

## STAFF ORIENTATION AND ANNUAL TRAINING PLAN - PERSON SPECIFIC

**Staff name:** Daisy Diaz **Date of hire:** 3/19/2024  
**Date of background study submission:** 3/19/24 **Date of background study clearance:** 3/26/2024

**Ongoing annual training period:** 3/25

**Date of first supervised contact:** No supervised contact **Date of first unsupervised contact:** 9/16/24

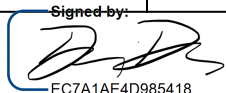
Before having unsupervised direct contact with persons served or for whom the staff has not previously provided direct support or any time these plans or procedures are revised, staff must review and receive instruction in the following areas as they relate to the staff's job functions **for that person**. **\*Complete this form for each person served to whom the staff person will be providing direct contact services.**

**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:** Robert Kapas

| 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                                                              | N/A                | N/A                             | N/A                | N/A                                        |
| Hair care                                                                                                                      |                    |                                 |                    |                                            |
| Bathing                                                                                                                        |                    |                                 |                    |                                            |
| Care of teeth, gums, and oral prosthetic devices                                                                               |                    |                                 |                    |                                            |
| Other activities of daily living (ADLs) per 256B.0659-specify:                                                                 |                    |                                 |                    |                                            |
| *Understanding of what constitutes a healthy diet according to data from the CDC and the skills necessary to prepare that diet | N/A                | N/A                             | N/A                | N/A                                        |
| *Skills necessary to provide appropriate support in instrumental activities of daily living (IADLs) per 256B.0659-specify:     | N/A                | N/A                             | N/A                | N/A                                        |
| CPR, if required by the <i>CSSP</i> or <i>CSSP Addendum</i>                                                                    | N/A                | N/A                             | N/A                | N/A                                        |

|                                                                                                                                                                                                                                                                     |                  |                                                     |      |               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------------------------------------------------|------|---------------|
| SSP, SSP 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                      | 03/19/2025       | Competency based training w/ Designated Coordinator | 0.25 | Hunter Guerue |
| Individual Abuse Prevention Plan to achieve and demonstrate an understanding of the person as a unique individual and how to implement those plans                                                                                                                  | 03/19/2025       | Competency based training w/ Designated Coordinator | 0.25 | Hunter Guerue |
| 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                                                                  | N/A              | N/A                                                 | N/A  | N/A           |
| 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 | N/A              | N/A                                                 | N/A  | N/A           |
| Mental health crisis response, de-escalation techniques, and suicide intervention when providing direct support to a person with a serious mental illness                                                                                                           | Completed in LMS | Completed in Star services LMS                      | 1.25 | Star services |
| Other topics as determined necessary according to the person's Coordinated Service and Support Plan or identified by the company:                                                                                                                                   |                  |                                                     |      |               |

Signed by:   
EC7A1AE4D985418...

Staff signature

04/01/25

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

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**Ongoing annual training period:** 3/25

**Date of first supervised contact:** no supervised contact **Date of first unsupervised contact:** 03/26/24

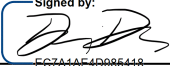
Before having unsupervised direct contact with persons served or for whom the staff has not previously provided direct support or any time these plans or procedures are revised, staff must review and receive instruction in the following areas as they relate to the staff's job functions **for that person**. **\*Complete this form for each person served to whom the staff person will be providing direct contact services.**

**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:** Lorna Nichols

| 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                                                              | N/A                | N/A                             | N/A                | N/A                                        |
| Hair care                                                                                                                      |                    |                                 |                    |                                            |
| Bathing                                                                                                                        |                    |                                 |                    |                                            |
| Care of teeth, gums, and oral prosthetic devices                                                                               |                    |                                 |                    |                                            |
| Other activities of daily living (ADLs) per 256B.0659-specify:                                                                 |                    |                                 |                    |                                            |
| *Understanding of what constitutes a healthy diet according to data from the CDC and the skills necessary to prepare that diet | N/A                | N/A                             | N/A                | N/A                                        |
| *Skills necessary to provide appropriate support in instrumental activities of daily living (IADLs) per 256B.0659-specify:     | N/A                | N/A                             | N/A                | N/A                                        |
| CPR, if required by the <i>CSSP</i> or <i>CSSP Addendum</i>                                                                    | N/A                | N/A                             | N/A                | N/A                                        |

|                                                                                                                                                                                                                                                                     |                  |                                                     |      |               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------------------------------------------------|------|---------------|
| SSP, SSP 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                      | 03/20/2025       | Competency based training w/ Designated Coordinator | 0.25 | Hunter Guerue |
| Individual Abuse Prevention Plan to achieve and demonstrate an understanding of the person as a unique individual and how to implement those plans                                                                                                                  | 03/20/2025       | Competency based training w/ Designated Coordinator | 0.25 | Hunter Guerue |
| 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                                                                  | N/A              | N/A                                                 | N/A  | N/A           |
| 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 | N/A              | N/A                                                 | N/A  | N/A           |
| Mental health crisis response, de-escalation techniques, and suicide intervention when providing direct support to a person with a serious mental illness                                                                                                           | Completed in LMS | Completed in Star services LMS                      | 1.25 | Star services |
| Other topics as determined necessary according to the person's Coordinated Service and Support Plan or identified by the company:                                                                                                                                   |                  |                                                     |      |               |

