

ORIENTATION CHECKLIST FOR ALL NEW EMAA HEAD START STAFF

_____ Welcome! Discuss what to do the first day.

Tour

_____ Where you can put your personal belongings.

_____ Introduce other staff. Their names and positions are (list on back):

_____ Where to park your vehicle.

_____ Show staff smoking area. Review the following smoking policy. *Smoking policy: Smoking is prohibited in all Head Start centers whether or not children are present. This includes all classrooms, staff offices, hallways, meeting rooms, restroom, and outdoor play area. This includes the use of smokeless tobaccos. When Head Start children are taken on field trips, the setting in which they are taken becomes the classroom. From *Head Start 101: Health*

_____ Show where evacuation procedures are posted and explain.

_____ Go over kidnaping plan. Our code word is: _____

Office

_____ Employee work schedule. Your hours are: _____

_____ Breaks and lunch are: _____

_____ Fill out shift schedule and email to: dvance@eastmoaa.org

_____ Discuss attendance and punctuality.

_____ Call in procedures for sick and personal leave *by 8:30 a.m.*

_____ 1) Head Start Administrative Secretary: **573-454-2200 x1112**. 2) Site manager's phone _____

_____ Explain Workflow. Or email: claramore@eastmoaa.org

_____ Fill out *Emergency Medical Form (on web).

_____ Dress expectations. Dress policy: *All staff must be neat, clean and dressed appropriately, as a professional working with young children (Education Work Service Plan)*. A copy of the Dress Code is on our web site.

_____ Give and discuss *job description (downloaded from the web).

_____ Phone call policy: *Only during breaks and lunch, non-emergency calls may be made by field staff.*
(Administration Work Service Plan).

_____ Give key to staff, if opening or closing center. A key was given: ___yes ___no

_____ Give any needed office supplies.

Trial Period/ Leave Time

_____ Trial period is 90 days. Shortly before this time ends, you will receive an evaluation.

_____ You have *no* ETO (Earned Time Off) or Sick Leave during your trial period. You can use your Personal Day.

_____ ETO (Earned Time Off). After your trial period staff hired at the beginning of the school year have (40hrs/wk -48 hours ETO, 32hrs/wk - 40hrs ETO, 30hrs/wk - 36hrs/ETO, 24hrs/wk - 30hrs/ETO). Employees hired during the school year will be awarded leave on a pro-rated basis. (Refer to EMAA Personnel Policies.)

_____ Sick leave: Staff who join EMAA during the year will have their sick days pro-rated at one (1) day for every four (4) months or 3 days for an entire school year. Sick days may be used for the employee's illness or for the illness of a household or family member. Sick leave can be used in full days or hours. Sick days are based on the normal # of hours staff work each day, e.g. a 6-hour/day employee receives Sick Days that are 6 hours long. Sick days will roll over into the next program year with a limit.

_____ Personal leave. Staff will be allowed two (2) Personal Days per Agency fiscal year (October 1 through September 30). Personal Days may be taken in full days only, not on an hourly basis. The only exception to this rule is when an employee would otherwise have to take leave without pay. Unused Personal Days (whole days) will be rolled over into the next year with a total lifetime cap of 6 days or 54 hours.

_____ At the end of each school year the employee may sell back to EMAA, on a one-to-one basis, any ETO not utilized during that school year. No ETO may be carried over into another school year or into summer furlough.

_____ Your leave information is on the home screen of your workflow page.

Computer

_____ Show our internet address which is: www.eastmoaa.org

_____ On this site is: Personnel Policies, HS Procedures, job descriptions, forms, mileage sheets and much more

_____ Give instructions to set up Google email (attached)

_____ Log into www.gmail.com; email/password was emailed to Site Manager; MUST do 2 step verification

Education Staff

_____ Give a fanny pack or apron.

_____ Site Manager: update *Staff Classroom Schedule. Place a copy in the a) classroom, b) SM office, c) give to AC.

_____ Week 1 of *New Education Staff Training" has been completed for staff working toward a CDA or who are unfamiliar with EMAA Head Start's approach to early childhood education..

New staff signature _____ Date _____

Make a copy for the new staff member. This form is kept in the each person's Personnel File at center rev 10/22

New Employee Orientation

Use of orientation checklist: The use of this checklist is voluntary; however, completion of this document will verify compliance with the orientation required in 19 CSR 30-61.105(1)(I)/ 19 CSR 30-62.102(1)(J). Orientation must be conducted with seven (7) days of employment or volunteering and before being left alone with children. Upon completion of the orientation, trainer and staff shall initial and date the spaces that correspond to each completed policy or procedure and the trainer will sign at the bottom. Place in the staff record for review.

Staff member: _____ Date of Hire: _____

Check off tasks as completed:	New staff		Trainer	
	Initials	Date	Initials	Date
1) Tour of the facility - indoors				
2) Tour of the facility - outdoors				
3) Review of licensing rules				
4) Review of the license and any limitations				
5) Child care practices				
6) Medication procedures				
7) How to handle child illness				
8) Discipline and guidance policies				
9) Daily schedule				
10) Assigned duties and responsibilities of staff				
11) Names and ages of the children for whom the staff member will be responsible				
a. Any special health needs				
b. Any nutritional needs				
c. Any developmental needs				
12) Location of children's records				
13) Infant safe sleep policy				
14) Disaster and emergency preparedness plan				
a. Location of emergency information				
b. Evacuation routes				
c. Shelter in place locations				
15) Mandated reporter responsibility				

I certify that the staff member listed above has completed the above orientation topics.

Trainer: _____ Date: _____

EAST MISSOURI ACTION AGENCY, INC

SHIFT SCHEDULE

Employee Name: _____

Supervisor Name: _____

Worksite: _____

Change Date: _____

Day of Week	Start Time		End Time		Total Hours/Day
Sunday		AM PM		AM PM	
		AM PM		AM PM	
Monday		AM PM		AM PM	
		AM PM		AM PM	
Tuesday		AM PM		AM PM	
		AM PM		AM PM	
Wednesday		AM PM		AM PM	
		AM PM		AM PM	
Thursday		AM PM		AM PM	
		AM PM		AM PM	
Friday		AM PM		AM PM	
		AM PM		AM PM	
Saturday		AM PM		AM PM	
		AM PM		AM PM	
Total Hours per Week					

Employee Signature/Date

Supervisor Signature/Date