

HEARTLAND HOMES INC.

ON THE JOB TRAINING CHECKLIST FOR: ~~Steph~~ Remund AT: Obi. H  
 (Staff Name) (Site)  
 Stephen

CLIENT INITIALS	TRAINING ACTIVITY	DATE REVIEWED & TRAINERS INITIALS	DATE COMPETENCY DEMONSTRATED & TRAINER'S INITIALS
BC	Review Client Book - Social History, Service Plan, SP Addendum	SR 4/11/24	LD
	Review Client Book - Self-Management Assessment, Individual Abuse Prevention Plan	SR " 4/12	LD
	Review Client Book - Client Outcomes	SR " 4/12	LD
	Review Behavioral Support Plan and Mental Health Crisis Response if Applicable	SR " 4/12	LD
	Review PCP Information (Profiles, Routines, Special Requests/Instructions etc.)	SR " 4/12	LD
	Review Medications & Administration Guidelines	SR " 4/15	LD
	Review Nutritional Guidelines	SR " 4/15	LD
	Review Personal Hygiene (Bathing, Toileting, Oral Care)	SR 4/18/24	LD
	Review Personal Appearance (Hair Care, Shaving)	SR 4/18/24	LD
	Review Health Protocols & Prescribed Treatments	SR 4/18/24	LD
	Review Safe Transportation (W/C Tie Down if Applicable)	SR " 4/12/24	LD
	Review Financial Management, Budgeting & Documentation	SR " 4/12/24	LD
	Trained in Life Sustaining Equipment if Applicable	SR 4/24/24	LD
	Misc. as Assigned to Meet the Person's Wants and Needs: (Such as Safe Use of Equipment)	SR " 4/15/24	LD
fill pill grid	LD	4/18/24	LD
church / OTC	LD	4/20/24	LD
TG	Review Client Book - Social History, Service Plan, SP Addendum	SR 4/15	LD
	Review Client Book - Self-Management Assessment, Individual Abuse Prevention Plan	SR 4/15	LD
	Review Client Book - Client Outcomes	SR 4/15	LD
	Review Behavioral Support Plan and Mental Health Crisis Response if Applicable	SR 4/15	LD
	Review PCP Information (Profiles, Routines, Special Instructions etc.)	SR 4/15/24	LD
	Review Medications & Administration Guidelines	SR 4/15	LD
	Review Nutritional Guidelines	SR 4/15	LD
	Review Personal Hygiene (Bathing, Toileting, Oral Care)	SR 4/18/24	LD
	Review Personal Appearance (Hair Care, Shaving)	SR 4/15/24	LD
	Review Health Protocols & Prescribed Treatments	SR 4/15/24	LD
	Review Safe Transportation (W/C Tie Down if Applicable)	4-12-24 mg	4-12-24 mg
	Review Financial Management, Budgeting & Documentation	4/18/24	LD
	Trained in Life Sustaining Equipment if Applicable	4-24-24	LD
	Misc. as Assigned to Meet the Person's Wants and Needs: (Such as Safe Use of Equipment) AFO's	4/15/24	LD
pill grids	4/18/24	LD	



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Review Data Collection Documentation	4/15/24	LO
Review Menu Planning	4/15/24	LO
Review Grocery Shopping Guidelines	4/15/24, 4/18/24	LO
Review House Routines/Schedules	4/15/24	LO
Review Safe Vehicle Operation	4/18/24, 4/20/24	LO
Review Cleaning Products & Guidelines	4/15/24	LO
Review Medical, Dental, Optometry Reports & Advocating at Health Appointments	4/15/24	LO
Review Petty Cash & Checkbook Guidelines & Documentation		
Certification in First Aid CPR	4/29/24	LO
Fire Drill Completed	4/29/24	img
Severe Weather Drill Completed	4/29/24	img
Tour of the Home Including Electrical Box(s), Water Shut off, Fire Extinguishers	4/15/24	LO,

Date of OTJ Training: 4/15/24 Number of Hours: 8.25 ✓  
 Date of OTJ Training: 4/16/24 Number of Hours: 12 ✓  
 Date of OTJ Training: 4/18/24 Number of Hours: 3 ✓  
 Date of OTJ Training: 4/20/24 Number of Hours: 3.5 ✓  
 Date of OTJ Training: 4/22/24 Number of Hours: 9 ✓  
 Date of OTJ Training: 4/25/24 Number of Hours: 8.5 ✓  
 Date of OTJ Training: 4/29/24 Number of Hours: 8 ✓  
 Date of OTJ Training: 4/30/24 Number of Hours: 8.5 ✓  
 Date of OTJ Training: 5/8/24 Number of Hours: 9 ✓  
 Date of OTJ Training: \_\_\_\_\_ Number of Hours: \_\_\_\_\_  
 Date of OTJ Training: \_\_\_\_\_ Number of Hours: \_\_\_\_\_  
 Date of OTJ Training: \_\_\_\_\_ Number of Hours: \_\_\_\_\_  
 Date of OTJ Training: \_\_\_\_\_ Number of Hours: \_\_\_\_\_  
 Date of OTJ Training: \_\_\_\_\_ Number of Hours: \_\_\_\_\_

Date of First Unsupervised Shift: 5/10/24 Total Number of Hours: 62 65.75  
 Employee Signature: [Signature] DSPC Signature: data g Dillon, DSPC  
 DC Signature: [Signature]