1. **Staff Orientation Record**

REQUIREMENTS FOR USE OF THIS SAMPLE DOCUMENT: Adult Day Services license holders are responsible for modifying this sample for use in their program. At a minimum, you must fill in the blanks on this form. You may modify the format and content to meet standards used by your program. This sample meets compliance with current licensing requirements as of **July, 1 2017**. Providers remain responsible for reading, understanding and ensuring that this document conforms to current licensing requirements. DELETE THIS HIGHLIGHTED SECTION TO BEGIN MODIFYING THIS FORM.

Employee name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| Date of hire |  |
| Date background study initiated |  |
| Date background study notice received |  |
| Date of first supervised direct contact with persons in this program |  |
| Date of first unsupervised direct contact with persons served by the program |  |

**Orientation requirements** - A center shall provide all center employees with 20 hours of orientation to the center within the employee's first 40 hours of employment at the center. At least four hours of supervised orientation must be provided before employees work directly with center participants. The orientation must include training related to the kinds of functional impairments of current center participants, the protection and abuse reporting requirements, and the safety requirements and procedures in part [9555.9720](https://www.revisor.mn.gov/rules/?id=9555.9720).

| **Subject/Area** | **Date of Training** | **Hours of Training** |
| --- | --- | --- |
| Laws governing maltreatment reporting and service planning for children and vulnerable adults, and staff responsibilities related to protecting persons from maltreatment and reporting maltreatment. This orientation must be provided **within 72 hours** of first providing direct contact services. • Vulnerable adults maltreatment reporting and internal review \_\_\_\_\_ laws \_\_\_\_\_ policies* Program abuse and prevention plan \_\_\_\_\_ laws \_\_\_\_\_ policies
 |  |  |
| Four (4) hours of supervised orientation before working directly with center participants (MN Rules, part 9555.9690, subpart 3). |  |  |
| Training related to the functional impairment of the current center participants (MN Rules, part 9555.9690, subpart 3). |  |  |
| Safety requirements and procedures (MN Rules, part 9555.9720, subparts 1 through 11). |  |  |
| Training in dementia care – when facility markets or otherwise promotes services for persons with Alzheimer’s disease or related disorders (MN Statutes, section 245A.04, subdivision 12).  |  |  |
| Training on staff implementation of the program’s policies and procedures (MN Statutes, section 245A.04, subdivision 14). |  |  |
| An employee, other than a physician, registered pharmacist, registered nurse, or licensed practical nurse, who is responsible for medication assistance shall provide a certificate verifying successful completion of a trained medication aid program for unlicensed personnel approved by the Minnesota Department of Health or shall be trained by a registered nurse to provide medication assistance in accordance with part [9555.9710](https://www.revisor.mn.gov/rules/?id=9555.9710), subpart 3. |  |  |
| Basic first aid & CPR trainingexpiration date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\**A person trained in basic first aid and certified in cardiopulmonary resuscitation, and the treatment of obstructed airways must be present at all times:** *in the center when participants are present;*
* *in a vehicle being used by the center to transport participants; and*
* *with participants on field trips or other activities conducted by the center away from the center site.*
 |  |  |

By signing here, I verify that the above training has been provided to me.

Signature of Staff Person Receiving Orientation Date

Signature of Person Providing Orientation Date

1. **Staff Annual Training Record**

Employee name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Annual in-service training requirements** - A center shall provide a minimum of eight hours of in-service training annually. In-service training must be in areas related to care of center participants, including provision of medication assistance and review of parts [9555.9600](https://www.revisor.mn.gov/rules/?id=9555.9600) to [9555.9730](https://www.revisor.mn.gov/rules/?id=9555.9730),and Minnesota Statutes, section [626.557](https://www.revisor.mn.gov/statutes/?id=626.557).

| **Subject/Area:** | **Date of Training**  | **Hours of Training** |
| --- | --- | --- |
| Laws governing maltreatment reporting and service planning for children and vulnerable adults, and staff responsibilities related to protecting persons from maltreatment and reporting maltreatment. • Vulnerable adults maltreatment reporting and internal review \_\_\_\_\_ laws \_\_\_\_\_ policies* Program abuse and prevention plan \_\_\_\_\_ laws \_\_\_\_\_ policies
 |  |  |
| Areas related to care of center participants, including provision of medication assistance.  |  |  |
| Other: (MN Rules, parts 9555.9600 to 9555.9730) |  |  |
| Other: (MN Rules, parts 9555.9600 to 9555.9730) |  |  |
| Other: (MN Rules, parts 9555.9600 to 9555.9730) |  |  |
| Basic first aid & CPR trainingexpiration date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\**A person trained in basic first aid and certified in cardiopulmonary resuscitation, and the treatment of obstructed airways must be present at all times:** *in the center when participants are present;*
* *in a vehicle being used by the center to transport participants; and*
* *with participants on field trips or other activities conducted by the center away from the center site.*
 |  |  |

By signing here, I verify that the above training has been provided to me.

Signature of Staff Person Receiving Orientation Date

Signature of Person Providing Orientation Date

**Annual performance evaluation**: [use this section to summarize a performance evaluation that will be located elsewhere in the employee personnel file]

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Competent to perform all assigned job duties:** | **Performance improvement plan required:** | **Timeline for completion of performance involvement plan:** | **Supervisor** **signature** | **Employee Signature** |
| **Date of Evaluation:** | □ yes □ no | □ yes □ no |  |  |  |