

Check this template against your local regulations and your own policies before you use it.

Employee _____ Role _____ Start date _____

Buddy or manager _____

Induction From the signed offer to the end of probation

TASK	DUE	DATE	INITIALS
Before the first shift			
☐ Check their background check or working with children clearance is valid Record the number and expiry date.	Before day 1		
☐ Check their qualification, or their enrollment in one	Before day 1		
☐ Check their first aid, CPR, asthma and anaphylaxis training is current	Before day 1		
☐ Collect the contract, payroll details and emergency contacts	Before day 1		
☐ Set up their logins for the attendance and family communication apps	Before day 1		
First day			
☐ Tour the rooms, sleep areas, kitchen, outdoor areas and staff-only areas	Day 1		
☐ Show every exit, the assembly points, the evacuation cots and the emergency bags	Day 1		
☐ Go through the child protection procedure, and who to report a concern to	Day 1		
☐ Show where each child's medical action plan and emergency medication are kept	Day 1		
☐ Explain the supervision plan and ratios for their room	Day 1		
☐ Introduce them to the room leader, their buddy and the team	Day 1		
First week			
☐ Read and sign the key procedures Arrival and departure, incidents, medication, safe sleep, diaper changing and emergencies.	Week 1		
☐ Learn each child's allergies, medical needs and who may collect them Including any court orders or people who must not collect a child.	Week 1		
☐ Shadow their buddy through a full day in the room	Week 1		
☐ Train on observations and documentation for the learning program	Week 1		
☐ Train on the daily safety and cleaning checklists	Week 1		
First month			
☐ Have the room leader observe their practice and give feedback	Month 1		
☐ Check every required training module is complete	Month 1		
☐ Hold a 30-day check-in and agree goals	Month 1		
End of probation			
☐ Hold the probation review and confirm the outcome in writing	Month 3		
☐ Update their training record and staff file	Month 3		

Completed by _____ Checked by (manager) _____ Date _____ Notes _____