

**Name:**

**Home:**

**Position:**

**Date Unit 2 Training Began:**

- Goals:**
- Safety
  - Maintenance and Household Cleanliness Standards
  - Resident Appearance Standards
  - Recognizing and Reporting Abuse and Neglect

Reviewed or Observed <small>(Employee initials)</small>	<b>Meet with Supervisor of Support Services or DSC</b>
	Read communication log
	Review questions from previous day of training/Refresh memory
	New employee to verbalize safety precautions and guidelines
	Household
	Each resident
	Verbalize good lifting and transferring techniques
	Universal Precautions / Infection Control
	Show van lift and how to assist other staff and residents (do not
	operate until certified)
	Wheelchair and adaptive equipment
	Cleanliness and maintenance standards
	How and when to report safety and maintenance issues
	Household and van cleanliness standards-walk through
	Why we have these standards (health, families, various
	inspections required to maintain license)
	Garbage and recycling
	Fire and disaster drills (practice) - documentation and frequency
	Emergencies, medical and other (who to call and information to provide)
	Resident appearance
	Resident rights and responsibilities
	Recognizing and reporting abuse and neglect-must be immediate

	<b>Observe and Practice Working with and Teaching Designated Resident(s)</b>
	(see Resident Instruction Checklist)
	resident name:
	resident name:

	<b>End of Shift Activities and Documentation</b>
	End of shift cleaning
	End of shift documentation
	Review training items with DSC
	Write down questions for Supervisor of Support Services
	Put training sheet in Supervisor of Support Services' mailbox

The following signatures certify that the information listed above was reviewed or observed. The new employee's signature certifies understanding of the material reviewed.

New Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

DSC Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor of Support Services Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\* Supervisor to copy completed and signed training form. Give original to Personnel and copy to employee.