Signed by:   
EC7A1AE4D08E418...  
 Staff signature

03/20/25  
 Date

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**Date of background study submission:** 3/19/24 **Date of background study clearance:** 3/26/2024

**Ongoing annual training period:** 3/25

**Date of first supervised contact:** 03/25/2024 **Date of first unsupervised contact:** 6/20/2024

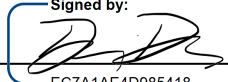
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**Training topics for community residential services (settings):** training and competency evaluations must include the following topics, marked with an asterick (\*) if identified in the *Support Plan*.

**Name of person served:** Kevin Jackson

| 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                                                              | N/A                | N/A                             | N/A                | N/A                                        |
| Hair care                                                                                                                      |                    |                                 |                    |                                            |
| Bathing                                                                                                                        |                    |                                 |                    |                                            |
| Care of teeth, gums, and oral prosthetic devices                                                                               |                    |                                 |                    |                                            |
| Other activities of daily living (ADLs) per 256B.0659-specify:                                                                 |                    |                                 |                    |                                            |
| *Understanding of what constitutes a healthy diet according to data from the CDC and the skills necessary to prepare that diet | N/A                | N/A                             | N/A                | N/A                                        |
| *Skills necessary to provide appropriate support in instrumental activities of daily living (IADLs) per 256B.0659-specify:     | N/A                | N/A                             | N/A                | N/A                                        |
| CPR, if required by the <i>CSSP</i> or <i>CSSP Addendum</i>                                                                    | N/A                | N/A                             | N/A                | N/A                                        |

|                                                                                                                                                                                                                                                                     |                  |                                                     |      |               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------------------------------------------------|------|---------------|
| <i>SSP, SSP 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               | 03/20/2025       | Competency based training w/ Designated Coordinator | 0.25 | Hunter Guerue |
| <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                                                                                                           | 03/20/2025       | Competency based training w/ Designated Coordinator | 0.25 | Hunter Guerue |
| 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                                                                  | N/A              | N/A                                                 | N/A  | N/A           |
| 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 | N/A              | N/A                                                 | N/A  | N/A           |
| Mental health crisis response, de-escalation techniques, and suicide intervention when providing direct support to a person with a serious mental illness                                                                                                           | Completed in LMS | Completed in Star services LMS                      | 1.25 | Star services |
| Other topics as determined necessary according to the person's <i>Coordinated Service and Support Plan</i> or identified by the company:                                                                                                                            |                  |                                                     |      |               |

Signed by:   
 Staff signature EC7A1AE4D985418...

4/1/2025  
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**Date of first supervised contact:** No supervised contact **Date of first unsupervised contact:** 3/26/24

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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:** James Nichols

| 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                                                              | N/A                | N/A                             | N/A                | N/A                                        |
| Hair care                                                                                                                      |                    |                                 |                    |                                            |
| Bathing                                                                                                                        |                    |                                 |                    |                                            |
| Care of teeth, gums, and oral prosthetic devices                                                                               |                    |                                 |                    |                                            |
| Other activities of daily living (ADLs) per 256B.0659-specify:                                                                 |                    |                                 |                    |                                            |
| *Understanding of what constitutes a healthy diet according to data from the CDC and the skills necessary to prepare that diet | N/A                | N/A                             | N/A                | N/A                                        |
| *Skills necessary to provide appropriate support in instrumental activities of daily living (IADLs) per 256B.0659-specify:     | N/A                | N/A                             | N/A                | N/A                                        |
| CPR, if required by the <i>CSSP</i> or <i>CSSP Addendum</i>                                                                    | N/A                | N/A                             | N/A                | N/A                                        |

|                                                                                                                                                                                                                                                                     |                  |                                                     |      |               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------------------------------------------------|------|---------------|
| <i>SSP, SSP 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               | 03/20/2025       | Competency based training w/ Designated Coordinator | 0.25 | Hunter Guerue |
| <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                                                                                                           | 03/20/2025       | Competency based training w/ Designated Coordinator | 0.25 | Hunter Guerue |
| 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                                                                  | N/A              | N/A                                                 | N/A  | N/A           |
| 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 | N/A              | N/A                                                 | N/A  | N/A           |
| Mental health crisis response, de-escalation techniques, and suicide intervention when providing direct support to a person with a serious mental illness                                                                                                           | Completed in LMS | Completed in Star services LMS                      | 1.25 | Star services |
| Other topics as determined necessary according to the person's <i>Coordinated Service and Support Plan</i> or identified by the company:                                                                                                                            |                  |                                                     |      |               |

Signed by:   
 Staff signature

4/1/2025  
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**Ongoing annual training period:** 3/25

**Date of first supervised contact:** No supervised contact **Date of first unsupervised contact:** 3/28/2025

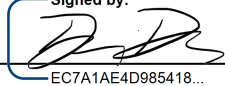
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**Training topics for community residential services (settings):** training and competency evaluations must include the following topics, marked with an asterick (\*) if identified in the *Support Plan*.

