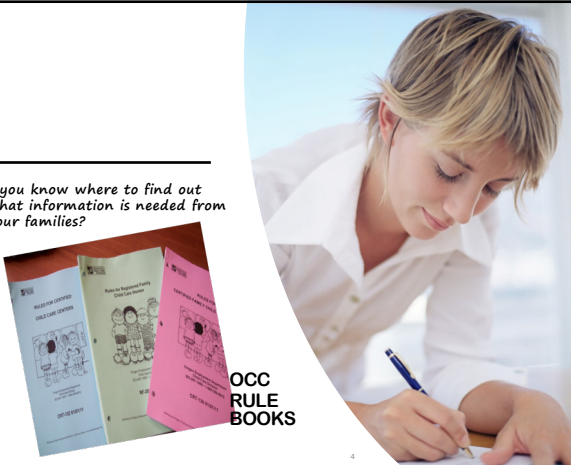
2

*Reflection*

What do you worry about when it comes to running your business?

3

*Do you know where to find out what information is needed from your families?*



**OCC  
RULE  
BOOKS**

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Do you know....  
 What records you need to have and keep?,  
 What you need to post?  
 What needs to be available in writing?

**Activity: Using your rule book, find the record keeping requirements for enrollment.**

Forms that contain required information

RF pages 27-28  
 CF pages 13-14  
 CC page 18

<https://oregonearlylearning.com/resources-programs#rfresources>

Sample emergency form



**Emergency Authorization Form**

Child's Name		
Date of Birth		
Child resides with: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both parents <input type="checkbox"/> Guardian		
<b>Mother or Guardian</b>		
Home Phone	Father or Guardian	
Work Phone	Home Phone	
Cell Phone	Work Phone	
E-mail Address	Cell Phone	
	E-mail Address	
<b>Names of friends or relatives to call if you cannot be reached</b>		
Name	Relation to child	Phone No.
Name	Relation to child	Phone No.
<b>Doctor to be called in an emergency</b>		
Insurance Company	Phone No.	
	Insurance Policy Number	
<b>Dentist to be called in an emergency</b>		
Insurance Company	Phone No.	
	Insurance Policy Number	

Hints

Separate folder for forms

• Attach pictures

Staff too

Authorized pick-ups



Who is authorized to pick up your child?

These people are authorized to pick up my child/children

Name	Relationship

I understand that this is the list you will use to see who is authorized to pick up my child.

Please check one:

- We agree that either of the signers below is authorized to add or delete names from this list.
- We agree that both parent's/guardian's signatures are required to add or delete names from this list.

Date: \_\_\_\_\_  
 Parent 1: \_\_\_\_\_  
 Parent 2: \_\_\_\_\_

Infant/toddler info sheet



Infant/Toddler Information		
Child's Full Name	Nickname	
Date of Birth	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
<b>Health History</b>		
Does your child seem well most of the time? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is your child taking any medications now? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list and explain for what purpose:		
In a year, has your child had 3 or more ear infections, or colds or sore throat infections with a fever? <input type="checkbox"/> Yes <input type="checkbox"/> No		
What arrangements have you made for the care of your child should he/she become ill while in child care?		
Does your child have any health-related or other needs that you would like us to be aware of?		

# Attendance Sheets

RF page 28  
CF page 14-15  
Cc page 20

Weekly Attendance Sheets

Week of 200

Child name	Monday		Tuesday		Wed.		Thurs.		Friday	
	In	out	In	out	In	out	In	out	In	out
1.										
2.										
3.										
4.										
5.										
6.										
7.										
8.										
9.										
10.										
Staff name										



# ACCIDENT REPORT DATE \_\_\_\_\_

Child's name \_\_\_\_\_

What happened?  
\_\_\_\_\_

Where did it happen?  
\_\_\_\_\_

Who was present?  
\_\_\_\_\_

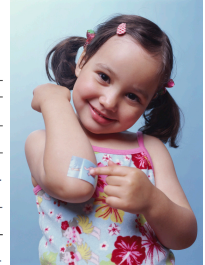
What did you do?  
\_\_\_\_\_

\*Injuries requiring the attention of licensed health care professionals must be reported to CCD within 7 days.

Staff sign: \_\_\_\_\_

Parent sign \_\_\_\_\_

RF page 28  
CF page 15,32  
CC page 20, 57



# Serious injury

## Injury Report Form

\*Injuries requiring the attention of licensed health care professionals must be reported to CCD within 7 days

Child's Name: \_\_\_\_\_ Date of injury: \_\_\_\_\_ Time of injury: \_\_\_\_\_

Where did the injury occur?

- Classroom  Bathroom  Kitchen  Hallway  Stairway
- Playground  Other: \_\_\_\_\_

Was there equipment involved in the injury?  Yes  No If yes, what equipment? \_\_\_\_\_

Who was supervising the child at the time of injury? \_\_\_\_\_

Any other adult witnesses?  Yes  No If yes, list name(s): \_\_\_\_\_

Description of injury: \_\_\_\_\_

Description of any first aid measures given: \_\_\_\_\_



# Medication permission



## Medication Authorization

Child's name \_\_\_\_\_ Date \_\_\_\_\_

- Child Care Division Regulations regarding medicine
- No prescription medication or non-prescription medication including but not limited to pain relievers, antacids, cough syrup, diarrhea and first aid ointments or ointment drops, may be given to a child except under the following conditions:
1. A signed, dated, written authorization by the parent is on file.
  2. The medication is in the original container and labeled with the child's name, name of drug, dosage, directions for administering, date and physician's name.
  3. Prescriptions (other medication) is in the original container, labeled with the child's name, dosage, and directions for administering and.
  4. A written record of all medications administered listing, as a minimum, the name of the child, type of medication, the signature of the person administering the medication, date, time and dosage given, shall be kept.
  5. All medication shall be accurate in a tightly - capped container with a child-proof lock or lock not intended so that they are not accessible to children.
  6. Medication requiring refrigeration shall be kept in the refrigerator in a separate tightly covered container with a child-proof lock or lock, clearly marked medication.
  7. Parents shall be informed daily of medication administered to their child.

