CHILD DEVELOPMENT CENTER
ROOM ORIENTATION CHECKLIST

Welcome to our program! Each lead teacher is responsible for role modeling skills consistent with the program philosophy and policies. You will be assisted in acquiring competencies necessary for quality programming in early childhood programs. We look forward to working with you and encourage you to ask questions as well as provide input fostering growth. Together we are able to offer programs where children are able to develop a healthy self-esteem, acquire positive communication skills, body awareness, develop a love for learning and practice making choices and decisions which will benefit them and the world in which they live. The following information is but a beginning to your professional development. Please let us know how we can assist you.

☐ Role of the room lead teacher and teacher assistant
☐ Appropriate adult/child interactions
☐ Opening and closing procedures (set up, clean up, laundry day and staff lounge clean up schedule, etc.)
☐ Emergency procedures (fire, tornado, injury, etc.)
☐ Staff/child sign in/out procedures and hourly room counts
☐ Supplies, what, where, and how
☐ Allergies and special needs
☐ Use of staff closet
☐ Use of intercom (general assistance and emergencies)
☐ Daily schedules and lesson plans
☐ Accident reports, behavior documentation, unusual occurrences documentation
☐ Meals and snacks (family style dining and meal counts)
☐ Safety considerations (scissors, bathroom assistance, lights on, etc.)
☐ Room ratios and rules
☐ Making paints and playdough
☐ Outdoor play procedures (appropriate clothing adult/child, monitoring in quadrants and safety)
☐ Health screening and denial of care due to illness and/or suspected illness

Employee signature  ____________________________________________  Date:  ______________

Director's signature  ____________________________________________  Date:  ______________

Classroom:  ______________ Date:  __________ Classroom:  ______________ Date:  __________
Classroom:  ______________ Date:  __________ Classroom:  ______________ Date:  __________
Classroom:  ______________ Date:  __________ Classroom:  ______________ Date:  __________
Classroom:  ______________ Date:  __________

Tip Sheet #950

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CHILD DEVELOPMENT CENTER
NEW EMPLOYEE ORIENTATION CHECKLIST

Explain the following:

☐ Hours of operation. (________________________________________________________________________________________________________________________)

☐ Employee position (given job description) in the center; person to whom employee will report to for supervision.

☐ The role of the director.

☐ Employee's daily/weekly schedule. ___________________________ (subject to change based on program needs);
  - if employee is a flex (floater) employee: ☐
    - Responsible to check the schedule daily ☐ __________
    - Daily schedule may be a split shift, depending on program needs ☐ __________

☐ Employee entering and exiting policy

☐ Pay periods and how to fill out time sheets

☐ Name tags/smocks

☐ Leave policies: scheduled annual and sick - emergency annual and sick

☐ When is a doctor's note required?

☐ How to complete an application for leave.

☐ Staff scheduling

☐ Phone usage (messages); lounge, smoking policy and adult bathrooms

☐ Visitor policy and the use of name tags

☐ Constructive problem solving and confidentiality to include the chain of command

The following has been established, checked, reviewed or scheduled:

☐ Employee file

☐ Input from job description (date signed ______________________)

☐ Emergency card

☐ Criminal background checks and medication card

☐ Previous work experience

☐ Scheduled time to read and sign applicable state and program policies (date/time/initials __________________)

☐ Scheduled to observe all rooms

Employee signature  __________________________________________________________ Date: __________________________

Director's signature  __________________________________________________________ Date: __________________________
DOCUMENTATION OF STAFF ORIENTATION

Name of Employee: __________________________________________ Date of Employment: ____________________

Intent of rule: Each new staff member who has contact with the children will receive a minimum of 10 clock hours of on-site orientation within the first six weeks of employment. This orientation must include, but not be limited to, the contact areas identified in the chart below:

<table>
<thead>
<tr>
<th>Topic</th>
<th>Training Provider (signature required)</th>
<th>Hours</th>
<th>Date</th>
</tr>
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<tbody>
<tr>
<td>Review of the individual job-specific duties and responsibilities and job description</td>
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<tr>
<td>Review of the child care licensing law, regulations and Child Care Handbook</td>
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<td>Review of the center's purpose and goals</td>
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<tr>
<td>Review of the center's personnel policies</td>
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<tr>
<td>Review of the center's operational policies and/or parent handbook</td>
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<tr>
<td>Review of the role of state and local government agencies, their effect on the center, their availability as a resource, and the individual staff responsibilities to representatives of state and local government agencies</td>
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<tr>
<td>Observation of center operations</td>
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<tr>
<td>Maintaining a safe and healthy environment</td>
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<tr>
<td>Recognizing symptoms of child abuse and neglect</td>
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<tr>
<td>Other</td>
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<tr>
<td>Other</td>
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</tbody>
</table>

‘I have provided training in the topics listed above.”

Signature of Director __________________________________________ Date: ____________________

‘I have received training in the topics listed above.”

Signature of Employee __________________________________________ Date: ____________________