

**Dakota Milestones  
Residential (House) Orientation Checklist**

Employee: \_\_\_\_\_

Location: \_\_\_\_\_

Signature of person completing orientation/Initials: \_\_\_\_\_/\_\_\_\_\_

	Initials/Date completed
1. Introduction to staff and people supported	_____/_____
2. Medication: Med Cupboard/Key procedure	_____/_____
Med Books (including location of	
Hard copies if unable to access Therap)	
Med documentation on Therap	_____/_____
Meds for the Center	_____/_____
Meds for Home Visits	_____/_____
PRN Meds	_____/_____
Med Check Procedure	_____/_____
Med Error Reporting	_____/_____
Med Information Box	_____/_____
3. Forms:	
Traveling Book	_____/_____
Program Books	_____/_____
Review of Formal Objectives	_____/_____
Review of Services and Supports	_____/_____
Purchase Orders	_____/_____
GER (General Event Reports – Therap)	_____/_____
Agency Calendar	_____/_____
Leave Applications	_____/_____
Maintenance Requests	_____/_____
OSP Schedules – Memo	_____/_____
Hospital Admission/Treatment/Release	_____/_____
Family Contact Forms	_____/_____
Attendance Book	_____/_____
Program Schedules (Check Off)	_____/_____
Seizure Reports	_____/_____

- |                   |   |               |
|-------------------|---|---------------|
| 4. Kitchen:       | Menu/Menu Book                              | _____ / _____ |
|                   | Diet/Snack List                             | _____ / _____ |
|                   | Inventory                                   | _____ / _____ |
|                   | School Lunch Forms                          | _____ / _____ |
|                   | Documentation of refrigerator/freezer temps | _____ / _____ |
|                   | Charging groceries if applicable            | _____ / _____ |
| 5. Laundry Room:  | Laundry Schedule                            | _____ / _____ |
|                   | Washer/Dryer                                | _____ / _____ |
|                   | Towel Hampers                               | _____ / _____ |
|                   | Rag Buckets                                 | _____ / _____ |
| 6. House Vehicle: | Fire Extinguisher                           | _____ / _____ |
|                   | Travel Log                                  | _____ / _____ |
|                   | First Aid Box                               | _____ / _____ |
| 7. General:       | Thermostats                                 | _____ / _____ |
|                   | Air Conditioners                            | _____ / _____ |
|                   | Fuse Boxes                                  | _____ / _____ |
|                   | Furnace                                     | _____ / _____ |
|                   | Water Meter/Shut Off                        | _____ / _____ |
|                   | Telephones                                  | _____ / _____ |
|                   | Emergency #'s                               | _____ / _____ |
|                   | Fire Extinguishers                          | _____ / _____ |
|                   | Fire Alarm/Shut Off                         | _____ / _____ |
|                   | Bedrooms                                    | _____ / _____ |
|                   | Staff Sleeping                              | _____ / _____ |
|                   | Storage Areas                               | _____ / _____ |
|                   | Gait Belts                                  | _____ / _____ |
|                   | Electronic Lifts                            | _____ / _____ |
|                   | Wheelchairs                                 | _____ / _____ |
|                   | Food Stamp Cards                            | _____ / _____ |