New Employee Orientation for Employees who Provide Direct Support Services

Employee Name	Anna Pratt	Date of Hire	2/3/2020
Position	Direct Support Professional	Date Background Study Initiated	1/28/2020
Location	Parkway	Background study *needs more time* but can have unsupervised contact	
60 Day Training period	4/2/2020	Background Study Clearance Received	1/29/2020
90 Day review date	5/2/2020	Date of 1st Supervised Direct Contact (start date at site)	2/5/2020
		Date of Orientation to Individual's Service Needs Completed	3/5/2020
		Date of 1st Unsupervised Direct Contact (after orientation to individual services needs)	3/5/2020

HR Training: No Direct Contact w/ Service Recipients

Title	Training Source	Instructor	Date	Time
Employee Handbook Review, includes, but not limited to: * Call-in Procedure * Harassment Policy * EEO & Commitment to Affirmative Action * PAI Calendar, Holidays and Training Day * PAI Benefits * Documenting Work Time: Process: Time clock, Payroll Direct, or Exempt. * Work Schedule	Employee Handbook & Worksheets Discussion	Amanda Neumann	2/3/2020	1.00
Prohibition on Drug & Alcohol Use Policy	Prohibition on Drug & Alcohol Policy, Discussion	Tyler Stein	2/3/2020	0.25
Employee Self-Service	Review of Ascentis system	Amanda Neumann	2/3/2020	0.25
Service Recipient Protections & Incident Response within 72 hours of direct contact services * VA & Maltreatment Reporting * Staff responsibilities related to protection from maltreatment * PAPP	Discussion and Internal Review & External Reporting of Alleged or Suspected Maltreatment Policy Program Abuse & Prev Plan Policy Worksheets	Tyler Stein	2/3/2020	1.00
Incident Response, Reporting and Reviewing	Policies: Responding to incidents or Illness and Emergency, Reporting & Doc. Incidents & Emerg., Discussion	Tyler Stein	2/3/2020	0.25
Job Description Review	Job Description	Tyler Stein	2/3/2020	0.25
Universal Precautions & Sanitary Practices Policy *Blood Borne Pathogens: Hep B, Hep C and HIV * Exposure Determination * Personal Protective Equipment (PPE), Universal Precautions * Hep B Vaccine: Risks, Benefits, How to Get * Infection Control, Cleaning Procedures & Chemicals * Employee Incident Reports * What to Do if Exposed * MSDS/SDS * Global Harmonizing System, SDS, Labels & Pictograms	LMS video (Bloodborne Pathogens) SDS, Labels, and Pictograms (Handouts and competency quiz)	Tyler Stein	2/3/2020	0.75
Overview of the Definition of Intellectual Disabilities	ARC Forms, Discussion	Tyler Stein	2/3/2020	0.25
Service Recipient Admission Handbook * Service Admission & Criteria * Grievance & Complaint Procedures	Service Recipient Admission Handbook and Policies Worksheet, Discussion	Tyler Stein	2/3/2020	0.75

* Service Recipient Rights & Staff Responsibilities * Temporary Service suspension or Service Termination				
Safety Practices & Emergency Plan * Emergency Response, Safety & Reporting & Reviewing	Safety & Emergency Response Plan Discussion, Worksheet	Tyler Stein	2/3/2020	0.75
Data Privacy Requirements * HIPAA & Staff Responsibilities	Data Privacy, Maintenance of Private Confidential Information	Tyler Stein	2/3/2020	0.75
Safe Body Mechanics	PowerPoint: Safe Body Mechanics & Worksheet	Tyler Stein	2/3/2020	0.50
Safe Transportation	Transportation Policy, Discussion	Tyler Stein	2/3/2020	0.25
Medication Administration & Handling Policy	Medication Administration Policy, Discussion	Tyler Stein	2/3/2020	0.25
Mental Health Crisis Response, De-escalation Techniques, Suicide	Discussion, Handout	Tyler Stein	2/3/2020	0.50
Internet and E-mail Use and Security Policy	Internet & E-mail Use & Security Policy, Discussion	Tyler Stein	2/3/2020	0.25
			HR Training Total	8.00

