

Free to Be Programs Respite Worker Orientation

Name of Certified Parents Providing Training: _____

Name of Respite Worker: _____

Date: _____

Item	Completed
Show person where to find contact information for all Free to Be staff.	
Briefly explain role of any Free to Be staff that may have contact with the respite worker (e.g., social worker, Independent Living Skills trainer, behavior facilitator, business office, quality assurance). This includes specifying any tasks or communication that the respite worker is expected to have with these individuals.	
Orientation to home (where are things located)	
Review disaster plan (show person where all emergency shut off valves are in the home). Show where plan is posted and review who to call in an emergency.	
Review expectations for monitoring – clients may not be left alone at any time. Client may not be locked in the house or in a room. Review level of monitoring required for each client in home.	
Review safety expectations – knives must be inaccessible, toxins must be locked at all times, medications must be locked at all times (including over-the-counter medications), how to document administration of medications.	
Review driving policy. Respite workers may not drive clients.	
If exception provided for respite worker to drive clients, record date that you spoke with administrative staff from FTBP to confirm that all required paperwork is in file and administrator has granted person exception.	Date:
Review current treatment plan for each consumer with respite worker.	
Respite worker is aware of each consumer’s behavior challenges (e.g., physical aggression, tantrums), is able to implement the treatment programs being run and knows how to respond when issues arise.	
Respite worker is aware of each consumer’s skill deficits and knows how to provide assistance to clients if it is needed to complete activities (e.g., toileting, eating, dressing)	
Respite worker is aware of client’s communication skills and is able to effectively communicate with the client.	
Review allergies, presence or absence of seizure disorder, and any special dietary requirements for each client in the home.	
Review medications for each consumer with respite worker and discuss how to administer and record medications properly.	
Respite workers may not administer medications unless they have demonstrated proper administration, recording, and storage of medications to the certified parent.	
Review health care plan with respite worker if any child in home has a health care plan.	

If respite worker will be providing medical care in accordance with the health care plan, respite worker has received training on the plan and has been approved to provide this care by administration. Record the date that you received clearance from Free to Be for the person to implement the health care plan.	Date:
Discuss role of Regional Center, Community Care Licensing, DCFS and Free to Be Programs. Let respite worker know that representatives from these agencies need to be let into the home, even if you (the certified parent) are not at home.	
Discuss checking for messages and returning phone calls to Free to Be staff and other key agencies (e.g., Regional Center, CCL, DCFS).	
If respite worker will be assisting with medical / dental appointments review expectations for documenting the visit and communicating the results to Free to Be social workers. Must receive clearance from social worker for respite worker to handle medical / dental visits. Record date that clearance was provided here.	Date:
Review what types of events constitute special incidents. Discuss expectations for reporting and communicating with Free to Be social workers about these events. Remind respite workers that they need to report these incidents immediately to the social worker and should not wait for your return.	
Review emergency procedures including actions to take and people to contact in the event of an emergency. Assuring the health and safety of the clients in the home is always the first priority.	

My signature indicates that I have completed the training marked on this form. I understand that I am responsible for ensuring that this individual is aware of all policies and procedures and is capable of providing respite services. I recognize that if the respite worker violates Free to Be policies, Title 17 or Title 22, it may jeopardize my certification with Free to Be.

Signature of Certified Parent Providing Training

My signature indicates that I have been trained in the above topics and feel qualified to provide respite services that meet all policies, regulations and standards.

Signature of Respite Provider

This section to be completed by Free to Be QA staff

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|--------------------------------------|------------------------------|-----------------------------|
| Live Scan Clearance | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Health Clearance | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| TB Clearance | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| First Aid Current and on file | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| CPR Current and on file | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Driver's License Current and on file | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Car Insurance Current and on file | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Training satisfactory | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Comments: