



**DOCUMENTATION OF INITIAL ORIENTATION**

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

Name of Person Receiving Orientation \_\_\_\_\_

Hire Date \_\_\_\_\_ Start Date \_\_\_\_\_

Orientation was received in the following:

Program’s Policies and Procedures

Review of State's Health and Safety Requirements regarding:

Operations, health, safety, activities

Physical environment and equipment

Emergency situations

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: \_\_\_\_\_