Direct Care Staff Training Checklist On-Site Orientation (Title 17 Section 56038)

Facility Name: _____ Service Level: _____

Employee Name: _____ Title: _____

Date of Hire: _____
(day/month/year)

I. ONSITE ORIENTATION within the first 40 hours of employment:

		Trainer Signature	Date	Staff Signature
A.	Facility Program Design			
B.	Individual Program Plan			
C.	Client's Rights			
D.	Medication Assistance			
E.	Health & Emergency Procedures			
F.	Special Incident Reports			
G.	Elderly & Dependent Adult Abuse & Identification & Mandated Reporting			
H.	HCBS Final Rules			
I.	ACRC Zero Tolerance Policy			
J.	Person Centered Planning			

II. ON THE JOB TRAINING necessary to carry out IPP objectives:

	Date	Trainer's Name	Topic	Staff Signature
1.				
2.				
3.				