

CenTrain Group Home Curriculum Training

Provider: _____ Home: _____ Home Phone Number: _____

Staff Name: _____ Hire Date: _____

All training modules are required for Special Certification Licensed AFC Homes.

*** Training modules with an * are required for CLS settings, additional training requirements are determined by the Person Centered Plan.**

| Training Curriculum Approved by: Community Mental health for Central Michigan (989) 772-5938 | Initial Training | | | | Updates 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | |
|---|---------------------|------|-------|----------|-----------------|------|------|------|------|------|--|
| Training Module | Pass/Fail | Date | Hours | Verified | | | | | | | |
| *CPR | | | | | | | | | | | |
| *First Aid | | | | | | | | | | | |
| *Safety and Fire Prevention | | | | | | | | | | | |
| *Recipient Rights | | | | | | | | | | | |
| *Person Centered Planning (PCP) | | | | | | | | | | | |
| Introduction to Role of Direct Support Professional Introduction to Developmental Disabilities & Mental Illness | | | | | | | | | | | |
| Health Interventions | | | | | | | | | | | |
| a. Hygiene | | | | | | | | | | | |
| b. Infection Control | | | | | | | | | | | |
| c. Food Preparation | | | | | | | | | | | |
| d. Nutrition | | | | | | | | | | | |
| e. Special Diets | | | | | | | | | | | |
| f. Signs & Symptoms | | | | | | | | | | | |
| g. Measuring Vital Signs | | | | | | | | | | | |
| Medications | | | | | | | | | | | |
| Non-Aversive Techniques | | | | | | | | | | | |
| Crisis Intervention | | | | | | | | | | | |

Comments:

Qualified Trainers: List the names of all staff approved and qualified to provide training in this home.

| Training Recommended by PCP & Required Annual Training | |
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[illegible]

A copy of this training record transcript shall be provided to the staff member when he/she leaves employment. A copy shall also be furnished to Community Mental Health for Central Michigan upon request.