

Orientation Training Verification

Name of Employee: _____

Date of Hire: _____

Topics covered in orientation:

_____ Center policies and practices, including health and safety procedures

_____ Emergency and evacuation plan

_____ Supervision of children

_____ Discipline policy

_____ Job description

_____ Individual needs of the children enrolled

_____ Detecting and reporting child abuse and neglect

_____ Current Child Care Class "A" Minimum Standards

_____ Confidentiality of information regarding children and their families

Dates of 4 days of supervised work with children:

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

DIRECTOR

EMPLOYEE

DATE

Annual Review of Orientation Topics

By signing below I am stating that I have reviewed and understand all topics listed above.

Employee

Director

Date of Review

Employee

Director

Date of Review

Employee

Director

Date of Review