

Orientation Checklist- (0-5) Sites



Checklist must be completed within the first week of employment (5 working days)

Indicate NA if does not apply, do not leave blank

Teacher, Teacher Assistant, Center Aide, Family Outreach Worker, Family Advocate, Nutrition Service Provider, Transportation Specialist, Student Teacher, Site Director, Special Needs Aide, Center Based Family Specialist, Educational Services Support staff (please circle)

Employee _____ Supervisor _____ Program _____

Start Date _____ Site Orientation Start Date _____

IMPORTANT: SIDS POLICY review must be completed prior to working with children if the site is licensed for children less than one year of age. Date completed: _____

TRACKING PROCEDURE must be completed before working with children. Date completed: _____

Building Tour

- | | |
|--|--|
| <input type="checkbox"/> Break room, personal storage, adult bathroom | <input type="checkbox"/> Health Action Binder (yellow) |
| <input type="checkbox"/> Fire Extinguisher location and operation | <input type="checkbox"/> Location and use of first aid and universal precautions kit |
| <input type="checkbox"/> Fire alarms/smoke detectors | <input type="checkbox"/> Location and procedure for Medical log |
| <input type="checkbox"/> Emergency exits | <input type="checkbox"/> Location/procedure for medications (lock box and key) |
| <input type="checkbox"/> Fuse box and thermostats | <input type="checkbox"/> Performance Standards, Blue Book, Licensing Regulations, Accreditation |
| <input type="checkbox"/> Extra forms | <input type="checkbox"/> Smoke Free Environment (Where smokers must go) |
| <input type="checkbox"/> Consumables, extra supplies | <input type="checkbox"/> Playground |
| <input type="checkbox"/> Telephones with posted emergency numbers | <input type="checkbox"/> Keys, parking, windows, security, safety, office equipment (fax, computer and copier) |
| <input type="checkbox"/> Parent and Employee bulletin boards and all required postings | |
| <input type="checkbox"/> Teacher resources | |

Job Orientation

- | | |
|--|---|
| <input type="checkbox"/> Job description (provide copy and review) | <input type="checkbox"/> Professional Development Plan (within 30 days) |
| <input type="checkbox"/> Performance Expectations and Review Process | <input type="checkbox"/> Training /PD/All Staff/staff meetings |
| <input type="checkbox"/> Registry application (Teacher and Supervisors only) | <input type="checkbox"/> New Employee Period (60 working days: Supervisors 6 mo.) |
| | <input type="checkbox"/> Education Requirements for position/licensing |

Health and Safety

- | | |
|---|--|
| <input type="checkbox"/> Close supervision within sight and sound of children at all times | <input type="checkbox"/> All chemicals/dangerous substances discussed |
| <input type="checkbox"/> Child Attendance/tracking procedures/form | <input type="checkbox"/> Hand washing procedures/Sanitation |
| <input type="checkbox"/> Received copy of Child Tracking Policy | <input type="checkbox"/> Procedure for children with allergies |
| <input type="checkbox"/> Posted emergency numbers | <input type="checkbox"/> Child abuse/neglect reporting procedure; SCAN |
| <input type="checkbox"/> Location of child emergency cards | <input type="checkbox"/> Nebulizer treatments/other health concerns |
| <input type="checkbox"/> Accident/injury First Aid procedure/child/adult | <input type="checkbox"/> Dress code/footwear policy |
| <input type="checkbox"/> Notifying parents of injury, illness, (mandate for all head/face injury) | <input type="checkbox"/> Evacuation backpack |
| <input type="checkbox"/> Recognition of illness/isolation/exclusion | <input type="checkbox"/> Emergency procedures/fire & tornado drills |
| <input type="checkbox"/> SIDS Training | <input type="checkbox"/> Diapering and toileting procedures |
| | <input type="checkbox"/> Staff safety during bus route (part-day only) |
| | <input type="checkbox"/> Bus Curriculum (part day only) |

Center / Classroom Communication

- | | |
|--|---|
| <input type="checkbox"/> Scheduled days/hours/breaks/overtime | <input type="checkbox"/> Team meeting/ center meeting schedule, agenda input, minutes |
| <input type="checkbox"/> Request for time off, payroll procedure | <input type="checkbox"/> Agency calendar/trainings/site specific dates |
| <input type="checkbox"/> Posted schedule of site director | <input type="checkbox"/> Clear/respectful communication/confidentiality |
| <input type="checkbox"/> Staff emergency cards/ phone list | <input type="checkbox"/> Being a cooperative team player within classroom and site |
| <input type="checkbox"/> Personal phone calls/cell phone policies | <input type="checkbox"/> Working with parents/families/volunteers /parent handbook |
| <input type="checkbox"/> Bus safety procedures (part day only) | <input type="checkbox"/> Monthly In-Kind |
| <input type="checkbox"/> Review of Child Care licensing book | <input type="checkbox"/> Cleaning schedule & responsibilities |
| <input type="checkbox"/> Kitchen & classroom partnerships | <input type="checkbox"/> Opening/closing procedures |
| <input type="checkbox"/> Program mission and goals / accreditation | |
| <input type="checkbox"/> Classroom and site newsletter for parents | |
| <input type="checkbox"/> Chain of Command | |

Program Management

- | | |
|---|---|
| <input type="checkbox"/> Daily schedule for classroom | <input type="checkbox"/> Nap time procedures/quiet time, if applicable |
| <input type="checkbox"/> Developmentally appropriate lesson plans/diversity | <input type="checkbox"/> Positive Guidance policy |
| <input type="checkbox"/> Curriculum/anecdotal notes/Creative Curriculum/GOLD/HELP | <input type="checkbox"/> Interest centers/facilitating play |
| <input type="checkbox"/> I/T "My Day" sheets | <input type="checkbox"/> Outdoor play: interactions, supervision, safety |
| <input type="checkbox"/> Daily classroom task responsibilities | <input type="checkbox"/> Field trip procedures |
| <input type="checkbox"/> Transitions | <input type="checkbox"/> Special needs of children (including IEP / IFSP) |
| <input type="checkbox"/> Meal times/nutrition curriculum | <input type="checkbox"/> Nutrition Experience by TA |
| <input type="checkbox"/> Tooth brushing procedures | <input type="checkbox"/> Specific strategies for individual children |
| <input type="checkbox"/> Integrating bus/nutrition/parents/classroom | <input type="checkbox"/> Roles of team members in classroom management |
| <input type="checkbox"/> DPI Production Records/Attendance Meal Count | <input type="checkbox"/> Communication Systems (phone, voicemail, mail system, fax, e-mail and agency newsletter) |

Interactions with Children

- | | |
|---|--|
| <input type="checkbox"/> Respect/Kindness/patience | <input type="checkbox"/> Expectations for children to succeed |
| <input type="checkbox"/> Acknowledging feelings | <input type="checkbox"/> Getting down on child's level |
| <input type="checkbox"/> Welcoming children and parents | <input type="checkbox"/> Calm, soft voice. Importance of Smiling☺ |
| <input type="checkbox"/> Providing appropriate choices | <input type="checkbox"/> Open ended questions and expanding language |
| <input type="checkbox"/> Encouraging self-help skills | <input type="checkbox"/> Modeling appropriate words and actions |
| <input type="checkbox"/> Facilitating child to child interactions | |

Other Information Specific to this Site

Employee Signature _____ Date/s _____

Supervisor Signature _____ Date/s _____