

CCL 401  
6/2017

**Kansas Department of Health and Environment**  
Bureau of Family Health  
1000 SW Jackson, Suite 200  
Topeka, KS 66612-1274  
Child Care Program: (785) 296 -1270 Fax: (785) 559-4244  
Website: [www.kdheks.gov/kidsnet](http://www.kdheks.gov/kidsnet)



**This PS/CCC Orientation Review form is recommended but not required.**

Facility Name: \_\_\_\_\_ License number: \_\_\_\_\_

Name of Person conducting the orientation: \_\_\_\_\_ Date of Orientation: \_\_\_\_\_

Name of Person receiving orientation: \_\_\_\_\_

First Day of Employment or Volunteering: \_\_\_\_\_

**K.A.R. 28-4-428a(a)** Orientation. (3) Each licensee shall ensure that orientation is completed by each staff member who will be counted in the staff-child ratio and by each volunteer who will be counted in the staff-child ratio. Each staff member and each volunteer shall complete the orientation within seven calendar days after the date of employment or volunteering. Each staff member shall complete the orientation before being given sole responsibility for the care and supervision of children.

The following have been reviewed:

- Licensing Regulations
- Policies and practices of the preschool or child care center, including emergency procedures, behavior management, and discipline
- Schedule of daily activities
- Care and supervision of children in care, including any special needs and known allergies
- Health and safety practices
- Confidentiality

\_\_\_\_\_  
Signature of person receiving orientation

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of person giving orientation

\_\_\_\_\_  
Date