

Brie 218-252-0975
218-732-5289

HEARTLAND HOMES INC.

ON THE JOB TRAINING CHECKLIST FOR: Stephen ~~Remond~~ AT: Depot
(Staff Name) (Site)

CLIENT INITIALS	TRAINING ACTIVITY	DATE REVIEWED & TRAINERS INITIALS	DATE COMPETENCY DEMONSTRATED & TRAINER'S INITIALS
JM	Review Client Book - Social History, Service Plan, SP Addendum	4/10 SR BP	
	Review Client Book - Self-Management Assessment, Individual Abuse Prevention Plan	4/10 SR BP	
	Review Client Book - Client Outcomes	4/10 SR BP	
	Review Behavioral Support Plan and Mental Health Crisis Response if Applicable	4/10 SR BP	
	Review PCP Information (Profiles, Routines, Special Requests/ Instructions etc.)	4/10 SR BP	
	Review Medications & Administration Guidelines	4/19, 5/1 BP	4/24, 4/25 BP
	Review Nutritional Guidelines	4/10, 4/11, 4/17 BP	4/24, 4/25 BP
	Review Personal Hygiene (Bathing, Toileting, Oral Care)	4/19, 4/24 BP	4/24, 4/25 BP
	Review Personal Appearance (Hair Care, Shaving)	4/19, 4/24 BP CB	4/24, 4/25 BP
	Review Health Protocols & Prescribed Treatments	4/17, 4/24 BP	4/24, 4/25 BP
	Review Safe Transportation (W/C Tie Down if Applicable)	4/17, 4/24 BP	
	Review Financial Management, Budgeting & Documentation	4/17, 4/19, 4/24 BP	4/24 BP CB
	Trained in Life Sustaining Equipment if Applicable	4/10, 4/19, 4/24 BP	4/24 BP
	Misc. as Assigned to Meet the Person's Wants and Needs: (Such as Safe Use of Equipment)	4/10, 4/17, 4/23 BP	4/24, 4/25 BP
TH	Review Client Book - Social History, Service Plan, SP Addendum	4/10 SR BP	
	Review Client Book - Self-Management Assessment, Individual Abuse Prevention Plan	4/10 SR BP	
	Review Client Book - Client Outcomes	4/10 SR BP	
	Review Behavioral Support Plan and Mental Health Crisis Response if Applicable	4/10 SR BP	
	Review PCP Information (Profiles, Routines, Special Instructions etc.)	4/10 SR BP	
	Review Medications & Administration Guidelines	4/19, 4/11, 5/1 BP	4/24, 4/25 BP
	Review Nutritional Guidelines	4/10, 4/11, 4/17 BP	4/24, 4/25 BP
	Review Personal Hygiene (Bathing, Toileting, Oral Care)	4/10, 4/11, 4/17 BP	4/24, 4/25 BP
	Review Personal Appearance (Hair Care, Shaving)	4/22, 4/25 BP	4/24, 4/25 BP
	Review Health Protocols & Prescribed Treatments	4/17, 4/24 BP	4/24 BP
	Review Safe Transportation (W/C Tie Down if Applicable)		
	Review Financial Management, Budgeting & Documentation	4/19, 4/24 BP	4/19 BP
	Trained in Life Sustaining Equipment if Applicable		
	Misc. as Assigned to Meet the Person's Wants and Needs: (Such as Safe Use of Equipment)	4/10, 4/19, 4/24 BP	4/24, 4/25 BP

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Review Data Collection Documentation		
Review Menu Planning	4/19	BP
Review Grocery Shopping Guidelines	4/19	BP
Review House Routines/Schedules	4/10 4/11 4/17	BP
Review Safe Vehicle Operation	4/19 4/24	BP
Review Cleaning Products & Guidelines		
Review Medical, Dental, Optometry Reports & Advocating at Health Appointments		
Review Petty Cash & Checkbook Guidelines & Documentation	4/17 4/19, 4/24	BP
Certification in First Aid CPR	4/24	
Fire Drill Completed	4/11	
Severe Weather Drill Completed		
Tour of the Home Including Electrical Box(s), Water Shut off, Fire Extinguishers	4/10	BP

Date of OTJ Training: 4/10/24 Number of Hours: 6

Date of OTJ Training: 4/11/24 Number of Hours: 9.5

Date of OTJ Training: 4/17/24 Number of Hours: 7

Date of OTJ Training: 4/19/24 Number of Hours: 9.5

Date of OTJ Training: 4/22/24 Number of Hours: 2.5

Date of OTJ Training: 4/23/24 Number of Hours: 5.5

Date of OTJ Training: 4/24/24 Number of Hours: 9.5

Date of OTJ Training: 4/25/24 Number of Hours: 2.5

Date of OTJ Training: 5/1/24 Number of Hours: 4

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: 5/3/24 Total Number of Hours: 56

Employee Signature: [Signature] DSPC Signature: [Signature]

DC Signature: _____