



Arkansas Department Of Human Services
Division Of Children And Family Services
DCFS EMPLOYEE ORIENTATION CHECKLIST ADDENDUM

New Employee: _____ **SSN** _____

Hire Date _____ **Work Location** _____

Area _____ **Staff Member Conducting Orientation** _____

INSTRUCTIONS: This orientation checklist (CFS-1136) will be completed within 30 days of the new employee's hire date, or rehire date after a period of broken service of more than 6 months. Completion of both the DCFS CFS-1136 and DHS 1101 orientation forms shall be recorded on the employee's CFS 381 (Employee Training Record). Information may be provided in any order and is not to be considered sequential.

Supervisors will place their initials in the box in front of each orientation item number after it has been completed.

SECTION I. ORIENTATION FOR ALL NEW DCFS STAFF: (3 hours training credit)

Orientation Information For All DCFS Staff	
1.	Given tour of work site. Introduced to on-site co-workers.
2.	Shown location of emergency evacuation and response information, exits, fire alarms, extinguishers and first aid kits.
3.	Assigned computer and contacted resources to provide mailbox in Outlook access.
4.	Employee shown location of DHS Share Point and DCFS websites on computer.
5.	Employee shown location of DHS and DCFS Family Services Policy and Procedures Manual on website. Given copy and directed to review DCFS Policy and Procedure Manual. Signed CFS-341 certification for receipt of DCFS policy manual and distributed as required.
6.	Discussed mission, philosophy and goals of the agency, located in policy manual under DCFS Policy I-A.
7.	Discussed DCFS Policy I-B, covering DCFS' relationship with other community resources and roles of State and private agencies and organizations in serving DCFS clients. These State and private resources include, but are not limited to: Division of Youth Services; Mental Health Centers; Administrative Offices of the Courts and the Guardian/Ad litem program; Arkansas Department of Health; Foster and adoptive families; Division of County Operations; and the Department of Developmental Disabilities
8.	Discussed DCFS Policy I-C, Division's Organizational Structure, and provided employee a map of the ten DCFS service areas and DCFS Organizational Chart. Explained relationship between DCFS and DCO in counties.
9.	Given and discussed the organizational chart of local work unit. Discussed work unit supervisory roles and responsibilities and information flow.
10.	Referenced and discussed DHS DCFS Policy I-F Confidentiality. Also discussed HIPPA requirements and provided information on where to find DHS policies/forms indicated on DHS-1301, Policy Employee Certification Receipt. Employee signed DHS-1301 and distributed as required.

SECTION I. (Continued)

Orientation Information For All DCFS Staff		
11.		Discussed responsibility for ethical behavior, DHS Policy 1081. Shown location of policy in on-line DHS Policy.
12.		Discussed legal rights of persons served by DCFS being outlined in specific case plans and DCFS PUB 11 and PUB 52.
13.		Shown how to access AASIS Employee Self Service website from DHS Gold to view personal pay period payments.
14.		Discussed office procedures, including information concerning availability, location and process to obtain basic office supplies.
15.		Discussed and provided employee with procedural information involving assigned beepers, office phones, cell phones, or use of state vehicles, if applicable.
16.		Discussed and provided access to CHRIS and AASIS, if applicable to job function.
17.		Advised of parking availability and guidelines.
18.		Informed employee that the Employee Assistance Program (EAP) is designed to provide assistance to those employees who have personal problems affecting job performance. For more information, call 1-866-378-1645. Shown information source link to EAP under Employee Services, on the DHS Share Point website.
19.		Employee informed that DCFS takes continual action to improve services and develop solutions to issues identified through Continuous Quality Improvement (CQI) activities in order to: <ul style="list-style-type: none"> . Build on strengths; . Eliminate or reduce identified problems; . Determine possible causes when data reveal issues of concern; . Develop solutions and replicate good practice; and . Implement and monitor the effectiveness of corrective action plans, when indicated
20.		Informed employee about the requirements of the Arkansas State Vehicle Safety Program (ASVSP), including submission of CFS-593, VSP-1, VSP-2 and a copy of his/her valid driver's license.
21.		Invited questions and/or comments.

**SECTION II. ADDITIONAL ORIENTATION FOR DIRECT CLIENT CARE STAFF:
(1 hour training credit)**

Information For All DCFS Program (Direct Client Contact) Staff		
1.		Provided information on judicial and regulatory issues as outlined in DCFS Policy I-B.
2.		Discussed and shared available community and state resources connected with client services and provided frequently used provider numbers in county/Area.
3.		Provided or directed to resource for obtaining city/county map.
4.		Telephone instructions: forward calls, pick up a page in another office, how to page another person.
5.		Provided with a list of attorneys ad Litem with phone/fax numbers and addresses.
6.		Provided information regarding the Off-Site Workers' Safety Plan and the use of CFS-317 (Off-Site Workers' Safety Log).

Should more space be required for other items, attach additional sheets.

SECTION III. FOR HIRING SUPERVISOR USE ONLY:

Additional Tasks For The Hiring Supervisor		
1.		Contacted appropriate resources to setup telephone assignment.
2.		Completed appropriate forms for AASIS role mapping for specific employee job requirements and tasks.

3.	Provided training resources for staff to utilize and operate Outlook email program responsibilities.
4.	Assigned beeper, cell phone as required, and instructed in appropriate use.

SECTION IV. CERTIFICATIONS:

A. I certify that all information within the DCFS employee orientation checklist addendum has been discussed with me and I have been given the opportunity to clarify any of the covered topics:

Employee Name (Print)

Employee Signature

Date

B. I certify that all information within the DCFS employee orientation checklist addendum has been discussed with the new employee and he/she has been given the opportunity to ask questions concerning any covered topics.

Hiring Official or Immediate Supervisor's Name (Print)

Hiring Official or Supervisor's Signature

Date

C. I certify that the entire new employee orientation has been completed as required.

Unit Manager or County Supervisor Name (Print)

Unit Manager or County Supervisor Signature

Date

DISTRIBUTION:

Send the original form and copies to the following people and offices.

- Original copy to DCFS Personnel Office
- One (1) copy each to the – (1) Employee; (2) Employee's Immediate Supervisor; (3) Employee's DHS File