

**Oakridge Homes / Woodview Support Services
Orientation Checklist**

Employee Name: Alicia Czech

Location: Westside

New Hire Rehire: was gone 90 days or more Rehire: was gone less than 90 days

* Note: Training in areas 1 – 8 must be completed prior to new staff having unsupervised direct contact.
* *Positive Support Rule required 8 hours of training.

Item	# hrs. twds DHS Orient Rqmnts	Source	C=Competency A=Acknowledg ement is Required	Date Completed	Initials	
					Trainer	Staff
*1. New Hire Paperwork						
A. Welcome Folder				6/27/22	JY	
B. New hire forms completed				↓	↓	
C. For DCs (QDDP, MHP, etc.) only: Documentation on education and related experience specific to job functions: - Copy of valid degree and transcript - Current professional license, certificate or registration - Documentation of continuing education credits completed for professional licensure				N/A	—	—
**2. Vulnerable Adult Training						
A. Vulnerable Adult Report Policy and Procedures (VARPP) - to include: What constitute a restraint, time out, and seclusion? Read VARPP and discuss any questions with Trainer.	1.25	VARPP	C			
B. Vulnerable Adult Mandated Reporting - Online Training from DHS. Print and file VA training certificate.		Online DHS		6/27/22	JY	
C. Reports of Maltreatment of Minors and Maltreatment of Minors Act (if applicable).		VARPP	C	↓	↓	
D. Money and Medication Count Protocol		VARPP		↓	↓	
E. Site-Specific Program Abuse Prevention Plan (PAPP)		PAPP (at office)	C			
F. Service Recipient Rights.			C			
*3. Job Description and Scope of Services						
A. Read through Job Description - Ask, get questions answered on specifics not understood		Job Description		6/27/22	JY	
B. ADL's – Video on appropriate and safe techniques in personal hygiene and grooming, including hair care, bathing, care of teeth, gums and oral prosthetic devices and other activities of daily living defined as: grooming, dressing, bathing, transferring, mobility, positioning, eating, and toileting.		Video				
C. A healthy diet (according to data from USDA Dietary Guidelines). Skills necessary to prepare a healthy diet.		Video	C			

Item	# hrs. twds DHS Orient Rqrmnts	Source	U=Competency A=Acknowledgment is Required	Date Completed	Initials	
					Trainer	Staff
*4. First Aid						
A.	Watch YouTube "Everyday First Aid by British Red Cross". Subjects covered: Heart attack,	Video	C	6/27/22	JY	
**5. IAPP-SMA, CSSP, CSSP Addendums and IPP READ Need to Know for Competency for each person (Principles of positive support strategies and understanding of a person's uniqueness)						
1	Person:	0.50	IAPP Need to Know for Competency	C	6/28/22	JY
2	Person:	0.50		C	"	"
3	Person:	0.50		C	"	JY
4	Person:	0.50		C	"	
5	Person:	0.50		C	"	
*6. Therapeutic Intervention (for DD Homes Only - Homes NOT requiring MH Certification Orientation)						
For DD Homes Only	A.	Crisis Response and De-escalation Techniques	2.75	Program Policies (Addendum)	C	N/A
		1. Therapeutic Intervention DVD		Video		
		2. Emergency Use of Manual Restraint (EUMR) & Reporting		Program Policies		
		3. Staff accountability and self-care after emergencies		Program Policies		
	B.	Prohibited Procedures	0.10	VARPP	A	
C.	Site Specific Last Page of Emergency and Reporting Policy and Procedures		Emergency & Reporting	C		
D.	Minimizing the Risk of Sexual Violence	0.50	Sexual Violence	C		
	1. Tea and Consent Video (2:49)		Video			
*7. Mental Health Certification						
For MI Homes Only	A.	Mental Health Diagnoses	1.00	MI Book	C	
	B.	Crisis Response and De-escalation Techniques	2.75	MI Book	C	
		1. Therapeutic Intervention DVD		Video		
		2. Emergency Use of Manual Restraint (EUMR) & Reporting		Program Policies		
		3. Staff accountability and self-care after emergencies		Program Policies		
	C.	Recovery From Mental Illness	1.00	MI Book	C	
	D.	Treatment Options/Evidence-based Practices **		MI Book		
	E.	Psychotropic Medications and their Side Effects		Med Admin Policies		
	F.	Co-occurring Substance Abuse and Health Conditions	1.00	MI Book	C	
	G.	Community Resources	0.25	MI Book	C	
	H.	Suicide Intervention, Warning Signs, and Responses	1.00	MI Book		
	I.	Prohibited Procedures	0.10	VARPP	A	
	J.	Site Specific Last Page of Emergency and Reporting Policy and Procedures		Emergency & Reporting	C	
K.	Minimizing the Risk of Sexual Violence	0.50	Sexual Violence	C		
	1. Tea and Consent Video (2:49)		Video			

