



Residential House Lead / New Hire Checklist for 3 Supervised Training Days or Cross Training Day

Location: Hillside 3 Supervised Training Dates: _____

OR

Cross Training Date: n/a Staff Name: Leila Adamu

Topic	Date	Lead Initials	New Hire Initials
Complete Med Pass Sheet. New Hire Only.	10-18-24	TL	LA
Emergency Binder: Where it is located, Fire Drills, water temps, incident reports including injury and serious injury and quarterly emergency procedure.	10-17-24	TL	LA
Data Tracking and managing goals and location.	10-17-24	TL	LA
Daily House Task and Checklist and location.	10-17-24	TL	LA
Funds Management & Money Logs and location.	10-17-24	TL	LA
Menus and food preparation and location.	10-17-24	TL	LA
Daily Communication Log and location.	10-17-24	TL	LA
Appointment Communication Logs – Med Logbook: PRN documentation, appt log, meds rec'd/ordered, receiving Narcotics (Narc Sheet), standing order sheet, med error	10-17-24	TL	LA

form, med set-up record (meds sent out sheet) and location.	10-17-24	TZ	LA
Location of First Aid Kit, Fire Extinguisher, Med Cabinet.	10-17-24	TZ	LA
Go over each client's behaviors, what to expect, what to look for, what works, what doesn't work. What staff can and cannot do and what triggers them.	10-17-24	TZ	LA
Go over any special or unique aspects of the house, things staff need to know about this location.	10-17-24	TZ	LA
Shadow Lead in day to day activities – what does a day look like.	10-17-24	TZ	LA
Cross Lake: Equipment Training		#	LA
Maple Grove/Hillside/Oak: Sign Language Training	10-17-24	TZ	LA
New Hire Questions. (Is staff ready to be on their own, if not, schedule another supervised training day.)			LA
Cross Trained Staff Only Read client files and complete, sign and date client acknowledgement form.			LA

House Lead and New Hire **print, sign** and **date** below before turning in.

Tristan Lahele

House Lead Printed Name

[Signature]

Signature

10-18-24

Date

Laila Adamu

New Hire Printed Name

[Signature]

Signature

10/18/24

Date

***Return to Training Director as soon as the last day of supervised training is completed.

Medication Administration

Turn in this sheet to the Program Director when complete

Name: LARA ADAMCI

	Date	Trainee Initials	Lead Initials
Trainee observes House Lead administer medications	10-17-24	TL LA	
Trainee administers medications with House Lead observing	10-18-24 CP	TL LA	
Trainee administers medications with House Lead observing	10-18-24 BB	TL LA	
Trainee administers medications with House Lead observing	10-18-24 KYP	TL LA	
Trainee administers a PRN medication with House Lead observing	10-19-24	TL LA	

Trainee Signature:

Lead Signature: Hillside

Lead Signature: Granite