I authorize \_\_\_\_\_ to dispense this medication in accordance with the administration information

Signature \_\_\_\_\_ Date \_\_\_\_\_

Medication \_\_\_\_\_ Dosage \_\_\_\_\_ Time to be given \_\_\_\_\_

Possible side effects \_\_\_\_\_

Dates to be given from \_\_\_\_\_ to \_\_\_\_\_

Medication given by: \_\_\_\_\_ Dosage \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

RF page 20,21,28  
CF page 15,32  
CC page 21





## Field trips

RF  
CF page 14  
CC page 19



### Field Trip Permission Form

I, \_\_\_\_\_ (parent), give permission for \_\_\_\_\_ (the provider)  
to take \_\_\_\_\_ (child)  
on a field trip to \_\_\_\_\_  
on \_\_\_\_\_ (date of trip).

We will be leaving at \_\_\_\_\_ and returning at \_\_\_\_\_

Cost is \$ \_\_\_\_\_

Please bring \_\_\_\_\_

Parent or legal guardian's signature \_\_\_\_\_ Date \_\_\_\_\_

Return this form by \_\_\_\_\_



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## Sunscreen authorization for \_\_\_\_\_ child's name

Office of Child Care allows us to apply sunscreen to children in care under the following conditions:

- We have written authorization.
- We reapply sunscreen every 2 hours while your child is exposed to the sun.
- We cannot use aerosol sunscreens.

### Please check one

- RF page 21  
CF page 32-33  
CC page
- I authorize \_\_\_\_\_ to apply program provided sunscreen to my child as needed. I understand I can inspect this product and check the active ingredients.
  - We are using \_\_\_\_\_ SPF \_\_\_\_\_
  - I will provide our own sunscreen labeled with my child's name and understand it will be used only for my child.

Parent Signature \_\_\_\_\_ date \_\_\_\_\_



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OCC info required  
to be posted

RF page 10  
CF pages 11-12  
CC page 15

## What needs to be posted

- Current certificate
- Evacuation plan
- Notice of communicable disease outbreak
- All serious complaints and non compliance letters for 12 months
- Emergency numbers on or near phone
- Notice of items available for review
  - Guidance plan
  - Current week's menu
  - Description of general routine
  - Info on how to report complaint
  - Early Learning Division website and statement about child care safety protocol



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## What needs to be available for review or in writing

- OCC rules
- OCC inspection report
- Sanitation report
- Life Safety Self Evaluation
- Emergency Plan



## OCC Notice



### NOTICE

**The following items are available for review:**

- The guidelines/philosophy policy
- The current week's menus, with substitutions recorded
- The description of the general outline
- Office of Child Care Inspection Report
- Health Department Inspection Report
- Fire Life Safety Self Evaluation (if applicable)
- Office of Child Care Rules

\*Please see your provider to review these items.

**How to report a complaint:**

Please discuss your concern with your child's provider. If you continue to have concerns, contact the office of Child Care Licensing operations.

You may also contact the Office of Child Care Central Office: 1-800-554-6515

Information about your Child Care Provider is available at:  
[www.oregon.gov/education/Child\\_Care\\_Safety\\_Portal](http://www.oregon.gov/education/Child_Care_Safety_Portal)



**Please note:**

- This notice is open to all certified parents at any time their child is in care.
- Parents should be notified of the day and time of each planned field trip away from the child care home.
- Parents should be notified of all child care notifiable disease as defined by the Oregon Health Authority.
- OCC does not intervene in housing matters.

## Notice of available to review

**Welcome to  
Certified Family Preschool**

Hours of Operation:  
7:30 AM to 4 PM

**The following information is available for review on request:**

- Our most recent OCC inspection visit
- Health Dept inspection report
- Fire Life Safety Self Evaluation (if applicable)
- Guidance/Discipline Policy
- Current meals menu with substitute menu
- The childcare routine of our program

We are licensed by the Office of Child Care (OCC) of the Department of Education. If you would like more information on our licensing requirements a copy of the "Rules for the Certification of Certified Family Child Care" is available for review by email or in person.

**To register a complaint:**

- Please discuss your concern with your child's provider or the owner first.
- If the problem is not resolved, or you are uncomfortable discussing the issue with the provider, contact the Child Care Licensing Specialist.
- If you want to report a complaint to the Child Care Division regarding certification requirements call the OCC at 503-546-7222.
- Information about your Child Care Provider is available at [www.oregon.gov/education/Child\\_Care\\_Safety\\_Portal](http://www.oregon.gov/education/Child_Care_Safety_Portal)

\*Please note that the Office of Child Care does not intervene in housing matters. We are open to all certified parents of any time your children in our care without advance notice.

Our program is closed for the following holidays:  
 New Year's Day and New Year's Day, Martin Luther King Day, Memorial Day, Fourth of July, Labor Day, Veterans Day, Thanksgiving and the day after Thanksgiving and the week of Christmas. We are also closed for a few in-service/teacher training days and for a provider rotation as noted in your contract. We will notify you at least 2 weeks in advance of these holidays.



