

| STAFF ORIENTATION AND ANNUAL TRAINING PLAN - PERSON SPECIFIC | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|-----------------------------------------------------|--------------------------------|---------------------------------------------------|
| Staff name: | | Date of hire: | | |
| Date of background study submission: | | Date of background study clearance: | | |
| Ongoing annual training period: | | | | |
| Date of first supervised contact: | | Date of first unsupervised contact: | | |
| Before having unsupervised direct contact with persons served or for whom the staff has not previously provided direct support or any time these plans or procedures are revised, staff must review and receive instruction in the following areas as they relate to the staff's job functions for that person. *Complete this form for each person served to whom the staff person will be providing direct contact | | | | |
| Training topics for community residential services (settings): training and competency evaluations must include the following topics, marked with an asterisk (*) if identified in the Support Plan. | | | | |
| Name of person served: | | | | |
| Orientation to individual service recipient needs | Date of completion | Type of demonstrated competency | Length of training | Name of trainer and company, if applicable |
| *Appropriate and safe techniques in personal hygiene and grooming including: Hair care Bathing Care of teeth, gums, and oral prosthetic devices Other activities of daily living (ADL) per 256B.0659-specify: | | Competency based training w/ Designated Coordinator | 0.5 | |
| *Understanding of what constitutes a healthy diet according to data from the CDC and the skills necessary to prepare that diet | | Competency based training w/ Designated Coordinator | 0.25 | |
| *Skills necessary to provide appropriate support in instrumental activities of daily living (IADL) per 256B.0659-specify: | | Competency based training w/ Designated Coordinator | 0.25 | |
| CPR, if required by the Support Plan and Support Plan Addendum | | | | |
| Support Plan Support and Plan Addendum, and Self-Management Assessment to achieve and demonstrate an understanding of the person as a unique individual and how to implement those plans. Include outcomes, behavior plans, and any document specific to the person | | Competency based training w/ Designated Coordinator | 1 | |
| Individual Abuse Prevention Plan to achieve and demonstrate an understanding of the person as a unique individual and how to implement those | | Competency based training w/ Designated Coordinator | 0.5 | |
| Medication set up or medication administration training when staff set up or administer medications. Training also includes specific medication set up or administration procedures for the person | | Competency based training w/ Designated Coordinator | 0.25 | |
| The safe and correct operation of medical equipment used by the person to sustain life or to monitor a medical condition that could become life threatening. This training must be provided by a licensed health care professional or manufacturer's representative | | Competency based training w/ Designated Coordinator | 0.25 | |
| Mental health crisis response, de-escalation techniques, and suicide intervention when providing direct support to a person with a serious mental illness | Completed in Star Services LMS | Completed in Star Services LMS | Completed in Star Services LMS | Completed in Star Services LMS |
| Other topics as determined necessary according to the person's Support Plan or identified by the company: | Date of completion | Date and type of demonstrated competency | Length of training | Name of trainer and company, if applicable |
| Topic: Crisis plans if applicable | | Competency based | 0.25 | |
| Topic: Seizure protocols if applicable | | Competency based | 0.25 | |
| Topic: Elopement protocols if applicable | | Competency based | 0.25 | |
| Topic: Diabetes protocols if applicable | | Competency based | 0.25 | |
| Rights restrictions if applicable | | Competency based | 0.25 | |
| Topic: Other Medical emergencies | | Competency based | 0.25 | |
| Staff signature | | | Date | |

*I understand the information I received and my responsibilities for their implementation in the care of persons served by this program.

