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 asterick (*) 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		Competency based training w/ Designated Coordinator	0.5	
Medication set up or medic ation 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 implmentation 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:**
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Date of first supervised contact:	**Date of first unsupervised contact:**

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Training topics for community residential services (settings): training and competency evaluations must include the following topics, marked with an asterick (*) 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		Competency based training w/ Designated Coordinator	0.5	
Medication set up or medic ation 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:**
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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 asterick (*) 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		Competency based training w/ Designated Coordinator	0.5	
Medication set up or medic ation 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 implmentation 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 asterick (*) 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		Competency based training w/ Designated Coordinator	0.5	
Medication set up or medic ation 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 implmentation in the care of persons served by this program.

STAFF ORIENTATION AND ANNUAL TRAINING PLAN - PERSON SPECIFIC

Staff name: Sasha Shahriai | **Date of hire:** April 4, 2025

Date of background study submission: | **Date of background study clearance:**

Ongoing annual training period:

Date of first supervised contact: | **Date of first unsupervised contact: 23 April 2025**

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 asterick (*) if identified in the *Support Plan*.

Name of person served: Tyson Valek

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:	4/23/2025	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	4/23/2025	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:	4/23/2025	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	4/23/2025	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	4/23/2025	Competency based training w/ Designated Coordinator	0.5	Marilyn Campiz, DC
Medication set up or medic ation 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	
Rights restrictions if applicable		Competency based	0.25	
Topic: Other Medical emergencies		Competency based	0.25	

Staff signature: **Signed by:** Sasha Shahriai 2E6A6F13F52E462... Date: 4/23/2025

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

Signed by: marilyn.campiz C61EACF0E75F49A... 4/23/2025

STAFF ORIENTATION AND ANNUAL TRAINING PLAN - PERSON SPECIFIC

Staff name: Sasha Shahriari | **Date of hire:** 4/4/2025

Date of background study submission: | **Date of background study clearance:**

Ongoing annual training period:

Date of first supervised contact: 4/23/2025 | **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 asterick (*) 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:	4/23/2025	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	4/23/2025	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:	4/23/2025	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	4/23/2025	Competency based training w/ Designated Coordinator	1	Marilyn Campiiz, DC
Individual Abuse Prevention Plan to achieve and demonstrate an understanding of the person as a unique individual and how to implement those	4/23/2025	Competency based training w/ Designated Coordinator	0.5	Marilyn Campiiz, DC
Medication set up or medic ation 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: 4/23/2025

Staff signature Date

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

Signed by: Sasha Shahriari
2E6A6F13F52E462...

Signed by: marilyn.campiz 4/23/2025
C61EACF0E75F49A...

STAFF ORIENTATION AND ANNUAL TRAINING PLAN - PERSON SPECIFIC

Staff name: Sasha Shahriari **Date of hire:** 4/4/2025
Date of background study submission: **Date of background study clearance:**
Ongoing annual training period:
Date of first supervised contact: 4/23/2025 **Date of first unsupervised contact:**

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Training topics for community residential services (settings): training and competency evaluations must include the following topics, marked with an asterick (*) 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:	4/23/2025	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	4/23/2025	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:	4/23/2025	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	4/23/2025	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	4/23/2025	Competency based training w/ Designated Coordinator	0.5	Marilyn Campiz, DC
Medication set up or medic ation 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	
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	4/23/2025	Competency based	0.25	Marilyn Campiz, DC
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 received and my responsibilities for their implmentation in the care of persons served by this program.

Signed by:
Sasha Shahriari
2E6A6F13F52E462...

4/23/2025

Signed by:
marilyn.campiz
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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:**

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Training topics for community residential services (settings): training and competency evaluations must include the following topics, marked with an asterick (*) 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		Competency based training w/ Designated Coordinator	0.5	
Medication set up or medic ation 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 implmentation 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 asterick (*) 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		Competency based training w/ Designated Coordinator	0.5	
Medication set up or medic ation 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 implmentation 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 asterick (*) 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	4/22/25	Competency based training w/ Designated Coordinator	1	Sandi Zempel, DM
Medication set up or medic ation 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
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

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