



Orientation Plan and Checklist

All New Hire orientation (including this checklist) must be completed and submitted for Training File within the first 60 days

Employee Name: <i>Angela Cobbett</i>	Job Title: <i>District Director</i>
Date of Hire: <i>9-30-2020</i>	Date of first contact with persons served: <i>Jan 20th, 2020</i>
Date of BGS Submission:	Date first worked unsupervised:
Date of BGS Clearance:	Mantoux (ICF/DD only):
Date 60 Day Review Due:	

Day 1: New Hire Orientation (in person)

<input checked="" type="checkbox"/>	Topics Trained	Date	<input checked="" type="checkbox"/>	Course	Date
<input checked="" type="checkbox"/>	NHO Paperwork	<i>9-30-2020</i>	<input checked="" type="checkbox"/>	Person Centered Supports	<i>9-30-20</i>
<input checked="" type="checkbox"/>	Beacon Policies and Procedures	<i>9-30-20</i>	<input checked="" type="checkbox"/>	Service Recipient Rights	<i>9-30-2020</i>
<input checked="" type="checkbox"/>	VA & Minor Maltreatment Policies	<i>9-30-2020</i>	<input checked="" type="checkbox"/>	Job Description	<i>9-30-2020</i>
<input checked="" type="checkbox"/>	Employee Handbook	<i>9-30-2020</i>	<input checked="" type="checkbox"/>	Blood Borne Pathogens	<i>9-30-2020</i>
<input checked="" type="checkbox"/>	HIPAA and Data Privacy	<i>9-30-2020</i>	<input checked="" type="checkbox"/>	Incident Response and Reporting	<i>9-30-2020</i>

Day 2: First Site Visit/Shadow date/time: _____

Days 2 -5: Online Training/On Paper: (To be completed before working unsupervised)

<input checked="" type="checkbox"/>	Course	Date	<input checked="" type="checkbox"/>	Course	Date
<input checked="" type="checkbox"/>	VA & Child Protection Policies	<i>10-13-20</i>	<input checked="" type="checkbox"/>	Driver Safety	<i>11-3-2020</i>
<input checked="" type="checkbox"/>	Human Services Overview (3 parts: Historical, People, Your...Difference)	<i>10-14-20</i>	<input checked="" type="checkbox"/>	Personal Care & Wellness (3 parts: ADL's, Healthy Diet, Instrumental ADL)	<i>10-13-20</i>
<input checked="" type="checkbox"/>	Individual Rights	<i>10-13-20</i>	<input checked="" type="checkbox"/>	Bloodborne Pathogens	<i>10-13-20</i>
<input checked="" type="checkbox"/>	Positive Supports Rule Core	<i>10-14-20</i>	<input checked="" type="checkbox"/>	Data Privacy	<i>10-13-20</i>
<input checked="" type="checkbox"/>	Fraud for DSP	<i>10-14-20</i>	<input checked="" type="checkbox"/>	Documentation	<i>10-13-20</i>
<input checked="" type="checkbox"/>	Sexual Violence Training	<i>10-14-20</i>	<input checked="" type="checkbox"/>	<i>First Aid</i>	<i>10-14-20</i>

In person training to be completed on-site with supervisor (before working unsupervised):

<input checked="" type="checkbox"/>	Program Policies and Procedures	<i>11-3-20</i>	<input checked="" type="checkbox"/>	Personnel Policies and Procedures	<i>11-3-20</i>
<input checked="" type="checkbox"/>	ADP & Next Step	<i>10-3-21</i>	<input checked="" type="checkbox"/>	Incident/Emergency Response System	<i>11-3-20</i>
<input checked="" type="checkbox"/>	First Aid (packet)	<i>10-14-20</i>	<input checked="" type="checkbox"/>	Beacon MN – Covid-19 Preparedness and Response Plan	<i>11-2-2020</i>

Day 2-30: In Person Classes/Trainings to be Completed: (420 & 116 to be completed before working unsupervised)

<input checked="" type="checkbox"/>	Course	Date	<input checked="" type="checkbox"/>	Course	Date
<input checked="" type="checkbox"/>	CPI		<input checked="" type="checkbox"/>	Site PAPP & Emergency Plan	<i>1-29-2021</i>
<input checked="" type="checkbox"/>	Med Admin Parts 1 & 2 (STAR Services)	<i>10-27-20</i>	<input checked="" type="checkbox"/>	Service Recipient Plan & Rights	<i>1-29-2021</i>

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127 Job Shadowing: Must be done before working unsupervised

Date: _____ Time: _____ to _____ Trainer: _____
 Date: _____ Time: _____ to _____ Trainer: _____

253 Medication Administration: Must be completed prior to administering medications and working unsupervised

Course	Date	Time	Trainer	Passed
Med Admin Parts 1 & 2	10-27-2020	11a-4p	STAR Services	✓
Med Policies review & observe med pass				
Staff demo med pass (observed by trainer)				
Staff demo med pass (observed by trainer)				

Mental Health Certification (as assigned by CSSP or Designated Coordinator):

<input checked="" type="checkbox"/>	Course	Date	<input checked="" type="checkbox"/>	Course	Date
	Substance Abuse			Psychotic Disorders	
	Psych Meds			Values & Principles of Crisis Response	
	Anxiety Disorders			Suicide: Prevention & Response	
	Crisis Response & Intervention			Personality Disorders	
	Mood Disorders				

Additional Foster Care Site Training: To be completed before working unsupervised

<input checked="" type="checkbox"/>	Course	Date	<input checked="" type="checkbox"/>	Course	Date
	Children's Mental Health (Scott Co.)			Child Foster Care	
	Discipline (CFC)		✓	Adult Foster Care	11-3-2020
✓	Drug & Alcohol (AFC)	11-3-20		FASD (as applicable)	
	RAD (as applicable)			ASD (as applicable)	

119 60 Day Employment Review:

Supervisor: Mark Winters Date Complete: 1-21-21

Any additional trainings as necessary or assigned by CSSP:

<input checked="" type="checkbox"/>	Course	Date

SUPERVISOR SIGNATURE

DATE