

Staff Orientation



Must be completed within 2 weeks of beginning employment

***submit to ORO when completed and signed**

Facility Name: _____

CCLD License Number: _____

Staff Name: _____

Hire Date: _____

Registry #: _____

Policy/Procedure Reviewed with Staff	Date of Orientation
1. Building evacuation	
2. Emergencies requiring staff and children to remain inside	
3. Child or staff, injured or ill	
4. Child Care Licensing Division rules	
5. Facility policies	
6. Procedure for reporting suspected child abuse or neglect	
7. Central Background Registry (CBR) Requirements	
8. Qualifications checked and documented	
9. Other:	
Training Hour(s): 2 hours	
Core Knowledge Category: Program Management	

Signature of person providing orientation

Date completed

Staff signature

Date completed

New Staff Orientation Training Certificate

- The following staff person

Print staff name here

- Has completed a new staff orientation at:

Facility Name

Facility CCLD License Number

- Orientation Date _____

Training Hour(s) _____

- Core Knowledge Category Program Management



Signature of staff person

Authorized Signature (Director, Trainer, or Administrator)