## DOCUMENTATION OF ASSISTANT AND SUBSTITUTE PROVIDER ORIENTATION TRAINING

		d substitute providers shall receive the following es (Standards for Licensed Family Day Homes 8	- ·	ıming job
	1.	Job responsibilities		
	2.	Requirements for parental notifications in 8VAC	20-800-650 of the Standards for Licensed Famil	y
	Daily ab When per Immedia O Has a O Has a O Has b O Is lose O Has d The sam Within 2 exposed diseases about the	t be not the child's health, development, behavior, adjustment ersistent behavioral problems are identified and such not ately when the child:  a head injury or any serious injury that requires emergency and adverse reaction to medication administered; been administered medication incorrectly; at or missing; or lied.  The day whenever first aid is administered to the child.  The day whenever first aid is administered to the child.  The provider is a communicable disease listed in the Department of I must be reported to parents immediately. The provider is a communicability of a disease.  The child will be taken off the premises of the family on or relocation situations) and the provider will have we	fication shall include any disciplinary steps taken in by medical or dental treatment;  een informed, unless forbidden by law, when a child lealth's current communicable disease chart. Life-th hall consult the local health department if there is a clay home, before such occasion (except in emergence)	has been reatening question
• .	As soon	as possible of the child's whereabouts if an emergency e	vacuation or relocation is necessary.	
	3.	The requirements of the Standards for Licensed I or assistant's responsibilities	amily Day Homes that relate to the substitute pr	rovider's
	4.	Emergency evacuation, relocation, and shelter-in	place procedures	
	5.	Location of emergency numbers, first aid kit, and	emergency supplies	
	6. Confidential treatment of personal information about children in care and their families			
	7.	Requirement for paid caregivers to immediately report suspected child abuse and neglect to the local department of social services or the Child Abuse and Neglect Hotline		
I,Sul	bstitute	, have received the or Assistant's Printed Name	orientation training listed above.	
Substitute or Assistant's Signature			Date	
Provider's Signature			Date	