

CCHRSC'S
HR TOOLKIT



TOOL: Sample Orientation Checklist

POSTED: March 2012

[Insert your organization's name here]

ORIENTATION CHECKLIST

EMPLOYEE NAME: _____

START DATE: _____

Each new employee will receive the following orientation over the first (2) two days of her/his employment with _____ (one day for an employee transfer).

AREA OF ORIENTATION	DATE REVIEWED	SIGNATURE OF STAFF
<p>Meet staff, tour centre and locate:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Cleaning supplies/equipment <input type="checkbox"/> Emergency exits <input type="checkbox"/> Kitchen/menus/supplies etc. <input type="checkbox"/> Laundry facilities/supplies/routines <input type="checkbox"/> Office <input type="checkbox"/> Playground <input type="checkbox"/> Staff room <input type="checkbox"/> Storage areas (i.e. toys, beds, craft supplies, etc.) <input type="checkbox"/> Washrooms 		
<p>Meet school staff, tour school and locate:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Children's Classrooms <input type="checkbox"/> Custodial Office <input type="checkbox"/> Extended Schoolage Room (if applicable) <input type="checkbox"/> Gymnasium <input type="checkbox"/> Library <input type="checkbox"/> Mail <input type="checkbox"/> Office (Principal, Vice Principal, Secretary) <input type="checkbox"/> Parking <input type="checkbox"/> Photocopier (user # if applicable) <input type="checkbox"/> Staff Room 		
<p>Review of _____</p> <ul style="list-style-type: none"> <input type="checkbox"/> Head Office 		

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<input type="checkbox"/> History <input type="checkbox"/> Locations <input type="checkbox"/> Mission Statement <input type="checkbox"/> Philosophy		
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EMPLOYEE NOTES:

AREA OF ORIENTATION	DATE REVIEWED	SIGNATURE OF STAFF
Review of _____ Policies & Procedures: PROCEDURES: <input type="checkbox"/> FIRE SAFETY PLAN/EVACUATION SITE <input type="checkbox"/> HUMAN RESOURCES MANUAL <input type="checkbox"/> JOB DESCRIPTIONS/APPRAISALS <input type="checkbox"/> PARENT MANUAL <input type="checkbox"/> PLAYGROUND SAFETY LOG <input type="checkbox"/> PROGRAMME GUIDELINES POLICIES: <input type="checkbox"/> Allegations of Inappropriate Beh. Mgmt & Abuse <input type="checkbox"/> Anaphylactic Policy <input type="checkbox"/> Bag Lunch Policy <input type="checkbox"/> Behaviour Management Policy <input type="checkbox"/> Communicable Disease Policy <input type="checkbox"/> Emergency Evacuation Policy <input type="checkbox"/> Financial Policy <input type="checkbox"/> Fundraising Policy <input type="checkbox"/> Harassment Policy <input type="checkbox"/> Internet/Email Policy <input type="checkbox"/> Medication Policy <input type="checkbox"/> Occupation Health & Safety Policy <input type="checkbox"/> Pandemic Policy <input type="checkbox"/> Playground Policy		

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<input type="checkbox"/> Reporting Child Abuse <input type="checkbox"/> Sanitary Policy <input type="checkbox"/> Serious Occurrence Policy <input type="checkbox"/> Violence in the Workplace Policy		
Location of various Resources reviewed: <input type="checkbox"/> Day Nurseries Act <input type="checkbox"/> Fire Safety Plan <input type="checkbox"/> Licensing Checklist <input type="checkbox"/> Nuclear Evacuation Plan and Kit <input type="checkbox"/> Policies & Procedures Manual <input type="checkbox"/> Public Health Manual <input type="checkbox"/> Regional Operating Criteria <input type="checkbox"/> Telephone Directories		
Review Terms of Employment: <input type="checkbox"/> Absenteeism/Use of Sick Time <input type="checkbox"/> Direct Deposit <input type="checkbox"/> Lieu Time/Ratio Coverage <input type="checkbox"/> Shifts/Lunches/Breaks <input type="checkbox"/> Smoke-free Environment		
Review Team Philosophy: <input type="checkbox"/> Gossip <input type="checkbox"/> Positive Reinforcement <input type="checkbox"/> Shared Programming <input type="checkbox"/> Shared Responsibilities <input type="checkbox"/> Staff Relations/Communication		
Review any Individual Children's needs: <input type="checkbox"/> Custodial arrangements <input type="checkbox"/> Developmental levels <input type="checkbox"/> Extenuating circumstances Review children's file(s) if necessary		

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AREA OF ORIENTATION	DATE REVIEWED	SIGNATURE OF STAFF
<p>Playroom Information reviewed:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Allergy lists/Medical conditions <input type="checkbox"/> Attendance Binder <input type="checkbox"/> Cleaning Procedures (see Sanitary Policy) <input type="checkbox"/> Daily Log/Communication book <input type="checkbox"/> Emergency Phone Numbers <input type="checkbox"/> Evacuation Procedures/Site <input type="checkbox"/> Individual Programme Plans <input type="checkbox"/> Keys/Security codes (as applicable) <input type="checkbox"/> Lunch charts <input type="checkbox"/> Media Centre (i.e. laminating) <input type="checkbox"/> Medical Storage Containers/Epipens <input type="checkbox"/> Opening/Closing procedures <input type="checkbox"/> Personal Belongings/Resources (staff & children) <input type="checkbox"/> Programme Schedule/Plans <input type="checkbox"/> Safety Procedures (indoor & outdoor) <input type="checkbox"/> Sleep charts <input type="checkbox"/> Supervising & Evaluating Students 		
<p>Identify _____ Committees and Staff participation:</p> <ul style="list-style-type: none"> <input type="checkbox"/> A.G.M. (Annual General Meeting) <input type="checkbox"/> Board Meetings <input type="checkbox"/> Centre Special Events (mandatory) <input type="checkbox"/> Centre T.E.A.M. (if applicable) <input type="checkbox"/> Staff Meetings (mandatory) 		

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