# Orientation Checklist

*Please use this sample staff orientation checklist as a template. You may cut, copy, and paste as needed. Please note that the list is not all inclusive and your checklist may have different items included. Items in red are required by ND Early Childhood Services Rule to be addressed in the first week of work.*

Employee Name: _____ Classroom: _____

Date Hired: _____ Supervisor: _____

| Pre-Hire | Date Covered | Employee Initials Verifying Understand Policy/Procedure | Date Completed |
|---|---|---|---|
| Complete Background Check | | | |
| Complete Finger Printing | | | |
| Job Description Review & Expectations | | | |
| Parking, Dress Code, Storage of Personal Items | | | |
| **Onboarding** | | | |
| Complete Necessary HR Paperwork | | | |
| Insurance/Benefits | | | |
| Pay Schedule/Direct Deposit | | | |
| Staff Emergency Contact Information | | | |
| Set Up Individual Growing Futures Account | | | |
| Getting Started (Within 90 days of employment) | | | |
| ND Mandated Reporter (Within 90 days of employment) | | | |
| ND Safe Sleep Training (prior to providing care to infants) | | | |
| Pediatric CPR/First Aid (Within 90 days of employment & prior to having unsupervised access to children) | | | |
| Tour of Facility | | | |
| Introduction to Staff Members | | | |

| Week One Required Orientation | Date Covered | Employee Initials Verifying Understand Policy/Procedure | Date Completed |
|---|---|---|---|
| Review of Staff Handbook | | | |
| *Attendance Policy* | | | |
| *Overtime* | | | |
| *Paid Time Off* | | | |
| *Extended Leave Policy* | | | |
| *Keys/Access to Building* | | | |
| *Employment at Will* | | | |
| *Cell Phone Policy* | | | |
| *Appropriate Use of Technology (Computer, Facebook, Cameras, etc.)* | | | |
| *Timecard* | | | |
| *Conflict Resolution Process* | | | |
| *Individual Performance Evaluation* | | | |
| *Grievance Policy* | | | |
| Review of Parent Handbook | | | |
| *Family Custody Issues* | | | |
| *Child Pick-up Authorization & Verification Procedures* | | | |
| Review ND Early Childhood Services Rule | | | |
| Confidentiality of Records, Information, and Photos | | | |
| Handwashing and Sanitation Procedures | | | |
| Emergency Health, Fire and Safety Procedures, Handling and Storage of Hazardous Materials | | | |
| Medication Administration Policies | | | |
| Child Abuse and Neglect Laws | | | |
| Process for Reporting a Complaint or Suspected Licensing Violation | | | |
| Individual Child Needs - Health, Nutrition, Special Needs | | | |
| Transportation and Child Passenger Safety, if Applicable | | | |
| Record Keeping Expectations | | | |

| Ongoing Orientation | Date Covered | Employee Initials Verifying Understand Policy/Procedure | Date Completed |
|---|---|---|---|
| Behavior Guidance Policy | | | |
| Supervision Policy | | | |
| Adult-Child Interaction Policy | | | |
| Overview of Growing Futures<br>• Link Individual to Employer Org Account | | | |
| Familiarize Self with Children's Personal Files | | | |
| Curriculum Overview and Expectations | | | |
| North Dakota Early Childhood Standards | | | |
| Daily/Weekly Schedule | | | |
| Planning Time/Lesson Plan/Activity Expectations | | | |
| Environment Set-Up | | | |
| Transitions Between Activities | | | |
| Observation Expectations | | | |
| Assessment Used | | | |
| Referral Process for Children with Health or Developmental Concerns | | | |
| Family Communication Expectations | | | |
| Conferences | | | |
| Contact with Families Outside of Work Time/Babysitting | | | |

**I understand and agree to abide by the policies, guidelines, and procedures discussed.**

_____ _____

(Staff Signature) (Date)

**I verify that the policies, guidelines, and procedures listed above were discussed and will be upheld.**

_____ _____

(Supervisor Signature) (Date)

*Copy form and give to staff member. File original is staff's personnel file.*

*Revised 03/2026*