

Staff Name: _____ Hire Date: _____

**SOUTHERN HIGHLANDS COMMUNITY MENTAL HEALTH CENTER
ADULT DAY SERVICES STAFF TRAINING**

ORIENTATION TRAINING	By*	N/A	Date Completed	Verified By	Staff Initials
GENERAL ORIENTATION	-	-	-	-	-
Mission Statement	1d				
Demographics	1d				
False Claims Act Policy	1d				
Drug Free Workplace Policy	1d				
Employee Benefits and Expenses Policy	1d				
Employee Code of Ethics Policy	1d				
OSHA and Tuberculosis Guidelines	1d				
Harrassment Policy	1d				
Privileging Application (Licensing if necessary)	1d				
Job Description	1d				
Electronic Time Sheets	1d				
Benefit Package	1d				
Confidentiality	1d				
HIPAA Guidelines	1d				
Mandatory Reporting of Abuse and Neglect	1d				
Adverse Incident Reports (Policy, Completion of Form and Timelines)	1d				
Direct Care Guide	1d				
911 Protocol	1d				
Choking Protocol	1d				
Consensual Relationship	1d				
Trauma Training	1-5d				
Consumer Rights	2-3d				
Consumer Rights Pertaining to Freedom From Physical and Verbal Abuse	2-3d				
Management of Inappropriate Behavior	2-3d				
People First Language	2-3d				
Person Centered Planning	2-3d				
Overview of Developmental Disabilities Services	2-3d				
Positive Behavior Support	2-3d				
Cultural Competency	2-5d				
Motivational Interviewing	2-5d				
Suicide Prevention	2-5d				

ORIENTATION TRAINING	By*	N/A	Date Completed	Verified By	Staff Initials
OPERATION OF VANS	-	-	-	-	-
Transportation Policy	2-3d				
Lifts	2-3d				
Safety Belts	2-3d				
Emergency Equipment	2-3d				
Safety/Maint. Checks – Pre-Trip & Routine	2-3d				
Van Logs	2-3d				
Operator Accident Form/Procedures	2-3d				
Passenger Profile Cards	2-3d				
Driving Proficiency Test	2-3d				
POPULATION SPECIFIC TRAINING	-	-	-	-	-
Understanding Mental Illness – Basic Physiology	2-5d				
Common Misconceptions	2-5d				
The Effects of Stigma	2-5d				
Sensitivity to Consumer/Family Needs	2-5d				
I/DD WAIVER TRAINING**	-	-	-	-	-
Participant specific training in Habilitation objectives needed to provide direct care services	2-5d				
Participant specific training in Health/Safety objectives needed to provide direct care services					
Sensitivity to Family/Individual Needs/Concerns	2-5d				
OTHER:	-	-	-	-	-
Initial Performance Plan / Appraisal	3d				
Cardio Pulmonary Resuscitation (CPR)	1w				
First Aid	1w				
Crisis Intervention	1w				

* Training must be completed within this number of employment days.

** Required Waiver Training

This checklist must be completed and turned in at the end of the Trauma 101 training.

Revised 6/16/09; 10/13/10; 3/22/12; 2/22/13; 3/7/16; 5/8/17; 7/8/20

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GENERAL ORIENTATION TRAINING	By*	N/A	Date Completed	Verified By	Staff Initials
ORIENTATION TO SITE	-	-	-	-	-
Introduction to Staff	2wk				
Orientation to Building and Service Area	2wk				
1. Tour of Adult Day Services Area	2wk				
2. Location of Forms/Supplies	2wk				
Adult Day Services Physical Boundaries	2wk				
Consumer Drop Off and Pick Up Area	2wk				
Staff Parking	2wk				
ADULT DAY SERVICES OVERVIEW AND GENERAL INFORMATION	-	-	-	-	-
CCSS	2wk				
Day Habilitation - Community and Agency	2wk				
Job Coach	2wk				
Consumer Grievance Procedure	2wk				
Supported Employment	2wk				
Transportation	2wk				
Protective Oversight	2wk				
Critical Incident Reports (Policy, Completion of Form, and Timelines)	2wk				
UNDERSTANDING / COMPLETING CCSS DOCUMENTATION	-	-	-	-	-
Master Treatment Plan & Reviews	2wk				
1. Purpose	2wk				
2. Basic Explanation of Goals and Objectives	2wk				
3. How to Read a Treatment Plan	2wk				
4. Timelines	2wk				
Method Cards	2wk				
Daily Activity Notes	2wk				
Daily Roster	2wk				
Consumer Profile Sheet	2wk				
Documentation Completion / Submission / Timelines	2wk				

GENERAL ORIENTATION TRAINING	By*	N/A	Date Completed	Verified By	Staff Initials
DAY HABILITATION DOCUMENTATION	-	-	-	-	-
SALs	2wk				
I/DD-6	2wk				
Day Habilitation Daily Data Collection Form (SH-1052)	2wk				
I/DD-7	2wk				
Day Habilitation Daily Progress Note (SH-1051)	2wk				
Attendance Roster	2wk				
Checking Waiver Printouts	2wk				

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Responsible Staff
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Qualified Trainer
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Qualified Trainer
Qualified Trainer
Qualified Trainer
Qualified Trainer
Qualified Trainer
Qualified Trainer
Qualified Trainer
-
Qualified Trainer
Qualified Trainer
Qualified Trainer
Qualified Trainer
-
Therapeutic Consultant (Must be documented on DD-6)
Registered Nurse (Must be documented on DD-6)
Qualified Trainer
-
Administrative Supervisor
Qualified Instructor
Qualified Instructor
Qualified Instructor

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