# FORM # 440 Employee Orientation

**Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Hire / Contractual Agreement: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |
| --- | --- |
| DATE | EMPLOYEE ORIENTATION CHECKLIST |
|  | MISSION STATEMENT, OBJECTIVES AND PHILOSOPHY OF A & J Residential Services, LLC |
|  | Confidentiality practices for individual receiving services including: access, duplication, and dissemination, of any portion of an individual’s record |
|  | Practices that assure an individual’s rights including orientation to human rights regulations |
|  | Applicable personnel policies |
|  | **Emergency preparedness procedures** |
|  | **Person-centeredness** |
|  | **Infection control practices and measures** |
|  | **Other policies and procedures that apply to specific duties and responsibilities** |
|  | **Serious incident reporting, including when, how, and under what circumstances a serious incident report must be submitted and the consequences of failing to report a serious incident to the department in accordance with this chapter.** |
|  | **Behavior Management** |
|  | **HCBS Rights** |
|  |  |

**Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**Management Staff Name and Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Management Staff Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**