

School Name: <u>Click here to enter text.</u>

Name: <u>Click here to enter text.</u>

District: Click here to enter text. School Year: Click here to enter text.

Mandatory	Date	Hours	Trainer Name or	Topic
Requirements	Date	Hours	Signature	Τορις
New Teacher Orientation			Signature	
(2 Hours)				
Program Philosophy				
Emergency Procedures				
Policies on discipline of children				
Policies regarding child abuse				
Sudden Infant Death (SIDS)/Head Trauma				
Policies for Receiving and Dismissing Children				
Health and Safety Training				
Annual Requirements for				
All				
The Prevention and control of infection diseases (including immunizations)				
Prevention of sudden infant death syndrome and the use of safe sleep practices/ Head Trauma				
Administration of medication, consistent with standards for parent consent				
Prevention and response to emergencies due to food and allergic reactions				
Overview of Chapter 0520-12- 01, Child care standards				
Appropriate precautions in transporting children, if applicable				
Prevention of shaken baby syndrome, abusive head				
trauma, and child maltreatment				
Emergency preparedness and response planning for emergencies resulting from a				
natural disaster, or a man caused event (such as violence				

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procedures fo	r evacuation	١,				
relocation, she	elter in place	and				
lock down, sta	iff and volun	teer				
emergency pr	eparedness					
training and p	ractice drills,	,				
communicatio	n and					
reunification v	vith families,	,				
continuity of c	perations, a	ınd				
accommodation	on of infants	and				
toddlers, child	ren with					
disabilities, an	d children w	/ith				
chronic medic	al conditions	s.				
Handling and	storage of					
hazardous ma	terials and tl	he				
appropriate di	sposal of bio	o				
contaminants	•					
Pediatric first	aid and					
cardiopulmon		ation				
Recognition a						
child abuse an						
Child Develop		ing				
the major don						
social, emotio						
development						
to learning)	and approac					
Policies regard	ling disciplin	е				
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TOTAL NUMBER OF HOURS		
Supervisor Signat	ure required:	
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