

STAFF ORIENTATION FORMAT

STAFF NAME _____ DATE OF EMPLOYMENT _____

FACILITY NAME _____ ADDRESS _____

ORIENTATION	TIME FRAME	DATE COMPLETED	STAFF SIGNATURE
<u>A. ADMINISTRATIVE POLICY & PROCEDURES</u>			
1. Organizational structure, philosophy & goals.	1 st Day		
2. Agency/Facility Policy & Procedures Manual.	1 st Week		
3. Residential Care Licensing (RCL) Manual.	1 st Week		
4. Review emergency contacts, procedures & protocols, and safety measures.	1 st Day		
5. Fire and household safety standards & procedures.	1 st Week		
6. Participation in a scheduled fire drill.	1 st Month		
7. Management of household accounts.	1 st Week		
8. Location of meds, keys, electrical boxes, water main, tools, supplies and equipment.	1 st Day		
9. Shift duties, household routines/maintenance	1 st Week		
10. Staff communication requirements/protocols and maintenance of logs/documentation.	1 st Week		
11. Signing authority with respect to residents' needs and facility business.	1 st Week		
<u>B. PERSONNEL POLICIES AND PROCEDURES</u>			
1. Personnel Policy & Procedures Manual.	1 st Month		
2. Position description, roles and responsibilities.	1 st Week		
3. Standards and procedures/staff evaluations.	1 st Month		
4. Staff code of conduct including standards for confidentiality.	1 st Month		
5. Staff disciplinary and dismissal procedures.	1 st Week		
6. Staff grievance procedure.	1 st Week		
7. Staff benefits and record keeping requirements for receipt of benefits.	1 st Month		
8. Staff schedules, hours of work, breaks, etc.	1 st Day		
<u>ORIENTATION</u>			
<u>C. PROGRAM POLICIES AND PROCEDURES</u>			
1. Program Policy and Procedures Manuals.	1 st month		
2. Program philosophy, goals, and objectives.	1 st week		
3. Admission and Discharge procedures.	1 st month		
4. House rules, residents' rights/responsibilities including residents' grievance procedure.	1 st week		
5. Involvement in residents' routines & activities on weekdays and weekends and individual and behavioral programs under supervision of experienced staff.	1 st week		
6. Supervision requirements for the facility and supervision requirements for "at risk" activities/routines for individual residents.	1 st day		
7. Components of a resident file and review of record keeping requirements and procedures.	1 st week		
8. Medication administration and documentation under supervision of experienced staff.	1 st week		
9. Procedures for resident medical appointments and follow up.	Monthly		
10. Policy and procedures for the management of			

<i>resident personal funds including record keeping requirements.</i>	<i>1st week</i>		
<i>11. Review of resident files, history, and discussion of materials.</i>	<i>1st month</i>		
<i>12. Policy and procedures for the review and updating of Individual Program/Care plans and case conferences.</i>	<i>3 months</i>		
<i>13. Behavior management guidelines.</i>	<i>1st week</i>		
<i>14. Policy and procedure for the management of accidents/incidents and reporting procedures.</i>	<i>1st week</i>		
<i>15. Involvement with outside agencies, residents' family or advocates, facility volunteers.</i>	<i>1st week</i>		
<i>16. Review of community resources accessible to and used by the residents.</i>	<i>3 months</i>		

Date orientation completed: _____

Signature of staff receiving orientation _____

Signature of individual providing orientation _____