9544.0090 Core Training (8 hrs. total for all training)

Title	Training Source	Instructor	Date	Time
Behavioral Intervention and Emergency Use of Manual Restraint Policy &	STAR Service LMS	Online	2/4/2020	8
A. De-escalation techniques and their value				
B. Principles of Person-centered Service Planning and Delivery: how they apply to direct support services				
C. Principles of Positive Support Strategies: positive behavior supports, relationship between staff interactions and the person's behavior,				
D. What Constitutes the Use of Restraint: includes chemical restraint, time out, and seclusion.				
E. Safe and Correct Use of Manual Restraint on an Emergency Basis.				
F. Staff Responsibilities Related to Prohibited Procedures. Why the procedures are not effective for reducing or eliminating symptoms or interfering behavior; why the procedures are not safe.				
G. Staff responsibilities Related to Restricted and Permitted Actions and Procedures.				
H. Situations in Which Staff Must Contact 911 Services: in response to an imminent risk of harm to the person or others.				
I. Procedures and Forms Staff Must Use to Monitor and Report Use of Restrictive Interventions that are Part of a Positive Support Transition Plan.				
J. Procedures and Requirements for Notifying Members of the Person's Expanded Support Team After the Use of a Restrictive Intervention.				
K. Understanding of the Person as a Unique Individual and How to Implement Treatment Plans				
L. Cultural Competence				
M. Personal Staff Accountability & Staff Self-care After Emergencies.				
			Coordinator Training Total	8.00

No Direct Contact w/ Service Recipients

Title	Training Source	Instructor	Date	Time
First Aid (If not currently certified from American Heart)	Am. Heart Class	HSC	2/26/2020	6
CPR (If not currently certified from American Heart)	Am. Heart Class	HSC	2/26/2020	
Lift Training	Demonstration, hands on			
Complete Van Training (As needed)	Videos, worksheets demonstration, hands on			
Van Training Prerequisites				

Verify Valid Driver's License: ☐ Yes ☐ No
Pass MVR: ☐ Yes ☐ No

I have had training in the above areas and have had all my questions answered.

HR & Trans. Coordinator Training Total _____

Employee Signature

Director of Training & Programming

Site Training

Title	Training Source	Site Trainer's Initials	Date	Time
Site Tour & Where to Put Personal Items	Tour, Verbal	JG	2/5/2020	0.5
How to Punch-in Using the Time-clock (as needed.)	Demonstration, Verbal	JG	2/5/2020	
Review of Call-in procedures: Call your supervisor before 12 PM	Verbal	JG	2/5/2020	
Review of Work Place Values	Framed Site Document	JG	2/5/2020	
How to Use the Phone and Intercom System	Demonstration, Verbal	JG	2/5/2020	
Activity Schedule Location & Importance.	Locate & Review Schedule, Verbal	N/A	N/A	
Location of & How to Access PAI Policies & Staff Responsibilities Related to Implementation of Those Polices & Procedures	Locate & Review, Verbal	JG	2/5/2020	
Staff Responsibilities When Assisting Individuals Boarding and Exiting Vehicles * Overall Safety	On the Job (OTJ) training, Demonstration, Verbal	NR	2/11/2020	1.5
Supporting Individuals In the Community * Supervising to Assure Safety * Encouraging Direct Interactions & Full Participation with Community Members * Providing Cues & Assistance Pedestrian Safety	OTJ Demonstration, Verbal	NR	2/7/2020	1.5
Money Management During Community Trips * How to request funds * Safe Storage of Monies * Collection of Receipts * Review of Funds Management & Safe Keeping Policy	Funds Management & Safe Keeping Policy, OJT, Verbal	NR	2/7/2020	0.5
Body Mechanics in Program Area	Demonstration, Verbal	N/A	N/A	
			Sub Total	4

Trainer's Name & Title	Initials
Jessica Gunderson, Designated Coordinator	JG
Nicole Raines, Lead DSP	NR

