

C-222: Checklist for Substitute & Volunteer Classroom Staff

Use this checklist to orient substitute staff and volunteers to the classroom. Staff recording completion dates, **please initial**. Retain record for three (3) years.

Substitute / Volunteer Name: _____

For all volunteers and substitutes – occasional and regular	
<p style="text-align: center;"><u>Preparations</u></p> <p><input type="checkbox"/> Explain check-in procedures for the school and the classroom (use volunteer sign in form) _____ date completed</p> <p><input type="checkbox"/> Show where to put belongings, where the adult bathroom is located, where to take breaks, etc. _____ date completed</p> <p><input type="checkbox"/> Introduce the substitute or volunteer to other staff and the children _____ date completed</p> <p><input type="checkbox"/> Have the children wear name tags.</p> <p><input type="checkbox"/> Talk about their role – what they are expected to do in the classroom, who they talk to if they have a question or concern, etc. _____ date completed</p> <p style="text-align: center;"><u>The Classroom and Children</u></p> <p><input type="checkbox"/> Schedule of the day _____ date completed</p> <p><input type="checkbox"/> Information about the different learning areas of the room _____ date completed</p> <p><input type="checkbox"/> Toileting routines and bathroom supervision _____ date completed</p> <p><input type="checkbox"/> Share information necessary for health and safety of children (eg special needs, food allergy) _____ date completed</p> <p style="text-align: center;"><u>Summary of Policies</u></p> <p><input type="checkbox"/> Confidentiality Policy _____ date completed</p>	<p><input type="checkbox"/> Social / Emotional Behavior Support Policy _____ date completed</p> <p><input type="checkbox"/> Drug-Alcohol Free Workplace Policy _____ date completed</p> <p><input type="checkbox"/> Safe Arrival / Departure Policy _____ date completed</p> <p><input type="checkbox"/> Child Abuse & Neglect Policy _____ date completed</p> <p style="text-align: center;"><u>Emergency Information</u></p> <p><input type="checkbox"/> Emergency phone numbers and other information posted by the telephone _____ date completed</p> <p><input type="checkbox"/> Location of fire extinguisher, fire drill procedures and evacuation routes _____ date completed</p> <p><input type="checkbox"/> Location and contents of first aid kit _____ date completed</p> <p><input type="checkbox"/> Universal precautions procedure _____ date completed</p> <p><input type="checkbox"/> Location of emergency health plans (for substitute staff only) _____ date completed</p> <p><input type="checkbox"/> Emergency plans for disasters – lockdown, fire, earthquake, flood _____ date completed</p> <p style="text-align: center;"><u>Sanitation and Safety</u></p> <p><input type="checkbox"/> Food allergies and preferences of children _____ date completed</p> <p><input type="checkbox"/> Family style meal service _____ date completed</p>