



**Series:** 500 Training

**Policy Name:** New Employee Orientation

**Policy Number:** 501

**Origination Date:** 01/20/15

**Revision Date:** 6/01/23

**Attachments:** None

**Policy:** It is the policy of Communities Connected for Kids to provide an orientation program to welcome new employees. This ensures that they are sufficiently acquainted with their work environments and in a position to have successful start to their jobs. It also to increases the organization's employee retention and effectiveness.

**Scope:**

All eligible new full-time and part-time employees are required to participate in the orientation program. The program will assist staff in understanding the organization's mission, vision and culture, and encourage commitment to the organization. The responsibility for initial orientation is shared among the employing Department Director or Supervisor, the new employee, the Training Department and the Human Resources Department.

All new employees must complete the entire orientation program within 90 days of hire.

• Orientation Schedule:

| Main Component & Responsible Party | Scheduled Time   | # of Hours | Topics Covered                 | Certificate of Completion |
|------------------------------------|--|------------|--------------------------------|---------------------------|
|                                    | Self-paced; to be completed prior to In-Person Orientation Session | 0.5        | Security Awareness             |                           |
|                                    | Self-paced; to be completed prior to In-Person Orientation Session | 1.5        | Falsification in the Workplace |                           |



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|  | Self-paced; to be completed prior to In-Person Orientation Session | 0.5 | HIPAA   |  |
|  | Self-paced; to be completed prior to In-Person Orientation Session | 1.5 | Deaf & Hard of Hearing (Modules 1, 2 & 3)                     |  |
|  | Self-paced; to be completed prior to In-Person Orientation Session | 1.0 | Civil Rights  |  |
|  | Self-paced; to be completed prior to In-Person Orientation Session | 1.0 | Medicaid, Fraud, Waste and Abuse – handout, need attestation  |  |
|  | Self-paced; to be completed prior to In-Person Orientation Session | 0.5 | DCF Preventing Sexual Harassment                              |  |
|  | Self-paced; to be completed prior to In-Person Orientation Session | 0.5 | DCF Preventing Sexual Harassment for Supervisors and Managers |  |
|  | Self-paced; to be completed prior to In-Person Orientation Session | 1.5 | Customer Service Skills for Child Welfare Professionals       |  |
|  | Self-paced; to be completed prior to In-Person                     | 1.0 | Bloodborne Pathogens Training and Quiz                        |  |



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|--|---------------------|--|--|--|
|  | Orientation Session |  |  |  |
|--|---------------------|--|--|--|

Except for extenuating circumstances, in-depth orientation sessions will be conducted according to the following orientation schedule.

| Main Component<br>& Responsible Party         | Scheduled Time           | # of Hrs.  | Topics Covered   | Presenter's Signature |
|---|--------------------------|------------|--|-----------------------|
| <b><u>DAY 1</u></b><br><b>Human Resources</b> |                          |            |  |                       |
| <b>Training Department</b>                    | <b>09:00 – 09:30</b>     | <b>.25</b> | Welcome to CCKids. Overview of Communities Connected for Kids. Tour of facility(emergency exits, fire extinguishers, First Aid Kits & Pocket Talker, muster point). Introduction to CCKids staff |                       |
| <b>Training Department</b>                    | <b>09:30 – 10:00</b>     | <b>.75</b> | Communities Connected for Kids history, vision, mission and values. Org Chart, Customer Service, CCKids Organizational Structure, Trauma's impact on Family Systems, PQI Structure               |                       |
| <b>Human Resources</b>                        | <b>10:00AM – 11:30AM</b> | <b>1.5</b> | Human Resources, Benefits, Employee Handbook, Policy Review, Time Keeping (KRONOS),  |                       |



|  |                          |            |   |  |
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|  |                          |            | Travel Policy, Dress Code policy.   |  |
| <b>Training Department</b>                     | <b>11:30AM – 12:00PM</b> | <b>.5</b>  | Introduction to System of Care, and Cultural Competency, CCKids Safety Manual, Emergency Management Plan, Active Shooter Response, Worker Safety. |  |
| <b>Lunch</b>                                   | <b>12:00 – 12:30PM</b>   | <b>.5</b>  | Lunch- Employee's Choice  |  |
| <b>Training Department</b>                     | <b>12:30PM – 3PM</b>     | <b>2.5</b> | Self-Care, Managing Compassion Fatigue/Secondary Traumatic Stress, Time Management- the why and how, Next Steps, Evaluation                       |  |
| <b><i>MONTH ONE</i></b>                        |                          |            |   |  |
| <b><i>Personal Development: Supervisor</i></b> |                          |            | Meet with employee to assess progress and answer questions; develop individual performance goals; review training needs                           |  |
|  |                          |            | Attend Monthly CQI Meeting (If Applicable)  |  |
|  |                          |            | Attend Board meeting (if applicable)  |  |
|  |                          |            | Attend Quarterly Performance Measures Meeting (If Applicable)   |  |
|  |                          |            | Attend Pre-Service & In-service training (as related to roles)  |  |




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|  |  |  | Visit service centers (if applicable)   |  |
| <b>MONTH TWO</b><br><b>Personal Development:</b> |  |  | Continue to meet with employee to assess progress and answer questions. Develop individual performance goals; review training needs |  |
| <b>90 day Interval:</b><br><b>Supervisor</b>     |  |  | Complete evaluation, promote to regular status.   |  |
|  |  |  |   |  |

**ACKNOWLEDGMENT: (to be signed upon completion of all orientation items)**

Employee: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

**Return original to Human Resources - Copies to supervisor and Employee**

Approved:  \_\_\_\_\_

Carol A. Deloach, CEO

6/01/2023