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

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 _______________