

### 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* to 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