New Employee Orientation Checklist – Early/Head Start

Employee:

Hire Date: **Temp Date:**   **Permanent Date:**

1. Provide essential resources and materials – Orientation Facilitator

Date	Initial		Date	Initial	
		Department Website /Online Orientation			Program Performance Standards (online)
		Setup email with signature in Outlook			CPR/First Aid Training–Health & Safety *You will be emailed by Health Support*
		Confidentiality Training/ Quiz (online) *Complete within 2 weeks of employment*			Bloodborne Pathogens Training (online) *Complete within the first 10 days of employment*
		Standards of Conduct Training/ Quiz (online) *Complete within 2 weeks of employment*			Time Accounting Training *(FSW/A's Submit MIS to fswata@esc7.net)*
		Child Abuse Training (online) *Complete within 2 weeks of employment*			Travel Form–Fiscal Support
		Create or Update MIS Participant Registration Account			Staff Information Sheet *(complete the return to Orientation Facilitator)*

2. Review job description and performance expectations – Supervisor (see form ESC-511)

Date	Initial		Date	Initial	
		Job Description ESC-312 (1st day of employment)			Professional Development Plan ESC 311(within 5 days)
		Goals ESC-310A (within 5 days)			Performance Evaluations -*When they are conducted*

3. Review key administrative policies and practices - Supervisor

Date	Initial		Date	Initial	
		Request for leave (Doc-E-Fill)			Emergency Exits/Office security (badge use at doors and gate)
		Holidays			Request for supplies
		Office appearance			Standard Meetings/Trainings

4. Facilities Tour – Supervisor (for new office staff only)

Date	Initial		Date	Initial	
		New employee's office			Restrooms
		Supervisor's office			Parking
		Meeting rooms			Supplies and storage areas
		Library Workroom			Eating area/break room

5. Review and demonstrate critical equipment and systems – Orientation Facilitator

Date	Initial		Date	Initial	
		Computer/Printer/Copier/Software/Facsimile			Telephones/Voicemail
		Scan fingerprint/ code for Time Clock Plus			Equipment/ Lending Library Resource Check-Out/Check-In
		Create 4 digit copy code -Assistant Director			

6. Component Specific Orientation Sessions

Name: _____   Start Date: _____

Date	Initial		Date	Initial	
		Mental Health			Disabilities
		Education			Program Compliance/ChildPlus
		Nutrition			ERSEA
		Health			Bilingual

Yes No   Yes No
☐   ☐   **Former Head Start parent?**   ☐   ☐   **Former Head Start student?**

Please return the following documents to Orientation Facilitator no later than 2 weeks after hire date:

☐ New Employee Orientation   ☐ Goals
☐ New Employee Orientation --Head Start   ☐ Professional Development Plan
☐ Job Description

_____   _____
Employee Signature   Date