RF page 25  
CF  
CC page 37,38

## Emergency numbers



### Emergency Telephone Numbers

Police, Fire or Ambulance Emergency	911
Non-emergency police number	
Non-emergency fire Dept.	
Health Dept.	
Public Health/Advice Nurse	
Poison Control	
Closest Hospital	
Address	

Stay Calm  
Give the address of where you are at

You are at:	In case of emergency call Owner/Director
Address	Cellphone
Phone	

RF page 24  
 CF page 15,30  
 CC page 21,37-38

Evacuation plan  
**NEW REQUIREMENTS ADDED**

### EMERGENCY PROCEDURES

#### FIRE

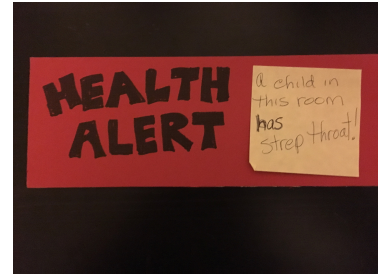
1. Ring Fire Alarm. Director to call 911
2. Check bathrooms and concealed areas in classrooms
3. Exit with children and attendance sheet to designated area
4. Take attendance. Director or person in charge takes Emergency Book outside

#### EARTHQUAKE

1. IF INSIDE, stay inside. Take cover under tables or against inside wall. Stay away from windows. If building is damaged, evacuate immediately. IF OUTSIDE, stay outside.
2. Take attendance. Check for injuries. Do not move seriously injured unless in immediate danger.
3. Check utilities. Director to turn off all utilities if necessary.
  - If gas is smelled, turn off gas valve. Leave immediately and go to evacuation site.
  - If electrical wires are shorting out, shut off current at electrical box.
  - If water pipes are damaged, shut off main valve.

**EVACUATION SITE:** If evacuation is necessary take children to Vernon Elementary across the street. If this facility is closed or needs to be evacuated then we will relocate to Portland Fire Dept. across the street by Alberta Park at 1905 NE Killingsworth Ave. 503-823-3700.

Need to post



- Notice of planned field trips (centers)
- Notice when there is a communicable disease outbreak

## Menu

RF page 12  
 CF page 12  
 CC page 21

Menu			
Monday	Tuesday	Wednesday	Thursday
Breakfast	Breakfast	Breakfast	Breakfast
2% Milk	2% Milk	2% Milk	2% Milk
Snack	Snack	Snack	Snack
Lunch	Lunch	Lunch	Lunch
2% Milk	2% Milk	2% Milk	2% Milk
Snack	Snack	Snack	Snack

## Daily Routines

RF page 17  
 CF page 15,37  
 CC page 21,57





# Positive guidance plan

RF page 15  
CF page 12,41  
CC page 16,60



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## When you write your Guidance plan, think about Positive Guidance

**Techniques**-Children's behavior can be thought of as an opportunity to teach them positive behavior techniques. As providers we must remember children have only been around on the planet for a few years and may not fully understand all of the rules yet. Imagine being in a game where you didn't know the rules and were punished every time you made a wrong move. As adults we understand the importance of respect among peers. This concept should be extended to children. Guidance should

1. Encourage praise and positive reinforcement
2. Teach coping skills and discourage inappropriate behavior
3. Teach children necessary life skills
4. Ensure that the expectations of children are well established and clear to all who enter the program
5. Be fair, consistent and calm
6. Have realistic expectations
7. Focus on prevention of inappropriate behavior

### Sample #1



**DISCIPLINE PLAN** Our goal is to develop happy, well adjusted children who can control their own behavior and take responsibility for their actions. We want to develop children's ability to play and work cooperatively with others, promote independence in solving problems and help them to

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## Plan for activities

RF page 17  
CF page 37  
CC page 21



### Activity Plan for Week of \_\_\_\_\_

<b>Small group activities</b>			
<b>Creative art</b>			
<b>Story/books</b>			
<b>Music/mov't</b> Songs, games finger plays			

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Some optional forms |

# Infant toddler daily report

Child's name \_\_\_\_\_ Date \_\_\_\_\_

Diaper changing/soiling

7	8	9	10	11	12
1	2	3	4	5	6

We Wet  D-Dry  BM-Bowel movement  T-Tried to potty  P-Frosted potty

Today your child ate/drank: (check all that apply)

Bottle	Milk	Other	Tea	Infused	Notes
Time					
Breakfast					
Mid lunch					
Lunch					
Pre noon					

Special Activities we did today \_\_\_\_\_

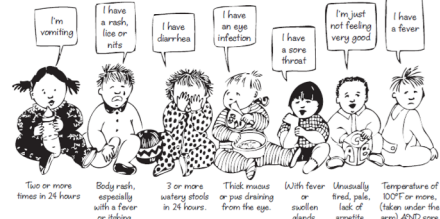
Napped from \_\_\_\_\_ to \_\_\_\_\_ Slept well \_\_\_\_\_ restless \_\_\_\_\_ not at all \_\_\_\_\_

Notes: \_\_\_\_\_



Save paper and use a wipe off board

# KEEP ME HOME IF...



Two or more times in 24 hours  
Body rash, especially with a fever or itching. Use or nits.  
3 or more watery stools in 24 hours.  
Thick mucus or pus draining from the eye.  
With fever or swollen glands.  
Unusually tired, pale, lack of appetite, irritability, or cranky.  
Temperature of 102°F or more, (taken under the arm) AND sore throat, rash, or crampy, vomiting, diarrhea, or sore or just not feeling good.

