



New Staff Orientation

(Must be completed within 2 weeks of beginning employment)

Facility Name: _____

OCC License Number: _____

Staff Name: _____

Hire Date: _____

Policy/Procedure Reviewed with Staff

Date of Orientation

- | | |
|--|-------|
| 1. Building evacuation | _____ |
| 2. Emergencies requiring staff and children to remain inside | _____ |
| 3. Child or staff, injured or ill | _____ |
| 4. Office of Child Care rules | _____ |
| 5. Center policies | _____ |
| 6. Procedure for reporting suspected child abuse or neglect | _____ |
| 7. Central Background Registry Requirements | _____ |
| 8. Qualifications checked and documented | _____ |
| 9. Other: | _____ |

Training Hour(s): _____

Core Knowledge Category: **Program Management**

Signature of person providing orientation

Date completed

Staff signature

Date completed