Title	Training Source	Site Trainer's Initials	Completion Date	Time
Worksheets and Competencies				
Reviewed & Received Instruction on Individuals' CSSP or CSSPA (as it Relates to PAI Responsibilities) & the Individuals' IAPP to Achieve and Demonstrate an Understanding of the Individuals as Unique, & How to Implement Those Plans	Worksheet, OJT	JG	3/5/2020	5.25

Skills Unique to Assigned Area		Worksheet, OJT	JG	3/5/2020	2
Location Specific Training		Worksheet, OJT	JG	2/12/2020	0.5
Medical Support Training (As Needed)					
Seizures		Video or verbal	TA	3/2/2020	1
Allergies		Discussion	TA	3/2/2020	
Advance Directives		Discussion	TA	3/2/2020	
Epi-pen (Nurse Check off)		Demonstration	TA	3/2/2020	
VNS (Nurse check off)		Demonstration	TA	3/2/2020	
Safe and Correct Operation of Medical Equipment (See Observation Check List)		Demonstration	NR	3/2/2020	0.75
Medication Administration: pass training & check offs prior to passing medications, as assigned		Medication Administration Class and check offs	HCS	2/27/2020	8
Other, list:					
Standards of Operation (As needed)		Standards of Operation, Verbal	JG	2/21/2020	0.75
				Sub Total	18.25

Trainer's Name & Title		Initials
Jessica Gunderson	Designated Coordinator	JG
Toni Anderson	Nurse Consultant	TA
Health Counseling Services		HCS

Direct Support Training Total _____

By signing here, I verify that the above training has been provided to me and all my questions were answered.

_____
Employee Signature

Case Management

Name Anna Pratt Location Parkway

Title	Training Source	Site Trainer's Initials	Date	Time
9544.0090 Function Specific Training (4 hours)	CDS On-line training, p137-140			
Training Prior to Assuming Case Management Responsibilities:	MN Positive Support Rule (PSR) Subp 2 Function Specific "A" + 4 hours Module CDS MN Positive Support Rule (PSR)			
(1) Functional Behavior Assessments	Person Centered Planning: Lesson 4: Brining Person Centered Plans to Life , Functional Assessment:			
(2) How to Apply Person-centered Planning	Lesson 2: Strategies for Gathering & Organizing Functional			
(3) How to Design and Use Data Systems to Measure Effectiveness of Care	Assessment Information Positive Behavior Supports: Lesson 6 Behavior Support Plans			
(4) Supervision: including how to train, coach, and evaluate staff and encourage effective communication with the person and the person's support team	CFSM Fueling High Performance; Lesson 4 Performance Coaching			
Case management Paperwork				
* Case File Contents and Filing Procedures.	Discussion, Forms, OJT			

Orientation to Individual Needs

Before unsupervised direct contact with an individual served by PAI, staff reviewed & received instruction on the individual service recipient needs as they relate to their job functions for that individual.

Training Time 5.25hr

Individual Initials	Review & receive instruction on CSSP, CSSPA, and IAPP or other appropriate plan as relates to staff responsibilities	Specialized Eating Requirements including Assist. w/ Eating, Equipment Needs, Dietary Guidelines, etc.	Specialized Transferring, Repositioning & Mobility Requirements	Individualized Support & Coping Strategies	Medical Protocols & Health Requirements	Specialized Communication & Speech Device Requirements	Outcome Implementation & Documentation	Demonstrate Understanding of the Person as a Unique Individual	Initial When Staff Demonstrates Competency
B. C.	✓	✓	✓	✓	✓	✓	✓	✓	
J. F.	✓	✓	✓	✓	✓	✓	✓	✓	
S. G.	✓	✓	✓	✓	✓	✓	✓	✓	
D. J.	✓	✓	✓	✓	✓	✓	✓	✓	
J. K.	✓	✓	✓	✓	✓	✓	✓	✓	
W. M.	✓	✓	✓	✓	✓	✓	✓	✓	
J. O.	✓	✓	✓	✓	✓	✓	✓	✓	
C. R.	✓	✓	✓	✓	✓	✓	✓	✓	
E. S.	✓	✓	✓	✓	✓	✓	✓	✓	
J. W.	✓	✓	✓	✓	✓	✓	✓	✓	
C. M.	✓	✓	✓	✓	✓	✓	✓	✓	
M. S.	✓	✓	✓	✓	✓	✓	✓	✓	
J. L.	✓	✓	✓	✓	✓	✓	✓	✓	

Trainer Name and Title	Initials
Jessica Gunderson, Designated Coordinator	JG

I have had training in this area and have had all my questions answered.

