

Training Plan — DSPs and/or Supervisors of DSPs

Name of Employee:

Employee Position (*DSP or Supervisor of DSPs*):

Agency Name:

Date of Training Plan

(must be updated at least once every calendar year):

Training provided by the department or by an entity using department-provided curriculum (two hours): *(Separate documentation evidencing completion of training is required)*

| Name of Training | Method that will be used to establish competency in the area of the training | Person/entity responsible for arranging or providing the training | Projected timeline for completion of the training |
|--|--|---|---|
| Empathy-based care | | | |
| 'National Alliance for Direct Support Professionals code of ethics | | | |
| Rights of individuals set forth in section 5123.62 of the Revised Code | | | |

Note: This Training Plan template only addresses the elements required in OAC 5123-2-08 (F)(1) for a written training plan and is not an all-inclusive list of all required initial and ongoing training or personnel requirements. Provider is responsible for knowing and being compliant with all applicable requirements.

Training provided or arranged by the provider: *(Separate documentation evidencing completion of training is required)*

| Name of Training | Length of Training | Method that will be used to establish competency in the area of training | Person/entity responsible for arranging or providing the training | Projected timeline for completion of the training |
|--|--------------------|--|---|---|
| Recognizing and reporting major unusual incidents and unusual incidents, agency specific data regarding major usual incidents, and strategies for preventing major unusual incidents | | | | |
| Review of health and welfare alerts by the department since previous year's training | | | | |

Additional trainings to meet the six-hour annual training requirements outlined in 5123-2-08 Appendix C:

Trainings should be relevant to services provided and people served by the agency provider and be consistent with the needs of individuals served and best practice. Separate documentation evidencing completion of training is required.

| Name of Training | Length of Training | Method that will be used to establish competency in the area of training | Person/entity responsible for arranging or providing the training | Projected timeline for completion of the training | Training Area (Components of Quality Care, Health & Safety; Positive Behavioral Support) |
|------------------|--------------------|--|---|---|--|
| | | | | | |

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|------------------|--------------------|--|---|---|---|
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