

**STAFF ORIENTATION AND ANNUAL TRAINING PLAN - PERSON SPECIFIC**

Staff name: MISSA WILKINSON

Date of hire:

Date of background study submission:

Date of background study clearance:

Ongoing annual training period:

Date of first supervised contact:

Date of first unsupervised contact:

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 *Coordinated Service and Support Plan*.

Name of person served:

Bergette Valenzuela

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 CSSP	3-30-25	4-1-25	5 min	AB
Bathing CSSP	3-30-25	4-1-25	5 min	AB
Care of teeth, gums, and oral prosthetic devices CSSP	3-30-25	4-1-25	5 min	AB
Toileting CSSP	3-30-25	4-1-25	5 min	AB
Eating CSSP	3-30-25	4-1-25	5 min	AB
Transferring CSSP	3-30-25	4-1-25	5 min	AB
Mobility CSSP	3-30-25	4-1-25	5 min	AB
Medication CSSP	3-30-25	4-1-25	5 min	AB
PAPP Review in home within 72 hours	3-30-25	4-1-25	5 min	AB
*Understanding of what constitutes a healthy diet according to data from the CDC and the skills necessary to prepare that diet				

star services/administrator

*Skills necessary to provide appropriate support in instrumental activities of daily living (IADLs) per 256B.0659-specify: CSSP			
Telephone	3-30-25	4-1-25	5 min
Finances	3-30-25	4-1-25	10 min
Shopping	3-30-25	4-1-25	5 min
Housekeeping	3-30-25	4-1-25	5 min
Appointments	3-30-25	4-1-25	5 min
Laundry	3-30-25	4-1-25	5 min
Food Prep	3-30-25	4-1-25	5 min
Transportation			
CSSP/CSSP ADDENDUM review	3-30-25	3-30-25	20 min
Self management assessment	3-30-25	3-30-25	20 min
individual abuse prevention plan	3-30-25	3-30-25	20 min
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	3-30-25	3-30-25	20 min
Mental health crisis response			
de-escalation techniques			
suicide prevention			
other topics related CSSP:			
topic:			
staff signature	<u>Michelle W. Hatcher</u> date <u>4-1-25</u>		

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