

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
<b>Meet staff, tour centre and locate:</b> <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		
<b>Meet school staff, tour school and locate:</b> <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		
<b>Review of</b> _____ <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:**

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AREA OF ORIENTATION	DATE REVIEWED	SIGNATURE OF STAFF
<p>Review of _____ Policies &amp; Procedures:</p> <p><b>PROCEDURES:</b></p> <p><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</p> <p><b>POLICIES:</b></p> <p><input type="checkbox"/> Allegations of Inappropriate Beh. Mgmt &amp; 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 &amp; Safety Policy  <input type="checkbox"/> Pandemic Policy  <input type="checkbox"/> Playground Policy</p>		

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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		
<b>Location of various Resources reviewed:</b>		
<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		
<b>Review Terms of Employment:</b>		
<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		
<b>Review Team Philosophy:</b>		
<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		
<b>Review any Individual Children's needs:</b>		
<input type="checkbox"/> Custodial arrangements <input type="checkbox"/> Developmental levels <input type="checkbox"/> Extenuating circumstances Review children's file(s) if necessary		

**EMPLOYEE NOTES:**

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

**EMPLOYEE NOTES:**

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