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| Training topics for community residential services (settings): training and competency evaluations must include the following topics, marked with an asterisk (*) if identified in the Support Plan. | | | | |
| Name of person served: | | | | |
| Orientation to individual service recipient needs | Date of completion | Type of demonstrated competency | Length of training | Name of trainer and company, if applicable |
| *Appropriate and safe techniques in personal hygiene and grooming including: Hair care Bathing Care of teeth, gums, and oral prosthetic devices Other activities of daily living (ADLs) per 256B.0659-specify: | | Competency based training w/ Designated Coordinator | 0.5 | |
| *Understanding of what constitutes a healthy diet according to data from the CDC and the skills necessary to prepare that diet | | Competency based training w/ Designated Coordinator | 0.25 | |
| *Skills necessary to provide appropriate support in instrumental activities of daily living (IADLs) per 256B.0659-specify: | | Competency based training w/ Designated Coordinator | 0.25 | |
| CPR, if required by the Support Plan and Support Plan Addendum | | | | |
| Support Plan Support and Plan Addendum, and Self-Management Assessment to achieve and demonstrate an understanding of the person as a unique individual and how to implement those plans. Include outcomes, behavior plans, and any document specific to the person | | Competency based training w/ Designated Coordinator | 1 | |
| Individual Abuse Prevention Plan to achieve and demonstrate an understanding of the person as a unique individual and how to implement those plans. | | Competency based training w/ Designated Coordinator | 0.5 | |
| Medication set up or medication administration training when staff set up or administer medications. Training also includes specific medication set up or administration procedures for the person | | Competency based training w/ Designated Coordinator | 0.25 | |
| The safe and correct operation of medical equipment used by the person to sustain life or to monitor a medical condition that could become life threatening. This training must be provided by a licensed health care professional or manufacturer's representative | | Competency based training w/ Designated Coordinator | 0.25 | |
| Mental health crisis response, de-escalation techniques, and suicide intervention when providing direct support to a person with a serious mental illness | Completed in Star Services LMS | Completed in Star Services LMS | Completed in Star Services LMS | Completed in Star Services LMS |
| Other topics as determined necessary according to the person's Support Plan or identified by the company: | Date of completion | Date and type of demonstrated competency | Length of training | Name of trainer and company, if applicable |
| Topic: Crisis plans if applicable | | Competency based | 0.25 | |
| Topic: Seizure protocols if applicable | | Competency based | 0.25 | |
| Topic: Elopement protocols if applicable | | Competency based | 0.25 | |
| Topic: Diabetes protocols if applicable | | Competency based | 0.25 | |
| Rights restrictions if applicable | | Competency based | 0.25 | |
| Topic: Other Medical emergencies | | Competency based | 0.25 | |
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| *Understanding of what constitutes a healthy diet according to data from the CDC and the skills necessary to prepare that diet | | Competency based training w/ Designated Coordinator | 0.25 | |
| *Skills necessary to provide appropriate support in instrumental activities of daily living (IADL) per 256B.0659-specify: | | Competency based training w/ Designated Coordinator | 0.25 | |
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| Support Plan Support and Plan Addendum, and Self-Management Assessment to achieve and demonstrate an understanding of the person as a unique individual and how to implement those plans. Include outcomes, behavior plans, and any document specific to the person | | Competency based training w/ Designated Coordinator | 1 | |
| Individual Abuse Prevention Plan to achieve and demonstrate an understanding of the person as a unique individual and how to implement those plans | | Competency based training w/ Designated Coordinator | 0.5 | |
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| Mental health crisis response, de-escalation techniques, and suicide intervention when providing direct support to a person with a serious mental illness | Completed in Star Services LMS | Completed in Star Services LMS | Completed in Star Services LMS | Completed in Star Services LMS |
| Other topics as determined necessary according to the person's Support Plan or identified by the company: | Date of completion | Date and type of demonstrated competency | Length of training | Name of trainer and company, if applicable |
| Topic: Crisis plans if applicable | | Competency based | 0.25 | |
| Topic: Seizure protocols if applicable | | Competency based | 0.25 | |
| Topic: Elopement protocols if applicable | | Competency based | 0.25 | |
| Topic: Diabetes protocols if applicable | | Competency based | 0.25 | |
| Rights restrictions if applicable | | Competency based | 0.25 | |
| Topic: Other Medical emergencies | | Competency based | 0.25 | |
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| Name of person served: | | | | |
| Orientation to individual service recipient needs | Date of completion | Type of demonstrated competency | Length of training | Name of trainer and company, if applicable |
| *Appropriate and safe techniques in personal hygiene and grooming including: Hair care Bathing Care of teeth, gums, and oral prosthetic devices Other activities of daily living (ADLs) per 256B.0659-specify: | | Competency based training w/ Designated Coordinator | 0.5 | |
| *Understanding of what constitutes a healthy diet according to data from the CDC and the skills necessary to prepare that diet | | Competency based training w/ Designated Coordinator | 0.25 | |
| *Skills necessary to provide appropriate support in instrumental activities of daily living (IADLs) per 256B.0659-specify: | | Competency based training w/ Designated Coordinator | 0.25 | |
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| Support Plan Support and Plan Addendum, and Self-Management Assessment to achieve and demonstrate an understanding of the person as a unique individual and how to implement those plans. Include outcomes, behavior plans, and any document specific to the person | | Competency based training w/ Designated Coordinator | 1 | |
| Individual Abuse Prevention Plan to achieve and demonstrate an understanding of the person as a unique individual and how to implement those plans | | Competency based training w/ Designated Coordinator | 0.5 | |
| Medication set up or medication administration training when staff set up or administer medications. Training also includes specific medication set up or administration procedures for the person | | Competency based training w/ Designated Coordinator | 0.25 | |
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| Mental health crisis response, de-escalation techniques, and suicide intervention when providing direct support to a person with a serious mental illness | Completed in Star Services LMS | Completed in Star Services LMS | Completed in Star Services LMS | Completed in Star Services LMS |
| Other topics as determined necessary according to the person's Support Plan or identified by the company: | Date of completion | Date and type of demonstrated competency | Length of training | Name of trainer and company, if applicable |
| Topic: Crisis plans if applicable | | Competency based | 0.25 | |
| Topic: Seizure protocols if applicable | | Competency based | 0.25 | |
| Topic: Elopement protocols if applicable | | Competency based | 0.25 | |
| Topic: Diabetes protocols if applicable | | Competency based | 0.25 | |
| Rights restrictions if applicable | | Competency based | 0.25 | |
| Topic: Other Medical emergencies | | Competency based | 0.25 | |
| Staff signature | Date | | | |