Staff Signature: [signature]

Training Period: 2/5/2020 - 3/5/2020

Completion Date: 3/5/2020

Staff: Anna Pratt

Date: 2/5/20

Service Recipient: Ben Cownie

Where People with Disabilities Connect with the Community and the World

3/4 hour

Individual Abuse Prevention Plan (IAPP)

Is the person susceptible to abuse in this area?

Sexual Abuse ☐ Yes ☒ No	Physical Abuse ☒ Yes ☐ No	Self-Abuse ☐ Yes ☒ No	Financial Exploitation ☒ Yes ☐ No
☐ Lack of understanding of sexuality ☐ Likely to seek/cooperate in an abusive situation ☐ Inability to be assertive ☐ Other:	☒ Inability to identify dangerous situations ☒ Lack of community orientation skills ☒ Inappropriate interactions with others ☐ Inability to deal with aggressive persons ☒ Verbally/physically abusive to others ☐ "Victim" history exists ☐ Other:	☐ Dresses inappropriately ☐ Refuses to eat ☐ Inability to care for self-help needs ☐ Lack of self-preservation/ safety skills ☐ Engages in self-injurious behaviors ☐ Neglects/refuses to take medications ☐ Other:	☒ Inability to handle financial matters ☐ Other:

Outcome #1 When conversing w/ others Ben will independently participate in a reciprocal fashion, conversing w/ others w/ at least 3 exchanges

Outcome #2 Ben will independently complete a task from start to finish, thoughly taking his time

Technology Use:

Self-Management Assessment (SMA) & Intensive CSSP Addendum (CSSPA)

Does the person require support in this area?

Allergies ☒ No ☐ Yes – List: NKA

Epi Pen/Treatment ☐ No ☐ Yes Location:

Seizures ☒ No ☐ Yes – Describe : N/A

Seizure PRN ☐ No ☐ Yes Location:

Choking/Specialized Dietary Needs ☒ No ☐ Yes – Describe Equipment/Supports : N/A

Chronic Medical Conditions ☒ No ☐ Yes – List: N/A

Medication Administration/Treatment Orders ☒ No ☐ Yes – Describe Equipment/Supports : Ben does not take medication at PAI. At home he sets up & takes his medication on his own

Specific Health & Medical Needs ☒ No ☐ Yes – List:

Mobility Supports Fall Risk ☒ No ☐ Yes – Describe primary mobility & supports

☐ Support straps/belts needed

☐ Verbal Cues
☐ Physical Assistance
☐ Posey / Gait Belt
☐ Walker

☐ 2 Person Hoyer # staff in cares room: ____
☐ 1 Person Hoyer / Track
☐ Arjo

Community & Water Safety Skills ☒ No ☐ Yes

Sensory Disabilities ☒ No ☐ Yes – List: N/A

Self-Management of Behaviors ☐ No ☒ Yes – Describe supports: Tell B.C. that he is "turning green" or shutting off. Give B.C. some personal space to cool down. Distract B.C. when upset

Important To: Independence, ~~work~~ work

Important For: Routine, developing social skills

Likes: Computer, Ipad, puzzles, sports scores

Dislikes: Brussel sprouts, card games, being pushed to do things

Describe Communication Style: Verbal English

Staff: Anna Pratt

Date: 2/5/20

PAI

Service Recipient: Jay Feeing

Where People with Disabilities Connect with the Community and the World

1/2 hour

Individual Abuse Prevention Plan (IAPP)

Is the person susceptible to abuse in this area?