**Name of person served:** Diana Harris

| 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                                                              | N/A                | N/A                             | N/A                | N/A                                        |
| Hair care                                                                                                                      |                    |                                 |                    |                                            |
| Bathing                                                                                                                        |                    |                                 |                    |                                            |
| Care of teeth, gums, and oral prosthetic devices                                                                               |                    |                                 |                    |                                            |
| Other activities of daily living (ADLs) per 256B.0659-specify:                                                                 |                    |                                 |                    |                                            |
| *Understanding of what constitutes a healthy diet according to data from the CDC and the skills necessary to prepare that diet | N/A                | N/A                             | N/A                | N/A                                        |
| *Skills necessary to provide appropriate support in instrumental activities of daily living (IADLs) per 256B.0659-specify:     | N/A                | N/A                             | N/A                | N/A                                        |
| CPR, if required by the <i>CSSP</i> or <i>CSSP Addendum</i>                                                                    | N/A                | N/A                             | N/A                | N/A                                        |

|                                                                                                                                                                                                                                                                     |                  |                                                     |      |               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------------------------------------------------|------|---------------|
| <i>SSP, SSP 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               | 03/19/2025       | Competency based training w/ Designated Coordinator | 0.25 | Hunter Guerue |
| <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                                                                                                           | 03/19/2025       | Competency based training w/ Designated Coordinator | 0.25 | Hunter Guerue |
| 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                                                                  | N/A              | N/A                                                 | N/A  | N/A           |
| 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 | N/A              | N/A                                                 | N/A  | N/A           |
| Mental health crisis response, de-escalation techniques, and suicide intervention when providing direct support to a person with a serious mental illness                                                                                                           | Completed in LMS | Completed in Star services LMS                      | 1.25 | Star services |
| Other topics as determined necessary according to the person's <i>Coordinated Service and Support Plan</i> or identified by the company:                                                                                                                            |                  |                                                     |      |               |

Signed by:  
  
 EC7A1AE4D985418...

Staff signature

04/01/25

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**Date of first supervised contact:** No supervised contact **Date of first unsupervised contact:** 12/2/2024

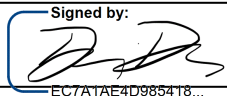
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**Training topics for community residential services (settings):** training and competency evaluations must include the following topics, marked with an asterick (\*) if identified in the *Support Plan*.

**Name of person served:** Debra Gahm

| 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                                                              | N/A                | N/A                             | N/A                | N/A                                        |
| Hair care                                                                                                                      |                    |                                 |                    |                                            |
| Bathing                                                                                                                        |                    |                                 |                    |                                            |
| Care of teeth, gums, and oral prosthetic devices                                                                               |                    |                                 |                    |                                            |
| Other activities of daily living (ADLs) per 256B.0659-specify:                                                                 |                    |                                 |                    |                                            |
| *Understanding of what constitutes a healthy diet according to data from the CDC and the skills necessary to prepare that diet | N/A                | N/A                             | N/A                | N/A                                        |
| *Skills necessary to provide appropriate support in instrumental activities of daily living (IADLs) per 256B.0659-specify:     | N/A                | N/A                             | N/A                | N/A                                        |
| CPR, if required by the <i>CSSP</i> or <i>CSSP Addendum</i>                                                                    | N/A                | N/A                             | N/A                | N/A                                        |

|                                                                                                                                                                                                                                                                     |                  |                                                     |      |               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------------------------------------------------|------|---------------|
| SSP, SSP 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                      | 03/19/2025       | Competency based training w/ Designated Coordinator | 0.25 | Hunter Guerue |
| Individual Abuse Prevention Plan to achieve and demonstrate an understanding of the person as a unique individual and how to implement those plans                                                                                                                  | 03/19/2025       | Competency based training w/ Designated Coordinator | 0.25 | Hunter Guerue |
| 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                                                                  | N/A              | N/A                                                 | N/A  | N/A           |
| 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 | N/A              | N/A                                                 | N/A  | N/A           |
| Mental health crisis response, de-escalation techniques, and suicide intervention when providing direct support to a person with a serious mental illness                                                                                                           | Completed in LMS | Completed in Star services LMS                      | 1.25 | Star services |
| Other topics as determined necessary according to the person's Coordinated Service and Support Plan or identified by the company:                                                                                                                                   |                  |                                                     |      |               |

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