**Staff Names:** Current list of staff and sessions they teach

|  |  |
| --- | --- |
| M T W TH F | M T W TH F |
| M T W TH F | M T W TH F |
| M T W TH F | M T W TH F |

**Session Times:** Current list of sessions days and times

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| --- | --- | --- | --- | --- |
| **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
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**Program:** Location of current program:

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**Timetable:** Outline the routine for each session

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**Morning / Afternoon Snack Routines:** Usual routines for getting children ready, preparation and serving food etc.

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**Staff Toilets and facilities:** Location

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**Keys:** Location of, including filing cabinets, outdoor shed/s, etc.

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**First Aid:** Where is the first aid cupboards, portable kit, key.

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**Emergency Evacuation Procedure:** Where is a copy, items to be taken?

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**Medication / Accident Book:** Where are they located?

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**Children / Staff Emergency Details:** Where are they located, is a key needed for access?

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**Asthma / Allergies / Special Needs:** Any details about particular children that the teacher needs to know for those children’s health and wellbeing during the session

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**Kindergarten Security:** Anything relevant to relief teacher

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**Cleaning Equipment / Products:** Where are they located, is a key needed?

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