

STAFF ORIENTATION AND ANNUAL TRAINING PLAN - PERSON SPECIFIC

Staff name: Sandra Zempel Date of hire: 3/31/2025
 Date of background study submission: 3/31/2025 Date of background study clearance: 4/1/25
 Ongoing annual training period: august
 Date of first supervised contact: ~~7/18/2025~~ 6/20/25 Date of first unsupervised contact: 6/20/25

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 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: **Louis Tate**

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:	7/18/2025	review and consult with management	0.25	Sandra Zempel, DM
*Understanding of what constitutes a healthy diet according to data from the CDC and the skills necessary to prepare that diet	7/18/2025	review and consult with management		Sandra Zempel, DM
*Skills necessary to provide appropriate support in instrumental activities of daily living (IADLs) per 256B.0659-specify:	7/18/2025	review and consult with management	0.25	Sandra Zempel, DM

Topic: Crisis plans if applicable	7/18/2025	review and consult with management	0.25	Sandra Zempel, DM
Topic: Seizure protocols if applicable				
Topic: Elopement protocols if applicable	7/18/2025	review and consult	0.25	Sandra
Topic: Diabetes protocols if applicable				
Rights restrictions if applicable				
Topic: Other Medical emergencies protocols if applicable				

Sandra Zempel
Staff signature

7-18-25
Date

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