



**This SAP Orientation Review form is recommended but not required.**

Facility name: \_\_\_\_\_ License number: \_\_\_\_\_

Name of Person conducting the orientation: \_\_\_\_\_ Date of Orientation: \_\_\_\_\_

Name of Person receiving orientation: \_\_\_\_\_

First Day of Employment: \_\_\_\_\_

**K.A.R. 28-4-587(i)(1)** Orientation training. Each operator shall provide orientation training to each program director and each staff member who is counted in the supervisory ratio. The training shall be provided before or within the first week the program director or staff member works with children or youth. Each staff member shall complete the training before being given sole responsibility for the care and supervision of children or youth. The training shall be related to work duties and responsibilities.

The following have been reviewed:

- The mission and goals of the program
- Licensing regulations governing school-age programs
- Program policies and practices, including security and behavior management
- The program of activities
- Supervision of children and youth, including any special needs and known allergies
- Confidentiality
- Recognizing and reporting symptoms of illness, child abuse, child neglect, and critical incidents as specified in K.A.R. 28-4-592.
- Prevention of and response to emergencies due to food and allergic reactions
- Prevention and control of infectious diseases, including immunizations
- Building and premises safety, including identification of and protection from hazards that could cause bodily injury, including electrical hazards, bodies of water, and vehicular traffic
- Emergency preparedness and response planning for emergencies resulting from a natural disaster or a human-caused event, including violence at a program
- Handling and storage of hazardous materials and the appropriate disposal of biocontaminants, including blood and other bodily fluids or waste
- Precautions when transporting children and youth, if transportation is provided

\_\_\_\_\_  
Signature of person receiving orientation

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of person giving orientation

\_\_\_\_\_  
Date