Item	# hrs. twds DHS Orient Rqrmnts	Source	C=Competency A=Acknowledg ement is Required	Date Completed	Initials	
					Trainer	Staff
9. Thermostat(s)						
10. Washer(s) and Dryer(s)						
11. Cleaning Supplies and Storage						
12. Appliances (include extra freezer if applicable)						
13. Sprinkler System						
14. Fire Extinguishers / Fire Plan / Exits						
15. Smoke Detectors / Use and Location						
16. Carbon Monoxide Detectors (For gas/propane heating systems)						
17. Water Shut-Off Valve						
18. Location of First Aid Kit (in both house and van)						
19. Location of Blood Spill Kit (in both house and van)						
20. Location of Policy Binder (Personnel, Program and Med Policies)						
21. Alarm System and/or Shut Off Boxes						
a. Demonstration						
b. Initial information sheet attached to box						
B. Financial - Person being served						
1. Ledger Card / Receipts / Hand Written Receipts						
2. Bank Accounts - Deposits and Withdrawals						
3. Person Purchases						
a. Personal Needs (soap, deodorant, etc.)						
b. Clothing - Seasonal as needed or wanted						
c. Person Involvement						
d. Who pays for what						
4. Money Counting						
5. Daily Money and Controlled Medications Count						
6. Inventories						
C. Financial - Program						
1. Use of Purchase Orders - household						
2. Billings						
3. Vendors Used						
4. Petty Cash RECEIPT REQUIRED FOR EACH PURCHASE						
5. House Inventory						
6. Store Credit Cards						
D. Medical						
1. Appointments						
2. Medications						
3. Health Needs Report						
E. Misc. Client Protocols - Clothing (labeling, mending, laundry)						
F. Maintenance						
1. Who to call						
2. Maintenance Form						
G. Food Protocols						
1. Person Involvement						
2. Menu Planning and Location of Posted Menu						
3. Recipes						
4. Grocery Shopping						
5. Grocery Budget						
6. Grocery Bills						

							Initials	
Item		# hrs. twds DHS Orient Rqmnts	Source	C=Competency A=Acknowledg ement is Required	Date Completed	Trainer	Staff	
**8. Person Centered Planning		1.00						
A.	Person-Centered Planning and Service Delivery Requirements		Charting	C				
B.	Person Centered Philosophy (Values and Beliefs)		Charting	C				
C.	Cultural competency		Diversity	C				
D.	Positive Behavior Supports and a relationship between behaviors, staff, environment, and person.		Program Policies	C				
9. Employee Handbook								
A.	Read each Policy and Procedure in Employee Handbook		Handbook	A				
B.	Table of Contents - Sign and Date Acknowledgement Page - Sign and Date							
10. Program Policies		1.00						
A.	Read each Policy and Procedure		ProgPolicy	A				
B.	Acknowledgement Page: Sign and date							
11. Confidentiality								
A.	Confidentiality	1.00	Video	C				
12. Bloodborne Pathogens								
A.	Bloodborne Pathogens in a Home Care Setting	Video		C				
13. Following Safety Practices								
A.	Plan to Get Out Alive	Video		C				
14. Documentation								
A.	Oakridge Homes Charting Guidelines	Charting		C				
15. Active Treatment								
A.	Active Treatment	Charting						
16. Other Mandatory Orientation / Inservice								
A.	Medicare Advantage and Part D Fraud, Waste and Abuse Compliance	Medicare		A				
B.	OSHA	OSHA						
	1. AWAIR Act	OSHA						
	2. Right to Know	OSHA		C				
17. Safety, History and Rules								
A.	Safety Guidelines: What You Can Do to Prevent Falls	Charting Addendum						
B.	Rules and Regulations	Program Policies						
	1. 245D							
	2. Community Residential Settings (CRS)							
	3. Fire Codes							
	4. Case Management (monitoring)							
18. Home Site-Specific Orientation								
A.	Building							
	1. Address							
	2. House Key							
	3. Tour of Building / Bathrooms							
	4. Where to put coats and personal belongings							
	5. Circuit Box							
	6. Furnace(s)							
	7. Hot Water Heater							
	8. Water Softener							