Sexual Abuse ☒ Yes ☐ No	Physical Abuse ☒ Yes ☐ No	Self-Abuse ☒ Yes ☐ No	Financial Exploitation ☒ Yes ☐ No
☒ Lack of understanding of sexuality ☒ Likely to seek/cooperate in an abusive situation ☒ Inability to be assertive ☐ Other:	☒ Inability to identify dangerous situations ☒ Lack of community orientation skills ☒ Inappropriate interactions with others ☒ Inability to deal with aggressive persons ☒ Verbally/physically abusive to others ☒ "Victim" history exists ☐ Other:	☒ Dresses inappropriately ☒ Refuses to eat ☒ Inability to care for self-help needs ☒ Lack of self-preservation/ safety skills ☒ Engages in self-injurious behaviors ☒ Neglects/refuses to take medications ☐ Other:	☒ Inability to handle financial matters ☐ Other:
Outcome #1 Jay will independently seek staff assistance to calm down when upset by peers ~~and~~ or when things are not going his way		**Outcome #2** Given a visual prompt of a variation of sentences, Jay will reproduce them by typing in a word document 2x a week.	
Technology Use: computer/tablet for typing			

Self-Management Assessment (SMA) & Intensive CSSP Addendum (CSSPA)

Does the person require support in this area?

Allergies ☒ No ☒ Yes – List: dust, cats	**Epi Pen/Treatment** ☒ No ☐ Yes Location:
Seizures ☒ No ☒ Yes – Describe: If he has a seizure that lasts for more than 2 min. call 911	**Seizure PRN** ☒ No ☐ Yes Location:
Choking/Specialized Dietary Needs ☐ No ☒ Yes – Describe Equipment/Supports: Remind Jay to slow down, chew, or take smaller bites	
Chronic Medical Conditions ☒ No ☐ Yes – List: N/A	
Medication Administration/Treatment Orders ☒ No ☐ Yes – Describe Equipment/Supports: Jay does not take medicines at PAI	
Specific Health & Medical Needs ☒ No ☐ Yes – List:	

Mobility Supports Fall Risk		
Mobility Supports Fall Risk ☒ No ☐ Yes – Describe primary mobility & supports N/A ☐ Support straps/belts needed	☐ Verbal Cues ☐ Physical Assistance ☐ Posey / Gait Belt ☐ Walker	☐ 2 Person Hoyer # staff in cares room: ____ ☐ 1 Person Hoyer / Track ☐ Arjo

Community & Water Safety Skills ☐ No ☒ Yes

Sensory Disabilities ☐ No ☒ Yes – List: sensitive to light, sound, commotion + internal stimuli

Self-Management of Behaviors ☐ No ☒ Yes – Describe supports: remind Jay to calm down, ask if he wants to take a break in another room

Important To: Friends, coffee, work, mom being understood	**Important For:** stable environment, ability to take breaks
Likes: coffee, rock n roll, pizza, pop	**Dislikes:** loud noises, bright ~~lites~~ lights changes in routine

Describe Communication Style: ASL, writing, vocalizations

Staff: Anna Pratt

Date: 2/6/20

Service Recipient: Staci Golden

Where People with Disabilities Connect with the Community and the World

40 min

Individual Abuse Prevention Plan (IAPP)

Is the person susceptible to abuse in this area?

Sexual Abuse ☒ Yes ☐ No	Physical Abuse ☒ Yes ☐ No	Self-Abuse ☒ Yes ☐ No	Financial Exploitation ☒ Yes ☐ No
☒ Lack of understanding of sexuality ☒ Likely to seek/cooperate in an abusive situation ☒ Inability to be assertive ☐ Other:	☒ Inability to identify dangerous situations ☒ Lack of community orientation skills ☒ Inappropriate interactions with others ☒ Inability to deal with aggressive persons ☐ Verbally/physically abusive to others ☐ "Victim" history exists ☐ Other:	☐ Dresses inappropriately ☐ Refuses to eat ☒ Inability to care for self-help needs ☒ Lack of self-preservation/ safety skills ☐ Engages in self-injurious behaviors ☒ Neglects/refuses to take medications ☐ Other:	☒ Inability to handle financial matters ☐ Other:

Outcome #1 When staci is feeling upset or stressed she will independently seek out staff assistance

Outcome #2 staci will independently set up her typing program for typing practice

Technology Use: computer/tablet for typing

Self-Management Assessment (SMA) & Intensive CSSP Addendum (CSSPA)

Does the person require support in this area?

