

DOCUMENTATION OF ORIENTATION

(Conducted prior to assignment to children or task 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:

- 1. Suspected Child Abuse, Neglect or Deprivation
- 2. Communicable Disease
- 3. Serious Injuries
- 4. Missing children

Emergency Weather Plans

Program's Emergency Preparedness Plan

Childhood Injury Control

Administration of Medication

Reducing the Risk of Sudden Infant Death Syndrome (SIDS)

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

Signature of Person Receiving Orientation

Date

Date