

# Child and Family Development Programs New Staff Orientation Training Certificate

The following Staff person

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Has completed a **2 hour** new staff orientation at

\_\_\_\_\_ Facility Name

\_\_\_\_\_ Facility CCD License Number

Training Date \_\_\_\_\_

Core Knowledge Category: **Program Management**

Staff Hire Date \_\_\_\_\_



\_\_\_\_\_ Staff Signature

\_\_\_\_\_ Orientation Trainer Signature