



DOCUMENTATION OF INITIAL ORIENTATION

(Conducted prior to working with children or related tasks; and to be placed in each Staff person's file)

Staff Name _____

Hire Date _____ Start Date _____

Staff received orientation in the following:

Program's Policies and Procedures ☐

Review of State's Health and Safety Requirements regarding:

- 1. Operations, health, safety, activities ☐
- 2. Physical environment and equipment ☐
- 3. Emergency situations ☐
- 4. Food service and nutrition ☐

Assigned Duties and Responsibilities ☐

Reporting Requirements for:

- Suspected Child Abuse, Neglect, or Deprivation ☐
- Communicable Disease ☐
- Serious Injuries ☐
- Missing children ☐
- Other required reports ☐

Emergency Weather Plans ☐

Program's Emergency Preparedness Plan ☐

Childhood Injury Control ☐

Administration of Medication ☐

Program's practice regarding expulsion and suspension ☐

Practice to reduce shaken baby syndrome and abusive head trauma ☐

Reducing the Risk of SIDS and SUIDS ☐

Hand Washing ☐

Fire Safety ☐

Water Safety ☐

Prevention of HIV/Aids and blood borne pathogens ☐

Approved Child Care Training Requirements ☐

Other (list) ☐

Signature of Person **Providing Orientation** _____

Date: _____

Signature of Person **Receiving Orientation** _____

Date: _____