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| STAFF ORIENTATION AND ANNUAL TRAINING PLAN - PERSON SPECIFIC | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|-----------------------------------------------------|--------------------------------|--------------------------------------------|
| Staff name: Merlan Egboro | | Date of hire: April 25, 2025 | | |
| Date of background study submission: 4/25/2025 | | Date of background study clearance: | | |
| Ongoing annual training period: | | | | |
| Date of first supervised contact: 4/30/2025 | | Date of first unsupervised contact: | | |
| Before having unsupervised direct contact with persons served or for whom the staff has not previously provided direct support or any time these plans or procedures are revised, staff must review and receive instruction in the following areas as they relate to the staff's job functions for that person. *Complete this form for each person served to whom the staff person will be providing direct contact | | | | |
| Training topics for community residential services (settings): training and competency evaluations must include the following topics, marked with an asterisk (*) if identified in the Support Plan. | | | | |
| Name of person served: Tyson Malek | | | | |
| Orientation to individual service recipient needs | Date of completion | Type of demonstrated competency | Length of training | Name of trainer and company, if applicable |
| *Appropriate and safe techniques in personal hygiene and grooming including: Hair care Bathing Care of teeth, gums, and oral prosthetic devices Other activities of daily living (ADLs) per 256B.0659-specify: | 4/30/2025 | Competency based training w/ Designated Coordinator | 0.5 | Marilyn Campiz, DC |
| *Understanding of what constitutes a healthy diet according to data from the CDC and the skills necessary to prepare that diet | 4/30/2025 | Competency based training w/ Designated Coordinator | 0.25 | Marilyn Campiz, DC |
| *Skills necessary to provide appropriate support in instrumental activities of daily living (IADLs) per 256B.0659-specify: | 4/30/2025 | Competency based training w/ Designated Coordinator | 0.25 | Marilyn Campiz, DC |
| CPR, if required by the Support Plan and Support Plan Addendum | | | | |
| Support Plan Support and Plan Addendum, and Self-Management Assessment to achieve and demonstrate an understanding of the person as a unique individual and how to implement those plans. Include outcomes, behavior plans, and any document specific to the person | 4/30/2025 | Competency based training w/ Designated Coordinator | 1 | Marilyn Campiz, DC |
| Individual Abuse Prevention Plan to achieve and demonstrate an understanding of the person as a unique individual and how to implement those | 4/30/2025 | Competency based training w/ Designated Coordinator | 0.5 | Marilyn Campiz, DC |
| Medication set up or medication administration training when staff set up or administer medications. Training also includes specific medication set up or administration procedures for the person | Pending Med Admin | Competency based training w/ Designated Coordinator | 0.25 | |
| The safe and correct operation of medical equipment used by the person to sustain life or to monitor a medical condition that could become life threatening. This training must be provided by a licensed health care professional or manufacturer's representative | | Competency based training w/ Designated Coordinator | 0.25 | |
| Mental health crisis response, de-escalation techniques, and suicide intervention when providing direct support to a person with a serious mental illness | Completed in Star Services LMS | Completed in Star Services LMS | Completed in Star Services LMS | Completed in Star Services LMS |
| Other topics as determined necessary according to the person's Support Plan or identified by the company: | Date of completion | Date and type of demonstrated competency | Length of training | Name of trainer and company, if applicable |
| Topic: Crisis plans if applicable | | Competency based | 0.25 | |
| Topic: Seizure protocols if applicable | | Competency based | 0.25 | |
| Topic: Elopement protocols if applicable | | Competency based | 0.25 | |
| Topic: Diabetes protocols if applicable | | Competency based | 0.25 | |
| Topic: Rights restrictions if applicable | | Competency based | 0.25 | |
| Topic: Other Medical emergencies | | Competency based | 0.25 | |
| Staff signature | Signed by: | | | Date |
| | 4/30/2025 | | | |

