**Site:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Position:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **Review- initial in right-hand column upon review of the following** | **Staff Initial** |
| NMCAA Mission Statement/Head Start Vision Statement/NMCAA Program Philosophy |  |
| NMCAA Cornerstones of Culture |  |
| Mandated Reporters’ Resource Guide, 3200, and watch video [www.youtube.com/watch?v=qFrtr6ybHH8](http://www.youtube.com/watch?v=qFrtr6ybHH8) |  |
| Volunteer Screening and Supervision Policy- should be posted in classroom |  |
| NMCAA Head Start/GSRP Guidance Policy |  |
| Center Celebration Policy |  |
| Social Media Guidance |  |
| Review the online training materials and videos located at [www.nmcaacc.com/active-supervision.html](http://www.nmcaacc.com/active-supervision.html)  After reviewing/watching each document/video add your initials next to the title.  **VIDEOS DOCUMENTS**  \_\_\_\_\_ Active Supervision Presentation \_\_\_\_\_ Active Supervision at a Glance  \_\_\_\_\_ Designing Environments \_\_\_\_\_ Active Supervision Poster  \_\_\_\_\_ Classroom Transitions \_\_\_\_\_ Active Supervision Implementation Plan  \_\_\_\_\_ What’s the Count?  \_\_\_\_\_ Zoning to Maximize Learning  \_\_\_\_\_ Positioning - Where do I stand? |  |
| Pedestrian Safety |  |
| Review and initial all safety postings and procedures |  |
| NMCAA e-mail Encryption Notice |  |
|  |  |
| **Review and Submit** |  |
| Personnel Information and Credentials, Certificates, Transcripts & Endorsements |  |
| Staff and Volunteer Mandated Reporting Policy |  |
| Confidentiality Statement |  |
| Code of Conduct |  |
| Collaborative Center Whistleblower Policy |  |
| Copy of Michigan Child Care Background Checks letter of eligibility (fingerprinting) for new staff and when eligibility is renewed |  |
| Collaborative Center Vaccine (COVID-19) and Masking signature page (including date of completion) |  |
|  |  |
| **Keep on File at Center- record date completed in right-hand column** | **Date complete** |
| TB Test |  |
| CPR & 1st Aid Certifications |  |
| Blood Borne Pathogen Training Certificate |  |
| MiRegistry Course 1 Completion |  |
| MiRegistry Course 2 Completion |  |
| MiRegistry Health and Safety Refresher Course |  |

The above forms, policies, procedures and program requirements have been reviewed with me.

**Collaborative Center Staff Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date: \_**\_\_\_\_\_\_\_\_\_\_

I reviewed all of the policies and procedures listed above with this employee.

**Collaborative Center Supervisor Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_