STAFF ORIENTATION AND ANNUAL TRAINING PLAN - PERSON SPECIFIC

Staff name: Rebecca Wright **Date of hire:** 9/9/2025

Date of background study submission: 9/9/25 **Date of background study clearance:** Pending Fingerprints

Ongoing annual training period: September

Date of first supervised contact: TBD **Date of first unsupervised contact: TBD**

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: Kimberly Rice

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 *CSSP* or *CSSP Addendum*	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	**09/11/2025**	Competency based training w/ Designated Coordinator	0.25	Amber Cairl, BrightPath Desiganted Coordinator
Individual Abuse Prevention Plan to achieve and demonstrate an understanding of the person as a unique individual and how to implement those plans	**09/11/2025**	Competency based training w/ Designated Coordinator	0.25	Amber Cairl, BrightPath Desiganted Coordinator
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	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:
Rebecca Wright
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Staff signature

09/11/2025

Date

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

