Staff Orientation Checklist

Documentation of orientation must be maintained in the personnel record of each employee. In accordance with 7.09(17)(a), an educator may not supervise or be solely responsible for children in care until this minimum orientation is provided.

Program orientation requirements 7.09 (17)(a)

___ Employee’s job description
___ Personnel policies
___ Statement of purpose
___ Statement of non-discrimination
___ Health care policy, including medication administration policies and infant sleep
___ Information in children’s records pertaining to the education and care of the children
___ Confidentiality policy
___ Child guidance policies and procedures for protecting children from abuse and neglect
___ Suspension and termination policy
___ Emergency plans and procedures
___ Program plans
___ Referral procedures
___ Transportation plans
___ Procedures for parent visits, input, conferences and communication
___ Identification of the Department of Early Education and Care as the licensing authority
___ Availability of EEC Standards for the Licensure or Approval of Small Group and School Age and Large Group and School Age Child Care Programs at program

EEC orientation requirements

___ Training: “An Introduction to Early Education and Care in Massachusetts” for new educators (within 60 days of hire) 7.09(9)
___ Training: “Look Before You Lock” for all staff (within 60 days of hire)
___ Training: “Reducing the Risk of SIDS in Child Care” for educators (prior to caring for infants)
___ Training: “Medication Administration: The Five Rights” for all educators who administer medication (Training must be completed before administering medication) 7.11(1)(b)(1)
___ Training in recognizing common side effects and adverse reactions of medications for all educators (within 60 days of hire). 7.11(1)(b)(3)
___ Training on USDA nutrition requirements and in food choking hazards for all educators 7.12 (2) (a-b)

Signature of Employee___________________________________________________________

Signature of person conducting the orientation ______________________________________

Date of Completion_______________________________

Number of hours of the orientation___________________

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