## WHEN YOUR CHILD IS SICK:

1. HAVE PLANS FOR BACK UP CHILD CARE.
2. TELL YOUR CAREGIVER WHAT IS WRONG WITH YOUR CHILD, EVEN IF YOUR CHILD STAYS HOME.

Public Health  
Seattle & King County



# SIGN FOR WINDOW

## ALTERNATE SAFE LOCATION

If an emergency should occur and we need to evacuate this building we will go to the following location and notify parents:

Vernon Elementary (across the street)

NE Killingsworth Ave.

If school is not in session the backup evacuation site is:

Portland Fire Dept. (across the street by Alberta)

NE Killingsworth Ave.

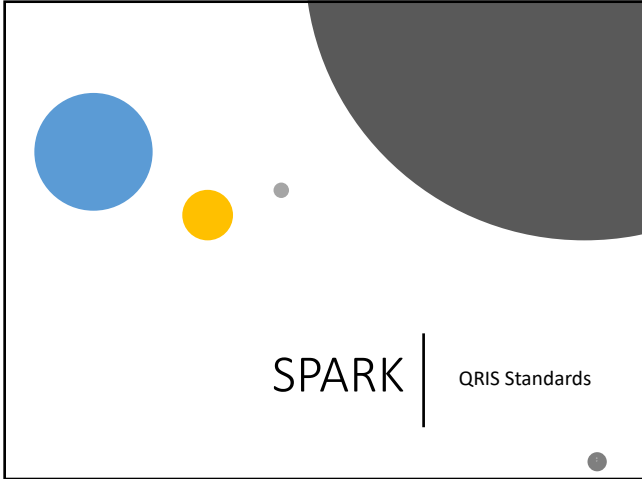
503-823-3700-Station 14

FOR AFTER HOURS EMERGENCIES

CALL 000-765-4321

RESOURCE ON [www.carolmpdx.com](http://www.carolmpdx.com)

Enrollment form	FORMS with information required by the Office of Child Care Rule book		
	Registered Family	Certified Family	Centers
Info needed: Name, birth date, date entered care, name home and business address and phone no. of custodial parents, school attended by school age child, name and phone of medical providers, emergency name and phone contacts and name and phone number of person child can be released to.	pg. 20-27, 30-34, Center, 15	Maintain separate information and authorization forms on each child pg. 39	Need before enrollment: schedule of feeding, types of food introduced and tolerated, toileting and diapering schedule, sleep schedule, child age to communicate and be comforted, developmental and health history pg. 11
Infant/Toddler info sheet			Need before enrollment: schedule of feeding, types of food introduced and tolerated, toileting and diapering schedule, sleep schedule, child age to communicate and be comforted, developmental and health history pg. 11
Emergency medical form	Must have written authorization from parents to obtain emergency medical treatment for child. Need info on chronic health problems, etc. allergies pg. 27, 28	Must have written authorization from parents to obtain emergency medical treatment for child as a form accepted by the medical treatment facility used pg. 14	Written authorization from parent before admission: permission to obtain emergency medical treatment as a form accepted by the medical treatment facility used and immediately accessible to all staff. Permission to call an ambulance or take a child to medical treatment pg. 15
attendance	Keep daily attendance with arrival and departure times pg. 28	Keep daily attendance with arrival and departure times for children on pg. 14-15	Need daily attendance showing time of arrival and departure. And current day attendance maintained in power format pg. 20
injury/accident report	Keep record of injuries pg. 20 Injuries must be informed pg. 21	Keep written report of injury or death pg. 20 Written record of injuries or accidents pg. 21	Keep written records of injury or death pg. 20 Written record of injuries or accidents reported to parent on day it happens pg. 46
Medication	Report to ODC within 7 days if injury required attention from a licensed health care professional; death notify within 48 hrs. Must be obtained daily pg. 21 Need written permission pg. 20	Keep record of medication administered Must be informed daily pg. 20-22	Keep written record. Need signed, dated, written authorization on file pg. 42
Field trips	Keep record of medical administration pg. 22-23	Permission to participate pg. 44	First notice of planned field trips, news from neighborhood showing date & place of each excursion pg. 37



## QRIS: Family Partnerships

Standards Page - Family Partnerships (FP)

**Standard FP1** The program uses family input and feedback to guide program planning and policy decisions.

The program surveys families once a year in their preferred language and uses their input in making program and policy decisions.

**Evidence:**

- ★ QRIS Family Survey Score sheet, on which responses from 50% or more of the families have been summarized.
- ★ Written example of how the program responded to family input from the survey.

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★ The program collects information on an ongoing basis to make program and policy decisions, using email, suggestion box, notebooks, etc.

**Evidence:**

## QRIS: Family Partnerships

**Standard FP2** The program meets the individual needs of children through mutually respectful, two-way communication with families.

<b>3 Star Indicator:</b>	The program collects information from families upon enrollment and provides a method for communicating changes. The information includes: work schedules, primary caregivers, other caregivers, parent or child health issues, and family members living in the home. <b>Evidence:</b> Average score of 3 or higher on question #2 on the Family Survey. <b>and</b> ★ Written description of how changes in family information are updated.
<b>4 Star Indicator:</b>	Families are consulted about their child's interests and preferences, informed about their child's progress, and encouraged to contribute to learning and development goals at least once a year. <b>Evidence:</b> Average score of 3 or higher on question #3 on the Family Survey. <b>and</b> ★ Program policy on how families contribute to child's learning and development goals and share child interests at least once a year.

## QRIS: Family Partnerships

Standards Page - Family Partnerships (FP)

**Standard FP3** Families are encouraged to be regular and frequent participants in the program.

The program encourages all families to visit and observe at any time.

