



**Sample STAFF ORIENTATION & IN-SERVICE RECORD
Community Residential Care Facilities (CRCF)
Bureau of Health Facilities Licensing**

NAME _____

HIRE DATE _____

INITIAL RESIDENT CONTACT DATE _____

The following training shall be provided to all staff members/direct care volunteers, prior to resident contact, and at least annually:

Topic	Date	Staff Signature	Trainer Signature	Training Resource
Basic First Aid				
Checking and Recording Vital Signs (Designated Staff Members Only)				
Management/care of contagious or communicable disease				
Medication Management(i.e. storage, administration, receiving orders, securing)				
Special Care** (e.g., dementia; cognitive disability; mental illness; or aggressive, violent, and/or inappropriate behavioral symptoms)				
Restraint Techniques				
OSHA (including blood-borne pathogens)				
CPR (Designated Staff Members Only)				
Confidentiality				
Bill of Rights for Long Term Care Facilities/ Resident Rights				
Fire Response Training (within 24 hours of first day on the job)				
Emergency Procedures/Disaster Preparedness (within 24 hours of first day on the job)				
Facility Organization and Environment/ Orientation (within 24 hours of first day on the job)				
Activities***				

**Depending on Type of Residents in Facility

***Staff Members responsible for providing/coordinating recreational activities

INSTRUCTIONS: DHEC FORM 0267 Community Residential Care – Staff Orientation & In-service Records

PURPOSE: This is a sample form to be used by Community Residential Care Facilities as a guide for recording and tracking annual staff training for employees in facilities licensed under DHEC Regulation 61-84, Standards for Licensing Community Residential Care Facilities.

EXPLANATION: This sample form is used by administrators/trainers at the facility to assist them in creating documents for individual staff to ensure that documentation is being maintained by the facility in accordance with the applicable regulation.

Item by Item Suggestions: (1) Name: (Enter name of Staff); (2) Hire Date: (Enter date of Hire); (3) Initial Resident Contact Date: (Enter date of initial resident contact by staff.); (4) Topic: (Annual Training Required); (5) Date: (date training taken); (6) Staff Signature (to be signed by staff when training taken); (7) Trainer Signature: (to be signed by the person giving the training);