



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: <u>Colby Taggart</u>	Job Title: <u>Direct support Professional</u>
Date of Hire:	Date of first contact with persons served:
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		<input checked="" type="checkbox"/>	Person Centered Supports	
<input checked="" type="checkbox"/>	Beacon Policies and Procedures		<input checked="" type="checkbox"/>	Service Recipient Rights	
<input checked="" type="checkbox"/>	VA & Minor Maltreatment Policies		<input checked="" type="checkbox"/>	Job Description	
<input checked="" type="checkbox"/>	Employee Handbook		<input checked="" type="checkbox"/>	Blood Borne Pathogens	
<input checked="" type="checkbox"/>	HIPAA and Data Privacy		<input checked="" type="checkbox"/>	Incident Response and Reporting	

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		<input checked="" type="checkbox"/>	Driver Safety	
	Human Services Overview (3 parts: Historical, People, Your...Difference)			Personal Care & Wellness (3 parts: ADL's, Healthy Diet, Instrumental ADL)	
<input checked="" type="checkbox"/>	Individual Rights		<input checked="" type="checkbox"/>	Bloodborne Pathogens	
<input checked="" type="checkbox"/>	Positive Supports Rule Core		<input checked="" type="checkbox"/>	Data Privacy	
<input checked="" type="checkbox"/>	Fraud for DSP		<input checked="" type="checkbox"/>	Documentation	
<input checked="" type="checkbox"/>	Sexual Violence Training		<input checked="" type="checkbox"/>		

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

	Program Policies and Procedures			Personnel Policies and Procedures	
	ADP & Next Step			Incident/Emergency Response System	
	First Aid (packet)			Beacon MN – Covid-19 Preparedness and Response Plan	

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			Site PAPP & Emergency Plan	
<input checked="" type="checkbox"/>	Med Admin Parts 1 & 2 (STAR Services)			Service Recipient Plan & Rights	

(Please turn over for page 2)



127 Job Shadowing: Must be done before working unsupervised

Date: <u>11/02/20</u>	Time: <u>8am</u> to <u>3pm</u>	Trainer: <u>Tierra</u>
Date: <u>11/12/20</u>	Time: <u>8am</u> to <u>3pm</u>	Trainer: <u>Tierra</u>

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

Course	Date	Time	Trainer	Passed
Med Admin Parts 1 & 2			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
<input checked="" type="checkbox"/>	Children's Mental Health (Scott Co.)		<input checked="" type="checkbox"/>	Child Foster Care	
<input checked="" type="checkbox"/>	Discipline (CFC)		<input checked="" type="checkbox"/>	Adult Foster Care	
<input checked="" type="checkbox"/>	Drug & Alcohol (AFC)		<input checked="" type="checkbox"/>	FASD (as applicable)	
<input checked="" type="checkbox"/>	RAD (as applicable)		<input checked="" type="checkbox"/>	ASD (as applicable)	

119 60 Day Employment Review:

Supervisor:	Date Complete:
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Any additional trainings as necessary or assigned by CSSP:

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

[Handwritten Signature]

SUPERVISOR SIGNATURE

DATE