**Evidence:**

- ★ Average score of 3 or higher on question #5 on the QRIS Family Survey.

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★ The program learns about all families' cultural backgrounds, traditions, beliefs, home language, and interests, and requests ideas and/or suggestions from families for activities.

**Evidence:**

- ★ Average score of 3 or higher on question #6 on the QRIS Family Survey.

**SPARK FP3**

**PARENT INVOLVEMENT**

**GETTING TO KNOW YOU FORM** 

**Suggested Ideas for Parent Involvement**

The goal is to have partnership with our families. We want to work together to make our program a great place for children and families. There is a list of suggested ways you can participate. We welcome any additional ideas you may have!

- **Help us on a field trip**
- Respond to something being in our program
- Attend a story with the children
- Do a reading activity with the children
- Assist your child's teacher in a project
- Donate recycled paper or other college materials
- Help out in our garden
- Donate books, games, and art supplies
- Help fix something
- Give us the kind of home you like
- Share a hobby or special interest you have with the children
- Help plan an event
- Share your holiday celebration with us
- Organize a game or sports activity
- Help with our fundraisers
- Help with a community service event or activity
- Share what you do for work
- Donate to our wish list
- Help out and or share up a family event
- Ask us for our Parent Meetings
- Suggest ways we can improve?

Getting to Know You

It's nice to get to know you better. We want to work together to make our program a great place for children and families. We welcome any additional ideas you may have!

What message do you think it sends to our children?

Do you have any special talents or interests that you would like to share with the children in our program?

Are there any traditions in your family that you would like to share with our program?

We have diversity and celebrate every holiday. What are the most important holidays in your family? Are there any holidays you would like to share with our program?

Do you have any concerns about our program celebrating holidays?

How can we best receive information about your child? Email: \_\_\_\_\_, Telephone: \_\_\_\_\_, Home cell: \_\_\_\_\_

If we need to share some brief information with you, which time of the day would be best?

\_\_\_\_\_ at the beginning of the day when you drop off your child? OR \_\_\_\_\_ at the end of the day when you pick up your child?

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

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**Professional Action**

**Use your professional action sheet**

List of forms, postings or handouts you want to create or revise

<https://www.carolmpdx.com/forms-policies-handbooks>

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**Organizing your paperwork**

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**Storing forms**

Folder for each individual child	Can keep accident reports, permissions in folder
	Records are confidential
Store Emergency forms separately	Easily accessible
	Keep with you in vehicle or on FT

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## Storing forms

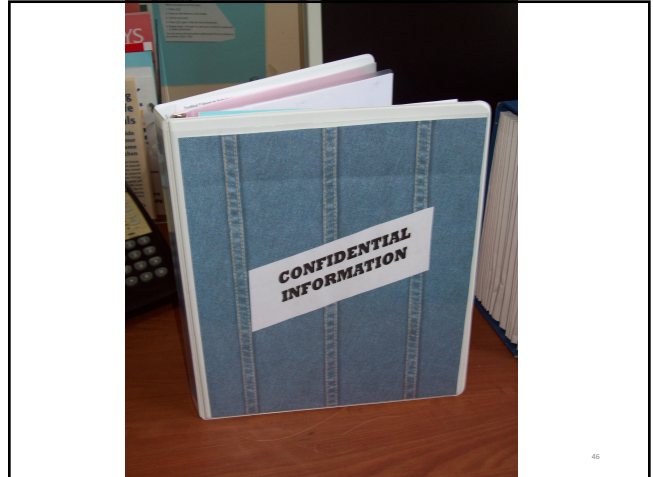
Keep menus, attendance sheets, accident reports and medication forms

3 weeks for menus for OCC

All other records RF 2yrs  
CF, CC 3yrs

<https://www.carolmpdx.com/forms-policies-handbooks>

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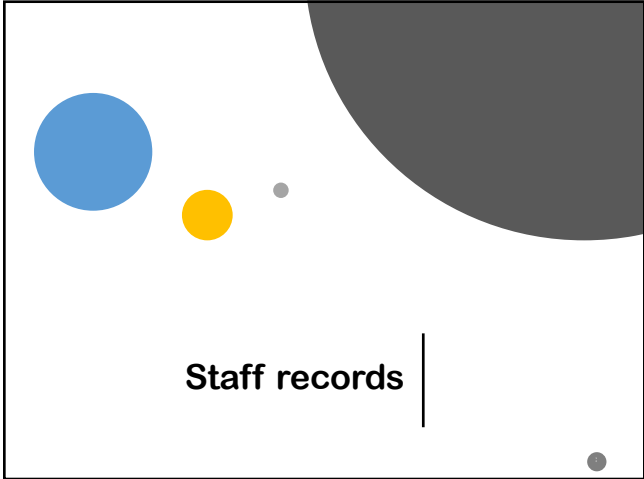
47



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# Business Records



<h3>Staff Records</h3>	<ul style="list-style-type: none"> <li>*Application  Employment checklist</li> <li>*Orientation form </li> <li>*References check </li> <li>*Staff qualification checklist </li> <li>*Training required</li> </ul> <p><i>*required</i></p>	<p>Job description Employee acknowledgement</p> <p>CF page 15 CC page 20</p>
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www.carolmpdc.com 51

