Meredith did not complete 3 days of supervised training days @ Chestnut. She does not want to work @ Chestnut. Staff did not sign or read the PAPP.

NorthStar
Community Services

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

Location: Fill-In Chestnut **Staff Name:** Meredith Stumpf

3 Supervised Training Dates: 12-30,

OR

Cross Training Date: n/a

Topic	Date	Lead Initials	New Hire Initials
Complete Med Pass Sheet. New Hire and when staff Cross Train.			
Emergency Binder: Where it is located, Fire Drills, water temps, incident reports including injury and serious injury and quarterly emergency procedure.	12/29	MP	MD
Data Tracking and managing goals and location.	12/30	MP	MD
Daily House Task and Checklist and location.	12/30	MP	MD
Funds Management & Money Logs and location.	12/30	MP	MD
Menus and food preparation and location.	12/30	MP	MD
Daily Communication Log and location.	12/30	MP	MD
Appointment Communication Logs – Med Logbook: PRN documentation, appt log, meds rec'd/ordered, receiving Narcotics (Narc Sheet), standing order sheet, med error form, med set-up record (meds sent out sheet) and location.	12/30	MP	MD
Location of First Aid Kit, Fire Extinguisher, Med Cabinet.	12/30	MP	MD

Topic	Date	Lead Initials	New Hire Initials
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.	12/30	MP	MD
Go over any special or unique aspects of the house, things staff need to know about this location.	12/30	MP	MD
Shadow Lead in day to day activities – what does a day look like.	12/30	MP	MD
Chestnut: Client Specific Training & Test	12/30	MP	MD
Cross Lake: Equipment Training			
Granite: Client Specific Training & Test			
Maple Grove/Hillside/Oak: Sign Language Training			
New Hire Questions. (*Is staff ready to be on their own, if not, schedule another supervised training day.)*			
PAPP Read			
Cross Trained Staff Only Read client files and complete, sign and date client acknowledgement form.			

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

Maelyn Pokornowski Maelyn Pokornowski 1/3/25

House Lead Printed Name Signature Date

New Hire Printed Name Signature Date

***Return to the Training Coordinator as soon the supervised training and the Med Pass Sheet has been completed.