## PARENT ORIENTATION PLAN - CHECKLIST

Name of Facility:		
□ Da □ Par □ Par □ Inf □ nee □ Co □ Da □ Dre □ Tra □ Dis □ Re □ Wi □ Iter □ Pro □ Em □ Illr □ All □ Co □ Me □ Da □ Fie □ Dis □ Ra □ Pay	ily attendance op-off and parking ansportation (how supervision and safety are handled) scharge procedures lease of children to authorized person thdrawal procedures ms to be provided by parents and provider ocedures to contact parent when child is sick nergency medical care ness and injury lergies mmunicable diseases edication eals and nutrition ily activities eld trips scipline policies and techniques	

## For SC ABC Child Care Providers

□ F€ □ A∂ □ N∂	the pick-up fees these for late payment dditional fees (field trips, insurance, to con-discriminatory policy lcohol and drug policy con-smoking policy ets	ransportation, etc.)
	nd an orientation was conducted wit	ed a copy of the center's policies and th me which covered all areas outlined
Parent Signat	ure:	Date: