



## New Staff Orientation- School-age Center

A school-age center must ensure that all staff, including substitutes, receive an orientation within the first 10 days of hire and before staff have unsupervised access to children.

(Rule: Orientation and Initial Training (414-310-330))

**Must be completed within 10 days of beginning employment** Hire Date: \_\_\_\_\_

Facility Name: \_\_\_\_\_ OCC License Number: \_\_\_\_\_

Staff Name: \_\_\_\_\_ CBR #: \_\_\_\_\_

**An orientation must include, but is not limited to:**

<b>Policy/Procedure Reviewed with Staff:</b>	<b>Date of Orientation</b>
a. A review of the rules for certified school-age centers (OCC-0542)	
b. The written plan for emergency preparedness that addresses evacuation, relocation, shelter-in-place and lockdown procedures and responding to medical emergencies, illness and injuries, allergic reactions, and other incidents	
c. The prevention and control of infectious diseases	
d. Building and premises safety including identification and protection from hazards such as electrical hazards, bodies of water, and vehicular traffic	
e. The handling and storage of hazardous materials and the appropriate disposal of bio contaminants	
f. Methods used to inform personnel of children's special health, nutritional, and developmental needs	
g. The administration of medication	
h. The center policies, as required under 414-310-0170, Policies	
i. Procedures for reporting suspected child abuse or neglect	
j. Written Care Plans, and Allergy Care Plans for enrolled children	
<b>Qualifications checked and documented</b>	
Other:	

***I acknowledge that I have ongoing .access to the center's policies, and the rules for Certified School-Age Child Care Centers, as required in rule 414-310-0230(12).***

\_\_\_\_\_  
Staff signature

\_\_\_\_\_  
Date completed

\_\_\_\_\_  
Signature of person providing orientation

\_\_\_\_\_  
Date Orientation Completed

**\*Submit to ORO when completed and signed**

Training Hour(s): **2 hours**

Core Knowledge Category: **Program Management**

# New Staff Orientation Training Certificate

- The following staff person:

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Print staff full name here

- Has completed a new staff orientation at

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Facility Name

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Facility OCC License Number

- Orientation Date \_\_\_\_\_

Training Hour(s) \_\_\_\_\_

- Core Knowledge Category Program Management



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Signature of staff person

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Authorized Signature (Director, Trainer, or Administrator)\*