*I understand the information I received and my responsibilities for their implementation in the care of persons served by this program.

merlan.egboro
A85FC1BD690A49D...

Signed by:
marilyn.campiz
C61EACF0E75F49A...

4/30/2025

| STAFF ORIENTATION AND ANNUAL TRAINING PLAN - PERSON SPECIFIC | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|-----------------------------------------------------|--------------------------------|--------------------------------------------|
| Staff name: Merlan Egboro | | Date of hire: 4/21/2025 | | 4/21/2025 |
| Date of background study submission: 4/22/2025 | | Date of background study clearance: 4/22/2025 | | 4/22/2025 |
| Ongoing annual training periods: | | | | |
| Date of first supervised contact: 4/30/2025 | | Date of first unsupervised contact: | | |
| Before having unsupervised direct contact with persons served or for whom the staff has not previously provided direct support or any time these plans or procedures are revised, staff must review and receive instruction in the following areas as they relate to the staff's job functions for that person. *Complete this form for each person served to whom the staff person will be providing direct contact | | | | |
| Training topics for community residential services (settings): training and competency evaluations must include the following topics, marked with an asterisk (*) if identified in the Support Plan. | | | | |
| Name of person served: Michael Nakashima | | | | |
| Orientation to individual service recipient needs | Date of completion | Type of demonstrated competency | Length of training | Name of trainer and company, if applicable |
| *Appropriate and safe techniques in personal hygiene and grooming including: Hair care Bathing Care of teeth, gums, and oral prosthetic devices Other activities of daily living (ADLs) per 256B.0659-specify: | 4/30/2025 | Competency based training w/ Designated Coordinator | 0.5 | Marilyn Campitz, DC |
| *Understanding of what constitutes a healthy diet according to data from the CDC and the skills necessary to prepare that diet | 4/30/2025 | Competency based training w/ Designated Coordinator | 0.25 | Marilyn Campitz, DC |
| *Skills necessary to provide appropriate support in instrumental activities of daily living (IADLs) per 256B.0659-specify: | 4/30/2025 | Competency based training w/ Designated Coordinator | 0.25 | Marilyn Campitz, DC |
| CPR, if required by the Support Plan and Support Plan Addendum | | | | |
| Support Plan Support and Plan Addendum, and Self-Management Assessment to achieve and demonstrate an understanding of the person as a unique individual and how to implement those plans. Include outcomes, behavior plans, and any document specific to the person | 4/30/2025 | Competency based training w/ Designated Coordinator | 1 | Marilyn Campitz, DC |
| Individual Abuse Prevention Plan to achieve and demonstrate an understanding of the person as a unique individual and how to implement those plans. | 4/30/2025 | Competency based training w/ Designated Coordinator | 0.5 | Marilyn Campitz, DC |
| Medication set up or medication administration training when staff set up or administer medications. Training also includes specific medication set up or administration procedures for the person | Med Admin Scheduled | Competency based training w/ Designated Coordinator | 0.25 | |
| The safe and correct operation of medical equipment used by the person to sustain life or to monitor a medical condition that could become life threatening. This training must be provided by a licensed health care professional or manufacturer's representative | | Competency based training w/ Designated Coordinator | | |
| Mental health crisis response, de-escalation techniques, and suicide intervention when providing direct support to a person with a serious mental illness | Completed in Star Services LMS | Completed in Star Services LMS | Completed in Star Services LMS | Completed in Star Services LMS |
| Other topics as determined necessary according to the person's Support Plan or identified by the company: | Date of completion | Date and type of demonstrated competency | Length of training | Name of trainer and company, if applicable |
| Topic: Crisis plans if applicable | | Competency based | 0.25 | |
| Topic: Seizure protocols if applicable | | Competency based | 0.25 | |
| Topic: Elopement protocols if applicable | | Competency based | 0.25 | |
| Topic: Diabetes protocols if applicable | | Competency based | 0.25 | |
| Rights restrictions if applicable | | Competency based | 0.25 | |
| Topic: Other Medical emergencies | | Competency based | 0.25 | |

