

ADULT DAY SERVICES STAFF ORIENTATION CHECKLIST

Staff Name: _____ Job Title: _____

Date of Hire: _____ Date of Direct Contact: _____

I have received 20 hours of orientation within the first 40 hours of work which includes the following:

_____ **Background** study submitted prior to direct contact with persons receiving services
Date submitted: _____
Date DHS-background studies unit contacted (if no response received): _____

_____ Four (4) hours of supervised orientation before working directly with center participants
(MN Rules, part 9555.9690, subpart 3)

_____ Training related to the functional impairment of the current center participants (MN
Rules, part 9555.9690, subpart 3)

_____ Training in dementia care – when facility markets or otherwise promotes services for
persons with Alzheimer’s disease or related disorders (MN Statutes, section 245A.04,
subdivision 12)

_____ The reporting requirements and definitions in Minnesota Statutes, sections 626.557 and
626.5572 (Vulnerable Adults Act)

_____ License holder requirements governing maltreatment of vulnerable adults (MN Statutes,
section 245A.65)

_____ Program Abuse Prevention Plan (MN Statutes, section 245A.65)

_____ Training on staff implementation of the program’s policies and procedures (MN Statutes,
section 245A.04, subdivision 14)

_____ Drug and Alcohol Policy (MN Statutes, section 245A.04, subdivision 1 (c))

_____ Safety requirements and procedures (MN Rules, part 9555.9720):

- First aid kit
- Telephone and posted numbers
- Emergency phone numbers for participants
- Records of incidents
- Hazardous objects, materials, or equipment
- Emergency equipment
- Equipment and furniture
- Areas used by participants
- Emergencies caused by fire and weather
- Medical emergencies
- Pets

Signature of Staff Person receiving Orientation

Date completed

Signature of Person providing Orientation

Date completed