

STAFF ORIENTATION AND ANNUAL TRAINING PLAN - PERSON SPECIFIC				
Staff name: Bennard Simeon		Date of hire:		6/3/25
Date of background study submission: 6/3/2025		Date of background study clearance:		6/3/2025
Ongoing annual training period: 6/3/2025				
Date of first supervised contact: 10 Jun 2025		Date of first unsupervised contact: 10 Jun 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. <b>*Complete this form for each person served to whom the staff person will be providing direct contact</b>				
Training topics for community residential services (settings): training and competency evaluations must include the following topics, marked with an asterick (*) if identified in the <i>Support Plan</i> .				
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:	6/10/2025	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	6/10/2025	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:	6/10/2025	Competency based training w/ Designated Coordinator	0.25	Marilyn Campiz, DC
CPR, if required by the Support Plan and Support Plan <i>Addendum</i>	NA			
<i>Support Plan Support and Plan Addendum, and Self-Management Assessment</i> 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	6/10/2025	Competency based training w/ Designated Coordinator	1	Marilyn Campiz, DC
<i>Individual Abuse Prevention Plan</i> to achieve and demonstrate an understanding of the person as a unique individual and how to implement those	6/10/2025	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. <b>Training also includes specific medication set up or administration procedures for the person</b>	6/10/2025	Competency based training w/ Designated Coordinator	0.25	Marilyn Campiz, DC
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	6/10/2025	Competency based training w/ Designated Coordinator	0.25	Marilyn Campiz, DC
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 <i>Support Plan</i> 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	NA	Competency based	0.25	
Topic: Seizure protocols if applicable	NA	Competency based	0.25	
Topic: Elopement protocols if applicable	NA	Competency based	0.25	
Topic: Diabetes protocols if applicable	NA	Competency based	0.25	
Rights restrictions if applicable	NA	Competency based	0.25	
Topic: Other Medical emergencies		Competency based	0.25	
Signed by:			6/10/2025	
Staff signature 			Date	
788E58B671404A0...				
*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 asterick (*) if identified in the <i>Support Plan</i> .				
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
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CPR, if required by the Support Plan and Support Plan <i>Addendum</i>	NA			
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Topic: Seizure protocols if applicable	NA	Competency based	0.25	
Topic: Elopement protocols if applicable	NA	Competency based	0.25	
Topic: Diabetes protocols if applicable	NA	Competency based	0.25	
Rights restrictions if applicable	NA	Competency based	0.25	
Topic: Other Medical emergencies		Competency based	0.25	
Signed by:			6/10/2025	
Staff signature <i>bernard simon</i> 786E58B671404A0...			Date	
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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
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Topic: Seizure protocols if applicable	6/10/2025	Competency based	0.25	Marilyn Campiz, DC
Topic: Elopement protocols if applicable	NA	Competency based	0.25	
Topic: Diabetes protocols if applicable	NA	Competency based	0.25	
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