**Nata’s Kids, Inc.**

Preschool Special Education Program

1733 Sheepshead Bay Road, Suite 36, Brooklyn, NY 11235

Phone: (347) 414-9990 Fax: (347) 252-0222

Orientation Checklist

SEIT PROVIDER NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| 1. Copy of Job Description |  |
| 1. Complemented Infection Control/ Universal Precautions/Exposure   Control Plan/ Fire/ Safety Module Receipt of Emergency/ Disaster  Preparedness Policy and Procedure |  |
| **3.** Prevention of risk to HIV or other blood-borne pathogen  infection during the provision of services and evaluations |  |
| **4.** Copy of Patient's Rights |  |
| **5.** Receipt of Personnel Policies |  |
| **6.** Policy on Confidentiality including HIV Confidentiality |  |
| **7.** Compliance Procedure |  |
| **8.** Company forms |  |
| **9.** Child Abuse and Maltreatment Courses  **10.** Early Learning Standards. |  |

I have received, and read the Orientation material, covering the topics as stated above, and understand my responsibilities. Additionally, I have received training and education regarding policy and procedure on Universal Precautions/ Exposure Control practices, Compliance Procedure and fully understand its' contents. All questions had been fully answered to my satisfaction. In the future, if additional clarification is necessary, I will contact Nata’s Kids, Inc

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Orientation \_\_\_\_\_\_\_\_\_\_\_\_

Reviewed by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_