Allergies ☐ No ☒ Yes – List: Cipro, Bactrin (Sulfa), & Aspirin

Epi Pen/Treatment ☒ No ☐ Yes
Location:

Seizures ☒ No ☐ Yes – Describe : N/A

Seizure PRN ☐ No ☐ Yes
Location:

Choking/Specialized Dietary Needs ☒ No ☐ Yes – Describe Equipment/Supports : ~~N/A~~ special diet to control diabetes, help her to make healthy choices, document when she does not

Chronic Medical Conditions ☒ No ☐ Yes – List:

Medication Administration/Treatment Orders ☐ No ☒ Yes – Describe Equipment/Supports : med trained staff will help her by administering her medication

Specific Health & Medical Needs ☐ No ☐ Yes – List:

Mobility Supports Fall Risk ☐ No ☒ Yes – Describe primary mobility & supports
Wheel Chair

☐ Support straps/belts needed

☐ Verbal Cues
☐ Physical Assistance
☐ Posey / Gait Belt
☐ Walker

☐ 2 Person Hoyer
staff in cares room: ____
☐ 1 Person Hoyer / Track
☒ Arjo

Community & Water Safety Skills ☐ No ☒ Yes

Sensory Disabilities ☐ No ☐ Yes – List:

Self-Management of Behaviors ☒ No ☐ Yes – Describe supports: N/A

Important To: Friends, positivity

Important For: positive environment

Likes: singing, typing, chicken, Valley Fair

Dislikes:
spinach, hot peppers, arguing

Describe Communication Style: English

Staff: Anna Pratt

Date: 2/6/20

Service Recipient: Drake Jones

15 min

Where People with Disabilities Connect with the Community and the World

Individual Abuse Prevention Plan (IAPP)

Is the person susceptible to abuse in this area?

Sexual Abuse ☒ Yes ☐ No	Physical Abuse ☒ Yes ☐ No	Self-Abuse ☒ Yes ☐ No	Financial Exploitation ☒ Yes ☐ No
☒ Lack of understanding of sexuality ☒ Likely to seek/cooperate in an abusive situation ☒ Inability to be assertive ☐ Other:	☒ Inability to identify dangerous situations ☒ Lack of community orientation skills ☐ Inappropriate interactions with others ☒ Inability to deal with aggressive persons ☒ Verbally/physically abusive to others ☐ "Victim" history exists ☐ Other:	☐ Dresses inappropriately ☐ Refuses to eat ☐ Inability to care for self-help needs ☒ Lack of self-preservation/ safety skills ☐ Engages in self-injurious behaviors ☐ Neglects/refuses to take medications ☐ Other:	☒ Inability to handle financial matters ☐ Other:

Outcome #1 Drake will actively engage in group activities after receiving verbal prompts

Outcome #2 Drake will approach staff to express feelings

Technology Use:

Self-Management Assessment (SMA) & Intensive CSSP Addendum (CSSPA)

Does the person require support in this area?

Allergies ☒ No ☐ Yes – List: Dust mites

Epi Pen/Treatment ☐ No ☐ Yes
Location:

Seizures ☒ No ☐ Yes – Describe :

Seizure PRN ☐ No ☐ Yes
Location:

Choking/Specialized Dietary Needs ☒ No ☐ Yes – Describe Equipment/Supports :

Chronic Medical Conditions ☒ No ☐ Yes – List:

Medication Administration/Treatment Orders ☐ No ☒ Yes – Describe Equipment/Supports : Parents administer medication when if needed

Specific Health & Medical Needs ☒ No ☐ Yes – List:

Mobility Supports Fall Risk ☒ No ☐ Yes – Describe primary mobility & supports

☐ Support straps/belts needed

☐ Verbal Cues
☐ Physical Assistance
☐ Posey / Gait Belt
☐ Walker

☐ 2 Person Hoyer
staff in cares room: ____
☐ 1 Person Hoyer / Track
☐ Arjo

Community & Water Safety Skills ☐ No ☒ Yes

Sensory Disabilities ☐ No ☒ Yes – List: Help him find a more quiet area and avoid loud noises

Self-Management of Behaviors ☒ No ☒ Yes – Describe supports: Allow Drake to walk, prompt him to return to daily schedule

Important To: Family

Important For: routine

Likes: Star Wars, research, video games

Dislikes: chores, loud noises, change

Describe Communication Style: English

15 min

Staff: Anna Prata **Service Recipient:** Jessica Kresner Date: 2/17/20

Where People with Disabilities Connect with the Community and the World

Individual Abuse Prevention Plan (IAPP)
Is the person susceptible to abuse in this area?

