



ORIENTATION CERTIFICATION
NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
EARLY CHILDHOOD SERVICES
SFN 969 (2-2021)

Name of Facility		Beginning Date of Employment
Name of Employee		Hours Worked per Week
Dates of Orientation	Employee's Position(s) at Facility	
Orientation Agenda (check if completed)		
<input type="checkbox"/> Program policies and licensing regulations	<input type="checkbox"/> Medication administration policies	
<input type="checkbox"/> Confidentiality of records, information, and photos	<input type="checkbox"/> Child abuse and neglect laws	
<input type="checkbox"/> Hand washing and sanitation procedures	<input type="checkbox"/> Process for reporting a complaint or suspected licensing violation	
<input type="checkbox"/> Individual child needs: health, nutrition, special needs	<input type="checkbox"/> Transportation and child passenger safety, if applicable	
<input type="checkbox"/> Emergency health, fire & safety procedures, handling and storage of hazardous materials		

Fingerprint Background Check	Date Completed
Basic Child Care Training Course (within 90 days of employment)	Date Completed
Infant and Pediatric CPR/AED and First Aid Certification (within 90 days of employment and prior to having unsupervised access to children)	Date Completed
SIDS Training Required? (prior to having unsupervised access to infants) <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Completed

Signature of Employee	Date
Signature of Employer	Date