

# Employee Orientation Check List

Employees Name: \_\_\_\_\_

Hire Date: \_\_\_\_\_

Start Date: \_\_\_\_\_

## Employee Orientation

Pursuant to 7 AAC 75.240 (b) an administrator shall ensure and document that each care provider, within the first 14 days of employment has been oriented to the following;

Topic	Staff Initials	Administrators /Trainers Initials	Date Complete
Policies and Procedures			
Emergency Procedures			
Fire Safety			
Resident Rights			
Prohibition against abuse, neglect, exploitation, and mistreatment of residents			
Recognition of abuse, neglect, exploitation, and mistreatment of residents			
Reporting requirements			
Universal precautions for infection control and biohazards			
State regulations and statutes			
Resident interaction and care			
House Rules			
Sanitation			
Duties and Responsibilities			
Medication Management/Security			
Physical Plant Layout			

**(If employee was oriented to other items/topics please attach)**

**Employee Experience**

Before caring for a resident without direct supervision, a care provider shall receive the orientation required in 7 AAC 75.240 (b) and, unless the care provider has sufficient documented experience working with the population of residents to be served, shall work under the direct supervision of the administrator or an experienced care provider who is at least 21 years of age for not less than three complete work days.

Direct supervision must be documented in the personnel file of the supervised care provider.

Does the employee have documented experience working with the population of resident’s served? No/Yes Describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Days working under Direct Supervision

Date	Number of Hours	Employee Initials	Supervisors Initials

**Resident’s Care Needs**

Pursuant to 7 AAC 75.210 (c) each caregiver must have adequate training to implement the Home’s general staffing plan and meet the specific resident needs as defined in their residential service contracts and assisted living plans.

Has this employee been trained on resident’s specific care needs? No/Yes – Summary: \_\_\_\_\_

\_\_\_\_\_

Does this employee have access to information regarding the resident specific care needs? No/Yes

Summary: \_\_\_\_\_

When was this completed? \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Administrator Signature \_\_\_\_\_ Date: \_\_\_\_\_