

STAFF ORIENTATION AND ANNUAL TRAINING PLAN - PERSON SPECIFIC

Staff name: *Asiya Abd'Al*

Date of background study submission: *9/16/25*

Ongoing annual training period: *September*

Date of hire: *9/16/25*

Date of background study clearance: *9/16/25*

Date of first unsupervised contact: *9/22/25*

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 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: Breanna Smith

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 Hair care Bathing Care of teeth, gums, and oral prosthetic devices Other activities of daily living (ADLs) per 256B.0659-specify:	9/22/2025	Competency based training w/ Designated Coordinator	0.5	Lisa Trisko
* Understanding of what constitutes a healthy diet according to data from the CDC and the skills necessary to prepare that diet	9/22/2025	Competency based training w/ Designated Coordinator	0.25	Lisa Trisko
* Skills necessary to provide appropriate support in instrumental activities of daily living (IADLs) per 256B.0659-specify:	9/22/2025	Competency based training w/ Designated Coordinator	0.25	Lisa Trisko
CPR, if required by the Support Plan and Support Plan Addendum	NA			

<p><i>Support Plan Support and Plan Addendum, and Self-Management</i></p> <p>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</p>	<p>9/22/2025</p>	<p>Competency based training w/ Designated Coordinator</p>	<p>1</p>	<p>Lisa Trisko</p>
<p><i>Individual Abuse Prevention Plan</i> to achieve and demonstrate an understanding of the person as a unique individual and how to implement those</p>	<p>9/22/2025</p>	<p>Competency based training w/ Designated Coordinator</p>	<p>0.5</p>	<p>Lisa Trisko</p>
<p>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</p>	<p>9/22/2025</p>	<p>Competency based training w/ Designated Coordinator</p>	<p>0.25</p>	<p>Lisa Trisko</p>
<p>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</p>	<p>9/22/2025</p>	<p>Competency based training w/ Designated Coordinator</p>	<p>0.25</p>	<p>Lisa Trisko</p>
<p>Mental health crisis response, de-escalation techniques, and suicide intervention when providing direct support to a person with a serious mental illness</p>	<p>Completed in Star Services LMS</p>	<p>Completed in Star Services LMS</p>	<p>Completed in Star Services LMS</p>	<p>Completed in Star Services LMS</p>
<p>Other topics as determined necessary according to the person's Support Plan or identified by the company:</p>	<p>Date of completion</p>	<p>Date and type of demonstrated competency</p>	<p>Length of training</p>	<p>Name of trainer and company, if applicable</p>
<p>Topic: Crisis plans if applicable</p>	<p>NA</p>	<p>Competency based</p>	<p>0.25</p>	
<p>Elopement protocol</p>		<p>Competency based</p>	<p>0.25</p>	<p>Lisa Trisko</p>
<p>Elopement protocol</p>		<p>Competency based</p>	<p>0.25</p>	

Topic: Diabetes protocols if applicable	NA	Competency based	0.25	
Rights restrictions		Competency based	0.25	Lisa Trisko
Topic: Other Medical emergencies	NA	Competency based	0.25	

Staff signature



Date

9/22/25

*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

Staff name:

Alysa Johnson

Date of hire:

9/16/25

Date of background study clearance:

9/16/25

Date of background study submission:

September 25

Date of first supervised contact:

9/22/25

Date of first unsupervised contact:

9/25/25

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: *Alysa Johnson*

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				
Hair care				
Bathing	9/22/25	Review with Supervisor	0.5	Lisa Trisko
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	9/22/25	Review with Supervisor	0.25	Lisa Trisko
* Skills necessary to provide appropriate support in instrumental activities of daily living (IADLs) per 256B.0659-specify:	9/22/25	Review with Supervisor	0.25	Lisa Trisko

CPR, if required by the Support Plan and Support Plan Addendum	N/A	N/A	N/A	N/A
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	9/22/25	Review with Supervisor	2.5	Lisa Trisko
Individual Abuse Prevention Plan to achieve and demonstrate an understanding of the person as a unique individual and how to implement those plans	9/22/25	Review with Supervisor	0.25	Lisa Trisko
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	9/22/25	Review with Supervisor	0.25	Lisa Trisko
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	9/22/25	Review with Supervisor	0.25	Lisa Trisko
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

Staff name: *Lisa Trisko*

Date of hire: *7/10/22*

STAR ORIENTATION AND ANNUAL TRAINING PLAN - PERSON SPECIFIC

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	N/A		0.25	
Topic: Seizure protocols if applicable	N/A		0.25	
Topic: Elopement protocols if applicable	N/A		0.25	
Topic: Diabetes protocols if applicable	N/A		0.25	
Rights restrictions if applicable		Review with Supervisor	0.25	Lisa Trisko DC
Topic: Other Medical emergencies protocols if applicable		Review with Supervisor	0.25	

Staff signature 

Date 9/22/25

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