

CENTER DOCUMENTATION OF ORIENTATION

Employee's Name _____ Date of Employment _____

Employee received orientation in the following:

- Facility'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
 - Administration of Medications
 - Reducing the risk of Sudden Infant Death Syndrome(SIDS)
 - Hand washing
 - Fire and Water Safety
 - Prevention of the transmission of HIV/AIDS and blood borne pathogens
- Employee's Assigned Duties and Responsibilities

Reporting Requirements for:

- Suspected Child Abuse, Neglect or Deprivation
- Communicable Disease
- Serious Injuries
- Emergency Weather Plans
- Childhood Injury Control
- Approved Child Care Training Requirements
- Other (list)

Signature of Person Providing Orientation

Signature of Employee Receiving Orientation

Date

Date

DO NOT LEAVE ANY AREAS BLANK