

STAFF ORIENTATION AND ANNUAL TRAINING PLAN - PERSON SPECIFIC				
<b>Staff name:</b>	Shadrack Kebaso	<b>Date of hire:</b>	11/26/2024	
<b>Date of background study submission:</b>	11/26/2024	<b>Date of background study clearance:</b>	(Temp Clearance 12/2) 12/23/2024	
<b>Ongoing annual training period:</b>	11/25			
<b>Date of first supervised contact:</b>	4/16/25	<b>Date of first unsupervised contact:</b>	4/17/25	
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. <b>*Complete this form for each person served to whom the staff person will be providing direct contact services.</b>				
<b>Training topics for community residential services (settings):</b> training and competency evaluations must include the following topics, marked with an asterick (*) if identified in the <i>Support Plan</i> .				
<b>Name of person served:</b> Tavion Riddley				
Orientation to individual service recipient needs	Date of completion	Date and 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:	4/17/2025	Competency based training w/ Designated Manager	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	4/17/2025	Competency based training w/ Designated Manager	0.25	Sandi Zempel, DM
*Skills necessary to provide appropriate support in instrumental activities of daily living (IADLs) per 256B.0659-specify:	4/17/2025	Competency based training w/ Designated Manager	0.25	Sandi Zempel, DM
CPR, if required by the Support Plan and Support Plan <i>Addendum</i>	4/17/2025	Competency based training w/ Designated Manager		Sandi Zempel, DM
<i>Support Plan Support and Plan Addendum</i> , and <i>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	4/17/2025	Competency based training w/ Designated Manager	2.5	Sandi Zempel, DM
<i>Individual Abuse Prevention Plan</i> to achieve and demonstrate an understanding of the person as a unique individual and how to implement those plans	4/17/2025	Competency based training w/ Designated Manager	0.25	Sandi Zempel, DM
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>	4/17/2025	Competency based training w/ Designated Manager	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	4/17/2025	Competency based training w/ Designated Manager	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	See LMS for records	See LMS for records	See LMS for records	Completed in LMS - Star services
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				
Topic: Seizure protocols if applicable				
Topic: Elopement protocols if applicable				
Topic: Diabetes protocols if applicable				
Rights restrictions if applicable				
Topic: Other Medical emergencies protocols				

Signed by:   
 Staff signature \_\_\_\_\_  
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6/11/2025  
 Date \_\_\_\_\_

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