<h3>Employment checklist</h3>	<p><b>Checklist to assist in hiring process</b></p> <p><b>New hire checklist for staff file</b></p> <p>Employee name _____</p> <p>Position _____</p> <p>Employment date starts _____</p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Application form signed</li> <li><input checked="" type="checkbox"/> Medical emergency form</li> <li><input checked="" type="checkbox"/> Central Background check # _____</li> <li><input checked="" type="checkbox"/> References checked #1 _____ #2 _____ #3 _____</li> <li><input checked="" type="checkbox"/> W-4 _____</li> <li><input checked="" type="checkbox"/> Employment Eligibility Form</li> <li><input checked="" type="checkbox"/> Drivers record check _____</li> <li><input checked="" type="checkbox"/> Personnel information: Starting salary _____</li> <li><input type="checkbox"/> City/Hours worked each week _____</li> <li><input type="checkbox"/> Lunch/Breaks _____</li> <li><input type="checkbox"/> Payroll info _____</li> <li><input type="checkbox"/> Benefits sheet             <ul style="list-style-type: none"> <li><input type="checkbox"/> Medical benefits begin next full month after 3 months _____</li> <li><input type="checkbox"/> Sick leave begins on _____</li> </ul> </li> <li><input checked="" type="checkbox"/> Employee acknowledgment signed _____</li> <li><input checked="" type="checkbox"/> Orientation completed date: _____</li> <li><input checked="" type="checkbox"/> Staff Handbook received _____</li> <li><input checked="" type="checkbox"/> Job description received _____</li> <li><input checked="" type="checkbox"/> Yearly Employee appraisal (professional development plan information) _____ 3 month review</li> </ul> <p>The following is a condition of employment.</p> <p style="text-align: right;"></p>
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www.carolmpdc.com 52

### CF Staff Qualifications

Date of hire \_\_\_\_\_  
 Start position \_\_\_\_\_ Last date worked \_\_\_\_\_  
 Rehire \_\_\_yes\_\_\_no\_\_\_

#### Meets Qualifications of

\_\_\_ Substitute Provider


Meets provider qualifications:  
 Have Food handlers card, CPR, First Aide, ICCHS, RRCAN  
 Have Substitute orientation of administrative rules and duties of a provider.  
 Worked at least 60 hours in program if licensed for over 12 children

**Assistant I (cannot be out of sight and sound of provider)**  
 At least 20 yrs old  
 Have on file documentation of an orientation and be familiar with policies and procedures  
 Have food handlers card

**Assistant II (can be out of sight and sound of provider)**  
 At least 28 yrs old  
 Have on file documentation of an orientation and be familiar with policies and procedures  
 Worked at least 60 hrs (3-4 hour blocks)  
 Have Food handlers card, CPR, First Aide, ICCHS, RRCAN

**Infant/toddler qualified**  
 Have 30 hours of training specific to infant and toddler care.  
 OR have a plan approved by CCD that shows how the training will be attained

YEARS	position	salary



**Staff Qualifications Verification sheet**

# Orientation forms

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### Staff Orientation Checklist

Employment date \_\_\_\_\_

Welcome to our program. As a new member of our team you will be offered ongoing support to assist you in learning our routines, policies and procedures. During your orientation period you will become familiar with the families and children in our program. You are expected to read our staff handbook and implement our policies.

**ORIENTATION TO OUR PROGRAM**  
 \_\_\_ Topics, materials and resources \_\_\_ Personal policies \_\_\_ Benefits  
 \_\_\_ OCE rules \_\_\_ Staff handbook \_\_\_ Professional Dev

**PROFESSIONALISM pg. 8-10**  
 \_\_\_ Staff relationships \_\_\_ Fidelity and reliability \_\_\_ Confidentiality

**HEALTH pg. 11-22**  
 \_\_\_ REPORTED REPORTS OF CHILD ABUSE \_\_\_ Reporting medication  
 \_\_\_ Illness \_\_\_ Accident reports/serious injuries \_\_\_ Changing charts/numbers  
 \_\_\_ Hand washing \_\_\_ General housekeeping policy pg \_\_\_ Lint and debris  
 \_\_\_ Universal precautions/bleed borne pathogens \_\_\_ No washing of soiled clothes  
 \_\_\_ Hand communication policy \_\_\_ Kitchen cleanliness  
 \_\_\_ Lunch routines \_\_\_ USDA food program \_\_\_ Family style meals

**SAFETY pg. 23-25**  
 \_\_\_ New family children \_\_\_ Arrival and departure routines and procedures  
 \_\_\_ Identify checks \_\_\_ Open and close procedures pg 19  
 \_\_\_ Safe entry/exit \_\_\_ Supervising discipline  
 \_\_\_ Fire drills/emergency procedures \_\_\_ Walk/Supervision  
 \_\_\_ Pushing Bay safety \_\_\_ Report safety hazards inside and out \_\_\_ Monitoring bathroom

**RELATIONSHIPS WITH CHILDREN pg. 26-28**  
 \_\_\_ Supervision \_\_\_ Stay by rules \_\_\_ Always in sight \_\_\_ Discipline policy

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### New Staff Orientation Training Certificate


The following staff person \_\_\_\_\_  
 (Print staff name here)

Has completed a new staff orientation at \_\_\_\_\_  
 (Print facility name)

Facility Name \_\_\_\_\_ Facility CCD License Number \_\_\_\_\_  
 Training Date \_\_\_\_\_ Training Hour(s) \_\_\_\_\_

Core Knowledge Category Program Management

Staff Hire Date \_\_\_\_\_



## Employee acknowledgement

### Employee Acknowledgement

**CAUSE FOR IMMEDIATE TERMINATION WITHOUT PRIOR WARNING**

- Deliberate or any kind
- Falsification of program records
- Reporting to work under the influence of alcohol or unlawful drug
- Misconduct such as willfully disobeying the instructions of a authorized person in charge or
- Derogatory conduct
- Gross disrespect to a parent or legitimate visitor
- Abuse treatment of a child
- No longer on the Central background registry

