# **Non-Classroom Supervisory Checklist**

Employee:	Location:
Start Date:	Program:

This form is to be completed for each **new, transferring, or promoting** employee and <u>the Human Resources' copy returned within</u> <u>one week of the start date</u>. Not all items will be applicable for each employee. Most work policies are detailed in the Employee Handbook and the review with the employee is intended as an overview only. Check each item discussed.

## **INTRODUCTION**

- o Team Members
- o Agency Organizational Chart and Flow of Communication
- o Department/Program Mission and Goals
- o Department/Building Tour
- o Break rooms

## JOB ORIENTATION

- o Job Description (provide copy)
- o Professional Development Plan
- o Performance Expectations and Review Process
- o Site Specific Responsibilities Checklist
- o New Employee Period

### WORK POLICIES

Policy overview given in New Staff Orientation, supervisor provides site specific interpretation.

- o Absence Scheduling/Notification/ Sick/Vacation
- o Attendance/Punctuality
- o Work Schedule
- o Overtime
- o Training/In-Services
- o Payday Procedures
- o Confidentiality
- o Diversity
- o Child Related Policies

### PROCEDURES

- o Safety Procedures
- o All Chemicals/Dangerous Substances Discussed
- o Incident Reporting (Employee and Child)
- o Safety Precautions/Hazardous Waste

- o Physical Location: (Fire Alarms/Extinguishers, Emergency Exits, Security Alarms, Etc.)
- o Restrooms
- o Parking Facilities/Transportation Options
- o Required Postings Location
- Head Start Performance Standards, Policy & Procedure Manual, Wisconsin Child Care Licensing Rules, NAEYC & Madison Accreditation Standards
- o Personal Property Storage
- o Personal Phone Calls/Cell Phones
- o Smoke-Free Environment
- o Telephone Techniques
- o Dress Code/Footwear
- o Electronic Communication Policy
- o Staff Emergency Card
- o Other:
- o Communication Systems (Phone, Voicemail, Fax, email, Newsletter)
- o Supplies/Equipment
- o In-Kind
- o Mail System

Supervisor's Signature

Employee's Signature

Date

Date

Original – Human Resources Copy to Supervisor Copy to Employee

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