ORIENTATION CERTIFICATION

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
EARLY CHILDHOOD SERVICES
SFN 969 (1-2011)

Clear Fields

Name of Facility	Beginning Date of Employment
Name of Employee ☐ Part Time ☐ Full Time	Dates of Orientation
Employee's Position(s) at Facility	

Orientation Agenda (Check if Completed)

- ☐ Program policies and licensing regulations
- ☐ Emergency health, fire & safety procedures
- ☐ Hand washing and sanitation procedures
- ☐ Individual child needs: health, nutrition, special needs
- ☐ Confidentiality of records, information, and photos
- ☐ Child abuse and neglect laws
- ☐ Process for reporting a complaint or suspected licensing violation

Date Basic Child Care Completed

Background Check Completed:

- ☐ Fingerprint background check for directors, supervisors, and employees who have lived outside of North Dakota and Minnesota for last 10 years
- ☐ North Dakota and Minnesota court search completed by operator
- ☐ SFN 508 submitted to County Social Service Office

CPR and First Aid required? ☐ Yes ☐ No	Date Completed
Signature of Employee	Date
Signature of Employer	Date