**DAY ONE ORIENTATION CHECKLIST**

**Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Instructions:** The new staff member checks off each item as it is explained/showed to them and it is understood. This must be completed before new staff member is included in the ratios.

**Program Goals**

* Mission: Children’s Choice is dedicated to facilitating the positive development of children by developing and maintaining school-age programs that are the model of quality care – programs where children play, learn, grow, and make friends – programs where children are nurtured and develop life-skills.
* Scope of Services: To provide high quality before, after, and out of school time care for children.
* Daily Site Schedule

**Tour & Introductions**

* Adult restrooms / child restrooms
* Adult cabinets / child cabinets
  + Snack cabinets
  + Games
  + Sports
  + Arts & crafts
  + Cleaning supplies
  + Science
  + Drama
* First Aid supplies, Book, & MSDS book
* Phone
* How to set up EZ canopies – adults only, minimum of 2 staff
* Introductions:
  + Co-Workers
  + Principal
  + Secretary & Clerk
  + Nurse
  + Cafeteria Manager
  + Custodians
  + Parents (on-going for the next 5 days)

**Licensing**

* Regulations
* Inspections
* Training Requirements (24 hours per year)
* CPR / First Aid requirements
* Staffing schedule
* Ratios
* Registration Book & forms
  + Names
  + Parent names
  + Ages

**Dress Code**

* No clothing that is too tight or too revealing: no cleavage or mid drifts showing, no mid-thigh shorts/skirts
* No alcohol/tobacco/drug/foul language on clothing
* Wear clothing that is appropriate for playground play, sports, and art activities.
* Wear clothing that is appropriate for indoor and outdoor play in all seasons.

**General Staff Roles**

* Gatekeeper – Safety Monitor – Keeper of the Gates
  + Radios
  + Clothespins
  + 2-Way Checks
  + Lines of vision
  + Bathrooms, water fountains, playground
* Soul Searcher
* Activity Freak

**Program Activities**

* Staff planning
* Intentional programming
* Clubs
* Field trips
* Activities

**Check-In / Check-Out Procedures**

* Accepting registration forms
  + Required info
  + Allergies
  + initials
* Parents must sign children in
* After morning session, check attendance to ensure all children had been signed in
* Record morning attendance total
* PM session, write time checked in
* Follow no-show procedures
* Record afternoon totals
* ID unfamiliar parents against registration book
* Ensure all children are signed out by an authorized adult

**Communication**

* New Hire Orientation
* Staff meetings, Quality Assurance Committees, Summer Planning Parties
* Family Files
* Charting
* Confidentiality Policy
* Staff Communication Log
* How to request time off
* Attendance & punctuality
* Absentee procedures
* Illness or emergency absence procedures
* Review policy for complaints

**Boundaries**

* Children’s Choice activity space
* Playground boundaries for 1 & 2 staff
* Indoor boundaries
* Kid boundaries

**Behavior Management**

* Environment, routine, curriculum
* General standards of child behavior
* Quality supervision principles
* Prevention
* Reinforce positively
* Give warning, logical consequences, then follow through – watch others and get help when needed
* Review discipline policy

**Field trip Procedures**

* Back pack: registration book, first aid, cell phone
* Post signs on doors for parents – where we are, when we’ll return, phone number
* Check in by name onto bus – EVERY TIME

**Accidents / Emergencies**

* Prevention: fire, accidents
* Evacuation plan
* Disaster preparedness plan
* Universal precautions / handling of blood-borne pathogens & body fluids
* Accident reports (children, staff, parents)
  + When to fill out
  + How to fill out
  + What to do with it
* Missing child procedures

**Medication Policy / Recognition of Illness**

* Indicators of childhood illness
* Who and when to notify
* Policy concerning children who become ill
* Medication Procedures
  + All medication is kept in a locked identified container that is inaccessible to children.
  + Must be kept in the original packaging.
  + We will dispense medication only with written permission from a parent or guardian on the form required by licensing.
  + Prescription medication: must include specific directions, which must comply with the written directions from the prescribing physician
  + For over-the-counter medication: Permission must include specific directions which comply with the packaging instructions.
  + Expired medication will be returned or destroyed

**Child Abuse**

* State of New Mexico law: anyone over 18 is a mandatory reporter
* Indicators of child abuse
* Provide a written description of incident, reason for suspicion to Site Director and Mike
* Mike will call, if not, you may still call

**Infection Control / Sanitary Procedures**

* Snack preparation
* Hand washing policy
* Bleach water solution & cleaning supplies
* Dishwashing requirements and procedures
* Used rags/sponges

**Morning Closing Procedures**

* Clean up clutter
* Sweep and mop floor?
* Take out trash

**Afternoon Closing Procedures**

* Check bathrooms for trash and messes
* Sweep and mop floor
* Thoroughly clean snack area and tables
* Close & lock windows
* Secure checks and confidential information
* Lock cabinets
* Lock all doors to the outside
* Turn off all lights
* When to call security

**Taking Payments**

* Parents put checks and money orders in payment box
* We do not send bills
* Monthly statements upon request
* Tax ID number
* Be able to answer basic questions about payment policies
* Refer specific payment questions to Sara or Chelsea

I certify that I attended this orientation and that all items were covered. I have read, understand and agree to follow the discipline policies of Children’s Choice. A copy of the licensing regulations has been made available to me and I have been trained on those regulations.

New Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Staff Conducting Orientation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE ATTACH TO YOUR TIME SHEET!!!! THANK YOU!**