ISL (Small Homes) ORIENTATION CHECKLIST

Employee's Name: _____ Date of Hire:_____

ISL Location: _____

Training Supervisor(s): _____ Date: _____

LSP/ALSP Initials	Date Completed	Employee Initials	
			***Make sure all training records are signed and placed in appropriate locations**
			(ISP, Implementation Strategies, Drills, adaptive equipment, Physician's Orders, ect)
			Upon Hire:
			Meet Staff
			Meet Individuals
			New Hire Orientation
			Prior to working with any Individuals:
			Complete required trainings on College of Direct Support (Abuse and Neglect)
			Prior to working alone and must be completed no later than 30 Days from Date of Hire:
			CPR/First Aide: Dates Scheduled_____
			Med Aide: Dates Scheduled_____
			First observed Med pass by RN/LPN: Date Scheduled_____
			Two observed Med passes by LSP/ALSP: Dates Scheduled_____
			Tools of Choice if directed by PM: Dates Scheduled_____
			Read and understand On-Call Procedures and Calendar and know where it is located
			Find location of all necessary agency, guardian, on-call, and emergency numbers
			Emergency Procedures, Fire and Disaster Training. Drills must be completed in home
			***each Emergency drill form and sign off sheet needs to be completed in the home book**
			Locate where the 1st Aid kit/CPR barrier mask are for the home and vehicle (train how to use)
			Locate Bed Bug Kit and train staff how to check for bed bugs in the program
			Read & understand Individual Plan(s) (ISP) and all Implementation Strategies
			New Hires-At least 12 hours of side by side (8 hours with LSP or ALSP)
			Employees new to the field require 12 hours with LSP or ALSP
			Current employees-4 hours of side by side with LSP or ALSP
			Understand how to use, sign, and chart in SetWorks (Outcomes and Daily Observation Notes)
			Understand how to use MITC for clock in/out, request time off, look at schedule, etc.
			Understand Medication Administration Records (MARs), medication counts, & Physician's Orders
			Understand what the medications are for and know where they are kept
			Read and understand medication side effect sheets for each medication
			Understand financial guildelines (budget, personal, petty cash, etc.)
			Understand how to enter mileage and how to use mileage in the home
			Read and understand any therapy(s), adaptive equipment, cleaning of any equipment, ect
			Understand any Dietary Training and/or Choking Precautions Training (as applicable)
			Understand and train with RN/LPN on any Nursing Delegations (as applicable)
			Read and understand the last 3 Professional Manager Monthly Reviews
			Learn where the staff notebook is kept, how to use it, and read the last months entries/sign
			Review cleaning and home care checklist and how to complete task on your shift
			Identify Monthly Staff Meeting schedule and read the last 3 monthly agenda's
			Within 30 days of employment:
			Supervisor must complete a 30 day Positive/Negative Observation Form with feedback
			Within 90 days of employment:
			A. Must complete a 3 month evaluation with feedback at the office
			B. Must complete Missouri Quality Outcomes online: Date Scheduled_____
			C. Must complete Positive Behavioral Supports (PBS) online: Date Scheduled_____

***If you have had Tools of Choice Training you do not have to take PBS**

Please turn this form into Human Resources upon completion of 90 days of employment and/or when fully complete.

Notes: