

Southern Oregon Child & Family Council, Inc.

Southern Oregon Head Start, Early Head Start and Listo

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SLIDE – CENTER ORIENTATION

Slide Participant: _____

Center: _____

To be completed by the supervisor (or designee) and the Slide participant.

Topic	Date completed
Where to store my personal belongings	
Where to park my vehicle	
Tobacco Free Policy	
Time keeping system	
Regular hours/schedule	
Who, and how, to contact if unable to come to work	
Center walk-through	
Location of policy and procedure manuals (MSDS, Health, Accident Reporting)	
Introduction to center staff	
Introduction to children	
Explanation of emergency procedures	
Location of spill kits	
Location of first aid kits and red fanny or backpacks	
Location of health posters	
Location of phones, fax machines, etc.	
How to report accidents, near misses and unsafe conditions	
Review potential chemical hazards	
Instructions on office equipment/supplies	
Review typical schedule of daily activities	

I have reviewed and discussed the above topics with the center supervisor.

Slide Participant name (print)

Date

Slide Participant signature

Supervisor's signature

Date

****Return completed for to Human Resources within 3 days of the new Slide participant starting.**