

Agape Supported Home, Inc  
Adult Residential Facility, Level 4I

**DIRECT CARE STAFF TRAINING CHECKLIST**

Facility Name: \_\_\_\_\_ Service Level: \_\_\_\_\_

Employee Name: \_\_\_\_\_ Title: \_\_\_\_\_

Date of Hire: \_\_\_\_\_  
(mo./day/year)

**ON-SITE ORIENTAION within the first 40 hours of employment**

	<u>Trainer's Name</u>	<u>Date</u>
A. Facility Program Design	_____	_____
B. Individual Program Plan	_____	_____
C. Client's Right & Regulations	_____	_____
D. Medication Assistance	_____	_____
E. Heath and Emergency Procedures	_____	_____
F. Special Incident Reporting	_____	_____
G. Client Abuse Identification Reporting	_____	_____
H. Zero tolerance policy for client abuse or neglect	_____	_____
I. Use of Facility Vehicle	_____	_____
J. Health Information Portability & Accountability Act (HIPAA)	_____	_____

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date