



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

Location: Pinehill Staff Name: Gail Dahl

3 Supervised Training Dates: _____

OR

Cross Training Date: 6/27/25

Topic	Date	Lead Initials	New Hire Initials
Complete Med Pass Sheet. New Hire and when staff Cross Train.	6/21/25	TSK	GD
Emergency Binder: Where it is located, Fire Drills, Water Temps, Incident Reports including injury and serious injury and quarterly emergency procedure.	6/21/25	TSK	GD
Data Tracking and managing goals and location	6/21/25	TSK	GD
Daily House Task and Checklist and location.	6/21/25	TSK	GD
Funds Management & Money Logs and location.	6/21/25	TSK	GD
Menus and food preparation and location.	6/27/25	TSK	GD
Daily Communication Log and location.	6/27/25	TSK	GD
Appointment Communication Logs - Med Logbook: PRN documentation, appt log, meds rec'd/order sheet, med error form, med set-up record (meds sent out sheet) and location.	6/27/25	TSK	GD
Location of First Aid Kit, Fire Extinguisher, Med Cabinet.	6/27/25	TSK	GD

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.	6/27/25	TSK	GD
Go over any special or unique aspects of the house, things staff need to know about this location.	6/27/25	TSK	GD
Shadow Lead in day to day activities - what does a day look like.	6/27/25	TSK	GD
Chestnut: Client Specific Training & Test	—		
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).	6/27/25		GD
PAPP Read	6/27/25	TSK	GD
Cross Trained Staff Only Read client files and complete, sign and date client acknowledgment form.	6/27/25	TSK	GD

House Lead and New Hire - Print, Sign and Date Below Before Turning In.

House Lead Printed Name	Signature	Date
<i>Gail Dahl</i>	<i>Gail Dahl</i>	<i>6/27/25</i>
New Hire Printed Name	Signature	Date

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