**CAUSES FOR DISCIPLINARY ACTION WHICH COULD RESULT IN TERMINATION AFTER PRIOR WARNING**

- Failure to perform work as required and instructed.
- Complaints from parents.
- Excessive tardiness or absenteeism.
- Giving our confidential information about parents, children or employees
- Failure to follow our discipline guidelines


**THE FOLLOWING ACTIONS ARE REGARDED AND ACCEPTED AS EMPLOYEE'S VOLUNTARY RESIGNATION OF HIS/HER EMPLOYMENT**

- Refusal of the job
- Refusal to work a scheduled shift
- Failure to work from an approved leave of absence as scheduled

These are guidelines and do not constitute a contract. This program reserves the right to EMPLOY AT WILL. This means that employees can be terminated with or without cause, and with or without notice at any time, at the option of this program.

I acknowledge that I have read and understand the above principal causes for discharge, disciplinary action and resignation.

EMPLOYEE'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_



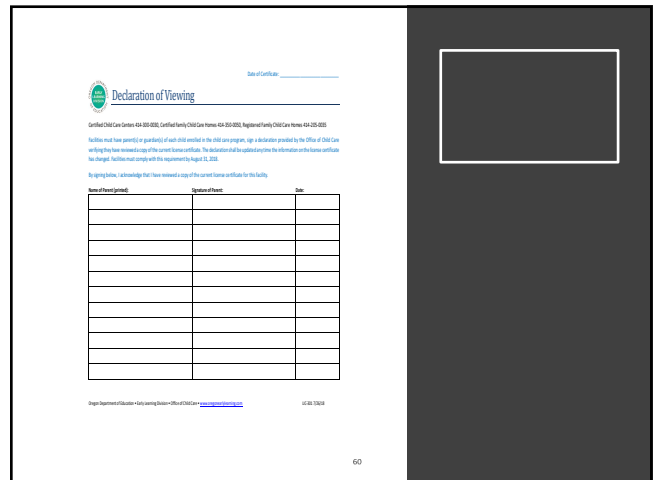
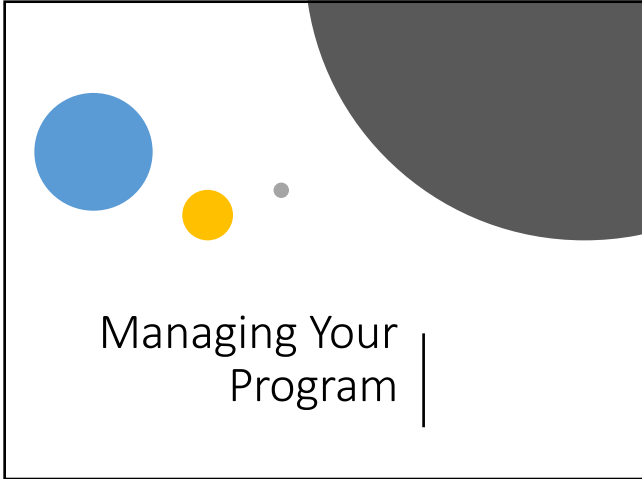
## Professional Action



### Use your professional action sheet

Are there any changes you need to make to your staff files?

<https://www.carolmpdx.com/staffing>



**WORKSOURCE CHILD CARE DIVISION** Child Care Emergency Drill Record Renewal Date: \_\_\_\_\_

Name of Facility: \_\_\_\_\_ Address: \_\_\_\_\_

Director/Provider: \_\_\_\_\_ # of Activity Rooms: \_\_\_\_\_ License Number: \_\_\_\_\_

Fire Drill	January	February	March	April	May	June	July	August	September	October	November	December
Date & Time												
Duration												
# of Children												
Comments												
Staff initials												
Other Drills	January	February	March	April	May	June	July	August	September	October	November	December
Type of Drill												
Date & Time												
Duration												
# of Children												
Comments												
Staff initials												

Please refer to OAR 414-300-01700(3)(c) and (c)(4) for the rules that apply to certified child care centers.  
Please refer to OAR 414-300-01700(3) for the rules that apply to certified child care homes.

RF  
CF page 15,30  
CC page 21,38 61

## Annual inspection for vehicles carrying 10 or more passengers

**VEHICLE SAFETY INSPECTION**

Inspection: At 12-month intervals, the licensee shall provide this form to the garage, detailing, with repair shop or other certified mechanic, the results of the annual inspection. An annual inspection shall be performed on every vehicle used for child care purposes. The licensee shall submit the completed form to the appropriate Child Care Licensing Service. Keep an original of this report on file for 12 months.

Facility Name: \_\_\_\_\_ License Number: \_\_\_\_\_

Regular Inspectors    Certified Inspectors    Certified Technicians    Registered Technicians

Inspector Name: \_\_\_\_\_ License Number: \_\_\_\_\_

Inspected Vehicle: \_\_\_\_\_

Inspected Company or Agency Name: \_\_\_\_\_ Inspector Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