Signed by: **4/30/2025**

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Merlan Egboro
A85FC1BD690A49D...

Signed by: **4/30/2025**

Marilyn Campitz
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| Training topics for community residential services (settings): training and competency evaluations must include the following topics, marked with an asterisk (*) if identified in the Support Plan. | | | | |
| Name of person served: Yaron Freedman | | | | |
| Orientation to individual service recipient needs | Date of completion | Type of demonstrated competency | Length of training | Name of trainer and company, if applicable |
| *Appropriate and safe techniques in personal hygiene and grooming including: Hair care Bathing Care of teeth, gums, and oral prosthetic devices Other activities of daily living (ADLs) per 256B.0659-specify: | 4/30/2025 | Competency based training w/ Designated Coordinator | 0.5 | Marilyn Campitz, DC |
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| *Skills necessary to provide appropriate support in instrumental activities of daily living (IADLs) per 256B.0659-specify: | 4/30/2025 | Competency based training w/ Designated Coordinator | 0.25 | Marilyn Campitz, DC |
| CPR, if required by the Support Plan and Support Plan Addendum | | | | |
| Support Plan Support and Plan Addendum, and Self-Management Assessment to achieve and demonstrate an understanding of the person as a unique individual and how to implement those plans. Include outcomes, behavior plans, and any document specific to the person | 4/30/2025 | Competency based training w/ Designated Coordinator | 1 | Marilyn Campitz, DC |
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| Medication set up or medication administration training when staff set up or administer medications. Training also includes specific medication set up or administration procedures for the person | Medication Admin scheduled | Competency based training w/ Designated Coordinator | 0.25 | |
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| Topic: Crisis plans if applicable | | Competency based | 0.25 | |
| Topic: Seizure protocols if applicable | 4/30/2025 | Competency based | 0.25 | Marilyn Campitz, DC |
| Topic: Elopement protocols if applicable | | Competency based | 0.25 | |
| Topic: Diabetes protocols if applicable | | Competency based | 0.25 | |
| Topic: Rights restrictions if applicable | | Competency based | 0.25 | |
| Topic: Other Medical emergencies | | Competency based | 0.25 | |

Signed by:  4/30/2025
 Staff signature: _____
 *Under the supervision of the designated supervisor, the staff member is responsible for their implementation in the care of persons served by this program.

