§1719.A

ORIENTATION TRAINING VERIFICATION

Name of Employee: _____

Date of Hire:_____

For all Staff:

Topics Covered in Initial Orientation (to be completed w/i seven (7) calendar days of date of hire)		**Topics Covered in Second Orientation (to be completed w/i Thirty (30) calendar days of date of hire):**	
	Child Abuse Identification/Reporting		Child Development
	Emergency Preparation		Child Guidance
	Licensing Regulations		Learning Activities
	Safe Sleep Practices		Health and Safety
			Shaken Baby Prevention
			CPR, as applicable
			Pediatric First Aid, as applicable

By signing this form I am stating that the above information is true and correct.

_____ _____ _____ _____

Director Date Director Date

_____ _____ _____ _____

Employee Date Employee Date

Topics Covered in Transportation Orientation: For those staff who will be responsible for transporting children. Must be received prior assuming transportation duties.)

	Transportation Regulations, modeling how to conduct a proper vehicle passenger check. Staff to demonstrate to director how to conduct a proper vehicle passenger check.
	Proper Use of Child Safety Restraints required by State Law
	Proper Loading, Unloading and Tracking of Children as required by State Law
	Location of First Aid Supplies
	Emergency Procedures for the Vehicle, including Actions to be taken in the event of accident or breakdowns.

By signing this form I am stating that the above information is true and correct.

_____ _____ _____

DIRECTOR EMPLOYEE DATE