



Social Service Solutions, Inc.

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ON-SITE ORIENTATION CHECKLIST

Employee Name: _____ Date Background Study Completed _____

Name of Program &/or Site Location: _____

First day of Orientation: _____

Dates of Supervised On the Job _____ Total Number of Hours of Supervised

Training At This Location: _____ On the Job Training At This Location: _____

First date of Unsupervised Direct Contact _____

Review each of the following items as applicable to the site listed above. If an item is not applicable, please write "NA" in the signature column, do not leave it blank. The person conducting the training should initial each item.

Item Reviewed	Initials of Trainer
Tour of Facility	
Safety Policies, Practices, Written emergency plans, location of exits and emergency contact numbers	
Location of First Aid, Medication & OSHA Supplies	
Vulnerable Adult & Child Maltreatment Reporting	
Responding to and Reporting of Incidents	
Kitchen Policies, Procedures & Routines	
Site Supervisor Policy (Who & How to Contact)	
Documentation Standards	
Medical Equipment (list equipment)	
Objectives/Goals/Services Plans/Functional Assessments	
Abuse and Prevention and Risk Management Plans	
Program Abuse and Facility Prevention Plans	
Other areas including Health Care & Dietary Needs	
Crisis Intervention Strategies/Psych Emergency Procedures/Behavior Support Plans	
Medical Emergencies & Procedures	
Service Rights, Data Privacy and Integrated Team Process (ITP):	
Community Living & Pass Guidelines	
De-escalation Techniques including emergency use of manual restraints	
Additional Statutes & Rules (list those reviewed)	

Signature and Title of the person who conducted the on-site training

Date