
# FACILITY CHECKLIST

**Please allow enough time to do a walk-through with your substitute so they learn the daily schedule and expectations, as well as meet any other staff present.**

* Sign-in and sign-out procedures (including any child specific pick up requirements) Location:
* Medication administration procedures (if needed for specific children)

Location:

* Medication

Location: Keycode is:

* First Aid Kit

Location:

* Emergency procedures and exits

Location:

* Fire extinguisher

Location:

* Daily schedule (including outdoor times and location(s), and lunch menu) Location:
* Curricula/overview of the service period activities

Location:

* Emergency guardian contact information

Location:

# Additional notes

**Any children with allergies?**  **Yes**  **No**

**Where is your information on allergies located?**

Name of child:

Type of allergy:

Notes:

Name of child:

Type of allergy:

Notes:

Name of child:

Type of allergy:

Notes:

Name of child:

Type of allergy:

Notes:

* Substitute has shown ID and/or The Imagine Institute badge

I certify that I have completed this form and reviewed it with my assigned substitute prior to start of shift on this day.

Facility Contact: Date:

I certify that I have completed this form and reviewed it with the above facility prior to start of shift on this day.

Substitute: Date: