

DOCUMENTATION OF FCCH ORIENTATION
Additional Caregivers, Substitutes and Volunteers

Name of Employee _____ Date of Employment _____

Rule 10A NCAC 09 .1729(c): Each Family Child Care Home shall ensure that each caregiver, including substitutes and volunteers who are expected to provide care with children receives a **minimum of 16 clock hours of orientation prior to the individual caring for children.** The orientation pursuant to this Rule shall not be counted toward annual on-going training requirements.

Orientation Topics	Date	Hours	Provider
Recognizing, responding to, and reporting child abuse, neglect, or maltreatment pursuant to G.S. 110-105.4 and G.S. 7B-301.			
Review of the home's operational policies, including the written plan of care, safe sleep policy, transportation policy, identification of building and premises safety issues, the emergency medical care plan and the Emergency Preparedness and Response Plan.			
Adequate supervision of children.			
Information regarding prevention of shaken baby syndrome, abusive head trauma, and child maltreatment.			
Prevention and control of infectious diseases, including immunizations.			
Firsthand observation of the home's daily operations.			
Instruction in the employee's assigned duties.			
Instruction in the maintenance of a safe and healthy environment.			
Instruction in the administration of medication to children in accordance with 10A NCAC 09. 1720(b).			
Review of the home's purposes and goals.			
Review of G.S.110, Article 7 and 10A NCAC 09 (Child Care Law and Rules)			
An explanation of the role of State and local government agencies in the regulation of child care, their impact on the operation of the center, and their availability as a resource.			
An explanation of the employee's obligation to cooperate with representatives of State and local government agencies during visits and investigations.			
Information about criminal history mandatory reporting			
Prevention of and response to emergencies due to food and allergic reactions.			
Additional Orientation Topics	Date	Hours	Provider

I attest that orientation was provided on the topics listed above.

Signature of Administrator _____ Date _____

I have received orientation in the topics listed above.

Signature of Employee _____ Date _____