

**CCDF / PES SAMPLE ORIENTATATION CDF- PES Resource Tool. 2022**  
**FOR EDUCATOR / CAREGIVER / STAFF / VOLUNTEER / HOUSEHOLD MEMBER**

*INSTRUCTIONS: Complete, sign and keep a copy in the personnel file.*

Information		
Program Name:		Program ID Number: (Lic /Cert / Reg)
Program Address:	City, Zip	County:
Name of Educator / Caregiver / Staff/ Volunteer /Household Member/ Applicant:		Hire Date:
Orientation Date:	Start Date:	Name of Person Conducting OT

**THE FOLLOWING TOPICS WERE DISCUSSED WITH NEW EDUCATOR / STAFF / VOLUNTEER/ HOUSEHOLD MEMBER OR APPLICANT**

**Required for all CCDF Eligible Programs:**

- Names, ages, specific needs of children assigned
- Location of children and personnel records
- Children's emergency information
- Received documentation provided by FSSA regarding reporting Child Abuse and Neglect
- Maximum age group capacity
- Required age-appropriate ratio requirements
- Children's Daily Schedule
- Nutrition Meal and snack time requirements
- Safe Conditions Policy
- Transportation Policy
- Direct, Continuous Supervision Policy
- Discipline Policy
- Completed Safe Sleep Practice Training (Certificate *-for all personnel who work with infants*)
- Child Abuse and Neglect training (*Certificate*)
- Health and Safety Training Modules (Certificates 1, 2, 3, and/or 4 or other alternative documentation)
- Medication storage, administration, and documentation (*Allergies*)
- Illness / Injury / Death of Provider procedure/policy
- Emergency Staffing Policy
- Emergency evacuation procedures
- Emergency procedures for bad weather
- Cleaning, sanitizing, disinfecting procedures
- Handling, storing, and disposing of hazardous materials and biological contaminants (*Universal Precautions*)
- Handwashing Procedure
- Diapering Procedure
- Location of emergency numbers for staff and children.
- Location of first aid supplies
- Smoking, Alcohol, Weapons and Drug Policies
- Location and operation of fire extinguishers and smoke detectors for testing during drills
- Location of Emergency phone numbers
- Location and operation of gas, electric and water shut-off (*if applicable*)

Signature of Name of Educator / Caregiver / Staff/ Volunteer /Household Member/ Applicant:	Date ( <i>month, day, year</i> )
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