STAFF ORIENTATION AND ANNUAL TRAINING PLAN - PERSON SPECIFIC

Staff name: Stephanie Hoffman **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: 6/26
Date of first supervised contact: 6/9/25 **Date of first unsupervised contact: 6/9/25**

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:Rosemarie Fyler

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:	6/9/25	Review with Supervisor	0.5	Krystal Carlock, DC
*Understanding of what constitutes a healthy diet according to data from the CDC and the skills necessary to prepare that diet	6/9/25	Review with Supervisor	0.25	Krystal Carlock, DC
*Skills necessary to provide appropriate support in instrumental activities of daily living (IADLs) per 256B.0659-specify:	6/9/25	Review with Supervisor	0.25	Krystal Carlock, DC
CPR, if required by the Support Plan and Support Plan *Addendum*	NA	NA	NA	

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	6/9/25	Review with Supervisor	1	Krystal Carlock, DC
Individual Abuse Prevention Plan to achieve and demonstrate an understanding of the person as a unique individual and how to implement those	6/9/25	Review with Supervisor	0.5	Krystal Carlock, 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**	6/9/25	Review with Supervisor	0.25	Krystal Carlock, 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	6/9/25	Review with Supervisor	0.25	Krystal Carlock, 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 *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	NA			
Topic: Seizure protocols if applicable	NA			
Topic: Elopement protocols if applicable	6/9/25	Review with Supervisor	0.25	Krystal Carlock, DC
Topic: Diabetes protocols if applicable	NA			

Rights restrictions if applicable	NA			
Topic: Other Medical emergencies	NA			

Signed by:
Stephanie Hoffman
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Staff signature

6/10/2025

Date

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