Signed by:  4/30/2025
 Staff signature: _____

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| Other topics as determined necessary according to the person's Support Plan or identified by the company: | Date of completion | Date and type of demonstrated competency | Length of training | Name of trainer and company, if applicable |
| Topic: Crisis plans if applicable | | Competency based | 0.25 | |
| Topic: Seizure protocols if applicable | | Competency based | 0.25 | |
| Topic: Elopement protocols if applicable | | Competency based | 0.25 | |
| Topic: Diabetes protocols if applicable | | Competency based | 0.25 | |
| Rights restrictions if applicable | | Competency based | 0.25 | |
| Topic: Other Medical emergencies | | Competency based | 0.25 | |
| Staff signature | | | Date | |

*I understand the information I received and my responsibilities for their implementation in the care of persons served by this program.

| STAFF ORIENTATION AND ANNUAL TRAINING PLAN - PERSON SPECIFIC | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|-----------------------------------------------------|--------------------------------|---------------------------------------------------|
| Staff name: | | Date of hire: | | |
| Date of background study submission: | | Date of background study clearance: | | |
| Ongoing annual training period: | | | | |
| Date of first supervised contact: | | Date of first unsupervised contact: | | |
| Before having unsupervised direct contact with persons served or for whom the staff has not previously provided direct support or any time these plans or procedures are revised, staff must review and receive instruction in the following areas as they relate to the staff's job functions for that person. *Complete this form for each person served to whom the staff person will be providing direct contact | | | | |
| Training topics for community residential services (settings): training and competency evaluations must include the following topics, marked with an asterisk (*) if identified in the Support Plan. | | | | |
| Name of person served: | | | | |
| Orientation to individual service recipient needs | Date of completion | Type of demonstrated competency | Length of training | Name of trainer and company, if applicable |
| *Appropriate and safe techniques in personal hygiene and grooming including: Hair care Bathing Care of teeth, gums, and oral prosthetic devices Other activities of daily living (ADLs) per 256B.0659-specify: | | Competency based training w/ Designated Coordinator | 0.5 | |
| *Understanding of what constitutes a healthy diet according to data from the CDC and the skills necessary to prepare that diet | | Competency based training w/ Designated Coordinator | 0.25 | |
| *Skills necessary to provide appropriate support in instrumental activities of daily living (IADLs) per 256B.0659-specify: | | Competency based training w/ Designated Coordinator | 0.25 | |
| CPR, if required by the Support Plan and Support Plan Addendum | | | | |
| Support Plan Support and Plan Addendum, and Self-Management Assessment to achieve and demonstrate an understanding of the person as a unique individual and how to implement those plans. Include outcomes, behavior plans, and any document specific to the person | | Competency based training w/ Designated Coordinator | 1 | |
| Individual Abuse Prevention Plan to achieve and demonstrate an understanding of the person as a unique individual and how to implement those plans. | | Competency based training w/ Designated Coordinator | 0.5 | |
| Medication set up or medication administration training when staff set up or administer medications. Training also includes specific medication set up or administration procedures for the person | | Competency based training w/ Designated Coordinator | 0.25 | |
| The safe and correct operation of medical equipment used by the person to sustain life or to monitor a medical condition that could become life threatening. This training must be provided by a licensed health care professional or manufacturer's representative | | Competency based training w/ Designated Coordinator | 0.25 | |
| Mental health crisis response, de-escalation techniques, and suicide intervention when providing direct support to a person with a serious mental illness | Completed in Star Services LMS | Completed in Star Services LMS | Completed in Star Services LMS | Completed in Star Services LMS |
| Other topics as determined necessary according to the person's Support Plan or identified by the company: | Date of completion | Date and type of demonstrated competency | Length of training | Name of trainer and company, if applicable |
| Topic: Crisis plans if applicable | | Competency based | 0.25 | |
| Topic: Seizure protocols if applicable | | Competency based | 0.25 | |
| Topic: Elopement protocols if applicable | | Competency based | 0.25 | |
| Topic: Diabetes protocols if applicable | | Competency based | 0.25 | |
| Rights restrictions if applicable | | Competency based | 0.25 | |
| Topic: Other Medical emergencies | | Competency based | 0.25 | |
| Staff signature | | | Date | |