VEHICLE SAFETY CHECKLIST	YES	NO	NOISE	YES	NOISE
1. Brakes			1. Air Intake		
2. Tires			2. Oil		
3. Steering			3. Spark Plugs		
4. Suspension			4. Water Pump		
5. Exhaust			5. Belts		
6. Lights			6. Hoses		
7. Horn			7. Windshield Wipers		
8. Windshield			8. Coolant		
9. Windows			9. Battery		
10. Mirrors			10. Fluid Levels		
11. Bumper			11. Tire Pressure		
12. Body			12. Wheel Nuts		
13. Door Latches			13. Tire Rotation		
14. Door Locks			14. Brake Pads		
15. Door Seals			15. Brake Rotors		
16. Door Hinges			16. Brake Lines		
17. Door Gaskets			17. Brake Master Cylinder		
18. Door Seals			18. Brake Slave Cylinder		
19. Door Locks			19. Brake Pedal		
20. Door Hinges			20. Brake Booster		
21. Door Seals			21. Brake Fluid		
22. Door Locks			22. Brake Pumps		
23. Door Hinges			23. Brake Lines		
24. Door Seals			24. Brake Pads		
25. Door Locks			25. Brake Rotors		
26. Door Hinges			26. Brake Lines		
27. Door Seals			27. Brake Master Cylinder		
28. Door Locks			28. Brake Slave Cylinder		
29. Door Hinges			29. Brake Pedal		
30. Door Seals			30. Brake Booster		

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Facility Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## Sample closing checklist

**SAMPLE 1**

**Pre-school Closing: Staff**

- Turn off heater
- Tables sanitized
- Chairs up or tucked
- Spray bottles to kitchen
- Straighten out classroom
- Lock back door

**Frogs 1 Staff**

- Sweep floor/wipe snack tables
- Tables sanitized
- 3 sliders locked with sticks

**K-A/S Closing: Staff**

- Tables sanitized and chairs up
- Spray bottles to kitchen
- Lock window/lock door (open on 1st)
- Flush toilets and water off
- Straighten out classroom

M	T	W	TH	F

\*KINDERGARTEN (K) TO 5 (K-5) AND 2 (K-2) ARE IN A PARTIAL DAY PROGRAM. ALL STAFF PERSONNEL GO TO AT-RISK AND ARE TO STAY THERE UNTIL TOLD TO LEAVE.

**When Law Court do before you leave:**

**Staff \_\_\_\_\_ or Staff \_\_\_\_\_**

- Wash dishes and put away if any
- TURN OFF DISHWASHER
- Lock 2 Kitchen sliders

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## Other Checklists

### Getting ready for the new school year/end of summer

**Your Classroom checklist** Checklist to be completed by the teacher.

Today is your day to transition your room from our summer program to the new school year. Please complete and return this at the end of the day.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_
11. \_\_\_\_\_
12. \_\_\_\_\_

Supplies I need: \_\_\_\_\_

Needs to be fixed: \_\_\_\_\_

### Cleaning Schedule

**Daily**

1. Empty all Trashcans and recycle bins
2. Empty diaper pail in toddler room
3. Vacuum all carpets and area rugs
4. Sweep and mop floor using neutral cleaner or disinfectant

**Classrooms, Kitchen and hallway**

1. Empty all Trashcans and recycle bins
2. Empty diaper pail in toddler room
3. Vacuum all carpets and area rugs
4. Sweep and mop floor using neutral cleaner or disinfectant

**Restrooms**

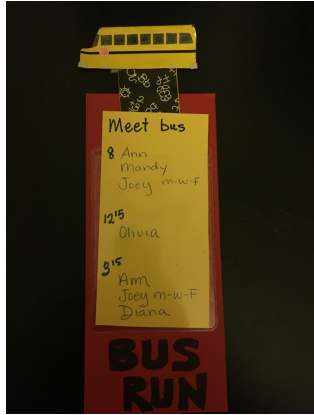
1. Clean and disinfect all toilets and urinal
2. Clean sinks and polish metal fixtures
3. Clean mirrors
4. Spot clean walls and partitions if needed
5. Restock paper towels or hand soap as needed

**Weekend extra**

1. Wash walls and partitions in bathroom
2. Remove fingerprints from door frames

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System to track children and bus pick ups



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System to keep families informed



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Maintenance	Jan	Feb	Mar	April	May	June	July	Aug
annual license renewal								
Annual Playground equipment inspection								
Fire alarm system inspection								
Check fire extinguishers								
Change smoke alarm batteries								
Fire Drills								
Inspect staff records								
check emergency forms								
ck medicine cabinet								
1 check first aide kits								
2 ck outlet covers								
3 facility management								
1 Detailed cleaning								
5 Shampoo carpets								
3 Strip/wax floors								
7 Wash windows								
3 Vehicle Annual inspection								
3 Vehicle oil changes								
Change furnace filters								
Sprink wood chips on playground								
2 DHS billing								
3 USDA food prog								
4 family gatherings								
5 Newsletter								
1 Fall open house								
7 Parent conferences								
3 survey								
Special events	snowman contest		make plates		yard cleanup	graduation		potlu
3								
3 Special person lunch		class #1	class #2	class #3				

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Activity

Create your own checklist

<https://www.carolmpdx.com/legal-and-regulatory-agencies>

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## In review.....

We examined

- requirements for information and record keeping
- explored options for forms and checklists and systems to store required paperwork
- Created your own annual checklist

Need more assistance?  
Call your local R&R

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## Professional Action

Complete  
your professional action plan

Share one thing you will do by the end of next week  
with the person sitting next to you.

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## Resources

<http://www.waehomecare.com/>

Resources: Legal and Regulatory Agencies  
Forms, Policies, Handbooks  
Staffing

\*Spark: <http://www.waehomecare.com/projects/Spark/SparkLearning>

OCC Rule Books

<http://www.waehomecare.com/child-care-rules/>

Redleaf Business Series: The Redleaf Complete Forms KIT for Family Child Care Providers

Seattle and King County Public Health

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July 2012

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