

ORIENTATION TRAINING CHECKLIST

Staff Name _____ Date Hired _____
Buddy Mentor _____

FIRST 10 DAYS

Date completed _____

- ___ Tornado and fire evacuation procedures, reviewing Emergency Evacuation and Drills Policy
- ___ Names and ages of assigned children
- ___ Health needs, nutritional requirements and SPECIAL CARE PLANS for assigned children
- ___ Parent communication, written and verbal. Review Parent Communication and Education Policy
- ___ Develop lesson plans with developmentally appropriate activities. See SAMPLE LESSON PLAN
- ___ Suspected Child Abuse Policy
- ___ Approved Methods of Discipline Policy
- ___ Handwashing Policy
- ___ Diapering Policy
- ___ Attend Safe Food Handlers Class and Food Service Policies if staff is a cook
- ___ Safe Food Handling, Preparation and Serving Policy if staff serves food
- ___ Drinking Water Policy
- ___ Sudden Infant Death Prevention see Infant Sleep Safety Policy
- ___ Infant/Toddler Feeding Policy
- ___ Facility Cleaning Policies
 - ___ Cleaning and Disinfecting Policy
 - ___ Cleaning and Sanitizing Policy
 - ___ Kitchen Cleaning and Equipment Storage Policy
 - ___ Restroom Cleaning Policy
 - ___ Toy Cleaning Policy
 - ___ Body Substance Clean-Up Policy
 - ___ Blood Borne Pathogen Exposure Plan Policy



WITHIN 30 DAYS

- ___ Daily Health Check Policy
- ___ EXCLUSION GUIDELINES and Child Exclusion Policy
- ___ Staff Illness, Injury and Exclusion Policy
- ___ Douglas County Health Department's Infectious Disease Handbook for Child Care Settings
- ___ Environmental Safety Hazards Policy
- ___ Medication Policy
- ___ Caring for the Mildly Ill Child Policy
- ___ Urgent Care Policy



WITHIN 90 DAYS

- ___ Other
- ___ Other
- ___ CPR
- ___ First Aid



Evaluation Date _____ Evaluated by _____

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