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| STAFF ORIENTATION AND ANNUAL TRAINING PLAN - PERSON SPECIFIC | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|-----------------------------------------------------|--------------------------------|--------------------------------------------|
| Staff name: | | Date of hire: | | |
| Date of background study submission: | | Date of background study clearance: | | |
| Ongoing annual training period: | | | | |
| Date of first supervised contact: | | Date of first unsupervised contact: | | |
| Before having unsupervised direct contact with persons served or for whom the staff has not previously provided direct support or any time these plans or procedures are revised, staff must review and receive instruction in the following areas as they relate to the staff's job functions for that person. *Complete this form for each person served to whom the staff person will be providing direct contact | | | | |
| Training topics for community residential services (settings): training and competency evaluations must include the following topics, marked with an asterisk (*) if identified in the Support Plan. | | | | |
| Name of person served: | | | | |
| Orientation to individual service recipient needs | Date of completion | Type of demonstrated competency | Length of training | Name of trainer and company, if applicable |
| *Appropriate and safe techniques in personal hygiene and grooming including: Hair care Bathing Care of teeth, gums, and oral prosthetic devices Other activities of daily living (ADLs) per 256B.0659-specify: | 4/22/25 | Competency based training w/ Designated Coordinator | 0.5 | Sandi Zempel, DM |
| *Understanding of what constitutes a healthy diet according to data from the CDC and the skills necessary to prepare that diet | 4/22/25 | Competency based training w/ Designated Coordinator | 0.25 | Sandi Zempel, DM |
| *Skills necessary to provide appropriate support in instrumental activities of daily living (IADLs) per 256B.0659-specify: | 4/22/25 | Competency based training w/ Designated Coordinator | 0.25 | Sandi Zempel, DM |
| CPR, if required by the Support Plan and Support Plan Addendum | | | | |
| Support Plan Support and Plan Addendum, and Self-Management Assessment to achieve and demonstrate an understanding of the person as a unique individual and how to implement those plans. Include outcomes, behavior plans, and any document specific to the person | 4/22/25 | Competency based training w/ Designated Coordinator | 1 | Sandi Zempel, DM |
| Individual Abuse Prevention Plan to achieve and demonstrate an understanding of the person as a unique individual and how to implement those plans. | 4/22/25 | Competency based training w/ Designated Coordinator | 1 | Sandi Zempel, DM |
| Medication set up or medication administration training when staff set up or administer medications. Training also includes specific medication set up or administration procedures for the person | 4/22/25 | Competency based training w/ Designated Coordinator | 0.25 | Sandi Zempel, DM |
| The safe and correct operation of medical equipment used by the person to sustain life or to monitor a medical condition that could become life threatening. This training must be provided by a licensed health care professional or manufacturer's representative | 4/22/25 | Competency based training w/ Designated Coordinator | 0.25 | Sandi Zempel, DM |
| Mental health crisis response, de-escalation techniques, and suicide intervention when providing direct support to a person with a serious mental illness | Completed in Star Services LMS | Completed in Star Services LMS | Completed in Star Services LMS | Completed in Star Services LMS |
| Other topics as determined necessary according to the person's Support Plan or identified by the company: | Date of completion | Date and type of demonstrated competency | Length of training | Name of trainer and company, if applicable |
| Topic: Crisis plans if applicable | 4/22/25 | Competency based | 0.25 | Sandi Zempel, DM |
| Topic: Seizure protocols if applicable | 4/22/25 | Competency based | 0.25 | Sandi Zempel, DM |
| Topic: Elopement protocols if applicable | 4/22/25 | Competency based | 0.25 | Sandi Zempel, DM |
| Topic: Diabetes protocols if applicable | 4/22/25 | Competency based | 0.25 | Sandi Zempel, DM |
| Topic: Rights restrictions if applicable | 4/22/25 | Competency based | 0.25 | Sandi Zempel, DM |
| Topic: Other Medical emergencies | 4/22/25 | Competency based | 0.25 | Sandi Zempel, DM |
| Staff signature | | | | Date |

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