

## CHILD/FAMILY SERVICES ORIENTATION/VOLUNTEER CHECKLIST

Child's Name: \_\_\_\_\_

Service Options:

\_\_\_ Center Based \_\_\_ Home Based \_\_\_ FCCH

Location: \_\_\_\_\_

- \_\_\_ Program Service Areas/Goals
- \_\_\_ Educational Value of Activities/Areas
  - \* playhouse outdoors
  - \* animals, science, writing
  - \* books, computer, writing
  - \* eating, quiet
  - \* blocks, puzzles
  - \* allowing choice, circle
  - \* manipulatives
- \_\_\_ Health Services
  - \* Illness Policy
  - \* Daily Health Checks
  - \* Vitamins/Flouride Program
  - \* Medical Request form
  - \* TB Screening
- \_\_\_ Nutrition Services
  - \* Nutrition Policy
  - \* Food Allergies (list on Emergency Cards)
  - \* Family Style Eating
- \_\_\_ Parent Involvement Services
  - \* Family Partnership Agreement Process
  - \* Parent Meetings
  - \* Parent Volunteer Training
  - \* Parent Handbook
    - received copy/reviewed with me
  - \* Community Resources
- \_\_\_ Discipline Strategies

- \_\_\_ Daily Schedule – Arrival/Departure
- \_\_\_ Sign-In and Sign-Out
- \_\_\_ Extra Change of Clothes
- \_\_\_ Emergency Information Card
  - [other adults authorized to pick up Child(ren)]
- \_\_\_ Transportation Safety
- \_\_\_ Child Supervision
- \_\_\_ Confidentiality Policy
- \_\_\_ Holiday Guidelines
- \_\_\_ Tour of the Center, including
  - \* activity and storage areas
  - \* bulleting boards
  - \* hand washing/toileting
  - \* kitchen
  - \* outdoors
  - \* parent space
- \_\_\_ Other (site/delegate specific—i.e. ROP volunteers)

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I have received an Orientation and Volunteer Training for the Head Start Programs that covers the items checked above.

\_\_\_\_\_  
Parent/Guardian/Volunteer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Teacher Signature

\_\_\_\_\_  
Date