



New Hire Name: \_\_\_\_\_

Hire Date: \_\_\_\_\_

Job Capacity: \_\_\_\_\_

**ADMINISTRATIVE CHECKLIST LIST FROM THE EXECUTIVE DIRECTOR**

<b>Itemized Actions and Approximate Timing</b>	<b>Executive Director/Executive Assistant Initials</b>	<b>Date Completed &amp; Employee Initials</b>
Arrange Keys		
Email and Portal Username/Password Submission		
Provide Employee Badge		
Assign Inbox with nametag		
Complete New Hire Paperwork		
Employee Training Schedule for CPR/AED/First Aid		
Complete Payroll documents		
Employee Login Information		
New Employee Announcement at next Staff meeting		
<b>First Day of Work</b>	<b>Executive Director/Executive Assistant Initials</b>	<b>Date Completed &amp; Employee Initials</b>
Meet with Executive Director		
Meet with Executive Assistant, HR, Timesheets and Review of GNB New Hire Regulatory Documentation, Take photo for Employee Badge		
Meet with Direct Supervisor – Learn about daily task and procedures(See Job-specific Job Description and Performance Assessment)		
Meet Youth and other Staff		
<b>Employee's First Week</b>	<b>Executive Director/Executive Assistant Initials</b>	<b>Date Completed &amp; Employee Initials</b>



Job Description		
Review of Administrative Policies and Procedures		
Review of Following Youth Policies & Procedures:		
History, Mission and Values		
Clients Rights		
Preventing, Managing and Reporting Suspected Child Abuse		
Unusual Incident Reports		
HIPAA, Protected Health Information, Confidentiality and Release of Information		
Escalating Health Conditions & Health Emergencies		
Assistance with the self administration of medications		
Choice & Self Direction		
Exiting the Juvenile Justice System		
Common Mental Health Diagnoses		
Documentation of Progress towards Needs and Services Plan		
Positive Mental Health & Behavior Supports		
Preventing & Managing Crisis Situations		
Teaching Strategies		
Safety Training:		
General Safety Practices (including fire, driving, protective equipment, material safety data sheets, etc.)		
Handwashing		
Universal Precautions & Blood borne Pathogens		
Illness & Injury Prevention		
Back Safety		



Safe Driving		
Emergency Disaster Plans		
Workplace Violence		
<b>Employee's First Month &amp; Beyond</b>	<b>Executive Director/Executive Assistant Initials</b>	<b>Date Completed &amp; Employee Initials</b>
Work with the employee towards goal setting and building a Professional Development Plan		
Schedule a meeting for 90 Day Review of performance and action plans		
Regular Feedback to ensure expectations are being met and identify areas that may require future development.		

Thank you for your willingness to do this important work. We appreciate your time and effort during this orientation process. If you have any questions or suggestions on how we can make this process better for you don't hesitate to let us know.

My signature below acknowledges that I have reviewed all items above and fully understand the process and impact to my position.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Executive Director Signature

\_\_\_\_\_  
Date