Item	# hrs. twds DHS Orient Rqrmnts	Source	C=Competency A=Acknowledg ement is Required	Date Completed	Initials	
					Trainer	Staff
20. Van						
1. Wheelchair Lift / Tie-downs DVD (if applicable)						
2. Demonstrate use lift and tie-downs to PC						
3. Gas / Mileage						
4. No smoking, eating, drinking or use of cell phones						
21. Medication Administration						
<i>Note: Administration of medications is not part of new staff job functions until they have successfully completed the Med Administration Class and Observed Skill Assessment.</i>						
A. Training (Med Class)						
1. First Aid Review						
2. CPR Training						
3. Universal Precautions and Sanitary Practices						
B. Written Test						
C. Skills Assessment (site-specific)						
D. Safe and Correct Operation of Medical Equipment						

You are almost there! You have received training listed below in the first part of your orientation. Now it is time to prove you are competent!

22. Proof of Competency						
<i>To be completed between Day 30 and 60 of hire.</i>						
Worksheet on Competency Evals and Proof of Competency - Special skills and training related to job functions as related to:						
A.	Current policies and procedures, including location and access and staff responsibilities related to implementation (to include Drug and Alcohol Grievance, Service Suspension and Termination, Universal Precautions, Medical, Safe Transportation, Date Privacy, Admission Criteria)		Program Policies			
23. Community-Based Services only:						
1.	Mileage Reimbursement					
2.	Employee Reimbursement					
3.	Client Billing					
4.	Documentation (Time Sheet, Client Billing Sheet, Progress/Goal Charting)					
5.	Community-Based Services Guidelines					

Note: Background Study MUST be initiated and submitted prior to any direct contact with consumers.

Orientation Day

6/27/22
Date Hours

Janis Young
Trainer Name

6/28/22
Date Hours

Janis Young
Trainer Name

Date Hours

Trainer Name

Date Hours

Trainer Name

Date Hours

Trainer Name

Client Books
must be done before
working alone

6/28/22
Date Hours

Janis Young
Trainer Name

7/1/22
Date Hours

Trainer Name

Supervised direct
contact at the house

Date Hours

Trainer Name

Date Hours

Trainer Name

Date of first
unsupervised direct
contact

Date

Med Administration
(if applicable)

7/6/22
Date Hours

Trainer Name

You must complete a 30 hours of orientation within 60 calendar days (all Rule 245D programs).
(Orientation or training received by staff from sources other than ORH/WSS in the same subjects identified in this Orientation Checklist may count, *only if* received within the 12-month period prior to date of hire. ORH/WSS must receive both documentation *and* the proof of competency for any non-ORH/WSS training to count.)

Orientation Requirements	
Date of Hire	6/27/22
Date of Expected Completion	8/27/22
Total Hours of Orientation Needed	30

Actual Orientation	
Total Number of hours	
Date Orientation Completed By	

By signing here, I verify that the above training has been provided to me. I understand my responsibilities on the implementation of the above training.

Employee Signature (upon completion)

Date

