BEACON Specialized Living

On-Site Orientation Checklist (Person Specific)

Employee Name: Marcus Johnson | **On-Site Date:** 1/26/21

Individual Specific

This orientation, your background check, and all over riding training must be completed before a staff is allowed to work independently, or left alone with any individual receiving services. It is intended this document be completed while the staff is working at the site with the individual receiving services present and while assisting with daily routines. After the Supervisor has gone over the information with the staff and they have both signed this training document, it will be placed in the staff's training file. At that point, the staff may work independently.

Client Name: Yusura Ali

	Listed area of training	Date of Training
Safe and correct operation of medical equipment used by the person to sustain life or to monitor a medical condition that could become life threatening:	—	
Physician/Therapist specific Orders:		1-26-21
CSSP Identified Training:		1-26-21

I understand I cannot work independently until completing Employee Onsite Orientation, and all over-riding medical training listed above.

Staff Initials MJ

Supervisor Initials

Staff Initials	Topic
	Medical
MJ	Pertinent medical conditions have been reviewed with me and I know how to respond.
MJ	I understand the information I am supposed to provide and level of assistance necessary during appointments for this individual.
MJ	I understand how, where to take this individual to the hospital or emergency room.
MJ	I have reviewed the side effect information for all Prescription Drugs & Over the Counter Drugs.
MJ	I am familiar with the name, type, and reason for each medication and its individual uses.
	List the individual specific instructions for administering medications for this individual. (How does this person usually take their meds? example: mixed into food, taken with pudding, taken with water or juice, special language or requests used, etc.), specifics:
MJ	I am aware of any allergies listed on this individual's medication treatment sheets.
MJ	I understand when to administer and document a Standing Order Medications/PRN (As Needed) to this person.

I understand I may not pass a medication until I have received training to do so and

I understand I may not pass a medication until I have demonstrated my ability to do so for each type of medication.

Staff Initials MJ

Supervisor Initials JW

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Other Cares

MJ I understand the amount of assistance this individual needs in regard to personal cares (toileting, dressing, hair care, bathing, oral hygiene and care of teeth/gums/oral prosthetic devices, personal hygiene, grooming, bathing, and positioning).

Does this individual have a seizure disorder? ☒ Yes ☐ No

If Yes, I have accurately relayed the seizure protocol information to the Supervisor who has trained me on its content.

Diet & Nutrition

Does this individual have any dietary restrictions or are they on a special diet? ☐ Yes ☒ No

If yes, please list the special diet information here: _____

Documentation & Information review for this person

MJ I have read and understand the County CSSP

MJ I have read and understand the CSSP Addendum and Self-Management Assessment

MJ I have read and understand the IAPP

MJ I have reviewed and understand the most recent Health Progress Notes and Daily logging (last 7 days)

MJ I have reviewed and understand the location of the Face Sheet which includes emergency contact information for this person

MJ I understand and have been trained on positive support strategies and proactive interactions specific to this person.

Does this individual have a Behavior Support Plan or specific written behavior supports? ☒ Yes ☐ No

If yes, please list the behavior support strategies here:

Interfering or Target Behavior	Strategy

Supervision Plan

MJ I understand the Guardian/Advocate/ IDT involvement for this person. As part of this discussion, family dynamics, expectations, and any special routines have been explained to me.

I understand the Supervision plan and response procedures for this person if the plan is not followed.

Community Alone Time	
Alone Time at Home	

Outcomes/Goals

MJ I understand the Outcomes this person has chosen and how to support them to achieve their goals. .

MJ I understand the Documentation process for outcomes and outcome data collection for this person.

I have been trained on Next Step and the process for documentation within the Next Step system

I have successfully demonstrated how to implement and document all outcomes and behavior support plans as applicable:

Staff Initials MJ

Supervisor Initials JW

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Financial	
MJ	I understand what my responsibilities are when I get a paycheck, personal check, check stub, information regarding benefits, or any financial information for this individual.
MJ	I understand the money-handling abilities and the financial arrangement for this individual When assisting this individual in spending their money (either cash or check) how much can be spent before I need the Supervisor or Guardian's permission? _____.
Transportation	
MJ	I understand the specific information for this individual regarding transportation including where they sit both in personal and company vehicles, behaviors that may be displayed including a plan of action, transferring, positioning, and safety issues including supervision levels and transfer of responsibility. List any specific procedures or practices when this person is a passenger in a vehicle: Has to have seat belt on before moving the van and sits in the far back seat. List where this person goes to school or work and which transportation company is used: Ann Bremmer Brooklyn Park

I am requesting further training on the following topic(s) in this Site Orientation Section: _____

I have received training on the information and procedures outlined in this checklist and am willing to assume responsibility for performing the tasks outlined. **Staff Signature**: _____ **Date completed**: 1/25/21

I have reviewed the information and procedures outlined in this checklist with the employee.
Supervisor Signature: _____