Sexual Abuse ☒ Yes ☐ No	**Physical Abuse** ☒ Yes ☐ No	**Self-Abuse** ☒ Yes ☐ No	**Financial Exploitation** ☒ Yes ☐ No
☒ Lack of understanding of sexuality ☒ Likely to seek/cooperate in an abusive situation ☒ Inability to be assertive ☐ Other:	☒ Inability to identify dangerous situations ☒ Lack of community orientation skills ☒ Inappropriate interactions with others ☒ Inability to deal with aggressive persons ☐ Verbally/physically abusive to others ☐ "Victim" history exists ☐ Other:	☐ Dresses inappropriately ☐ Refuses to eat ☒ Inability to care for self-help needs ☒ Lack of self-preservation/ safety skills ☒ Engages in self-injurious behaviors ☐ Neglects/refuses to take medications ☐ Other:	☒ Inability to handle financial matters ☐ Other:

Outcome #1 Jess will independently ask her peers questions **Outcome #2** Jess will independently ask staff for help w/ lunch

Technology Use: tablet

Self-Management Assessment (SMA) & Intensive CSSP Addendum (CSSPA)
Does the person require support in this area?

Allergies ☐ No ☒ Yes – List: Seasonal	**Epi Pen/Treatment** ☒ No ☐ Yes Location:
Seizures ☐ No ☒ Yes – Describe : remain w/ her, speak calmly document	**Seizure PRN** ☒ No ☐ Yes Location:

Choking/Specialized Dietary Needs ☐ No ☒ Yes – Describe Equipment/Supports : ~~☒~~ cut food into bite/bite size pieces

Chronic Medical Conditions ☒ No ☐ Yes – List: N/A

Medication Administration/Treatment Orders ☒ No ☐ Yes – Describe Equipment/Supports : ☒ Doesn't take meds at FAI

Specific Health & Medical Needs ☒ No ☐ Yes – List:

Mobility Supports Fall Risk ☒ No ☐ Yes – Describe primary mobility & supports ☐ Support straps/belts needed	☐ Verbal Cues ☐ Physical Assistance ☐ Posey / Gait Belt ☐ Walker	☐ 2 Person Hoyer # staff in cares room: ____ ☐ 1 Person Hoyer / Track ☐ Arjo

Community & Water Safety Skills ☐ No ☒ Yes

Sensory Disabilities ☐ No ☒ Yes – List: reactions (seizure) to loud crowded environments, glasses

Self-Management of Behaviors ☐ No ☐ Yes – Describe supports:

Important To: Mom & Dad, Justin, Friends	**Important For:** Hygeine
Likes: Disney, dancing	**Dislikes:** confrontation, yelling

Describe Communication Style: Some ASL, tablet

Staff: Ang

Date: 2/10/20

PAI

Where People with Disabilities Connect with the Community and the World

Service Recipient: Ismail Osman

Ism

Individual Abuse Prevention Plan (IAPP)

Is the person susceptible to abuse in this area?

Sexual Abuse ☒ Yes ☐ No	Physical Abuse ☒ Yes ☐ No	Self-Abuse ☒ Yes ☐ No	Financial Exploitation ☒ Yes ☐ No
☒ Lack of understanding of sexuality ☒ Likely to seek/cooperate in an abusive situation ☒ Inability to be assertive ☐ Other:	☒ Inability to identify dangerous situations ☒ Lack of community orientation skills ☐ Inappropriate interactions with others ☒ Inability to deal with aggressive persons ☐ Verbally/physically abusive to others ☐ "Victim" history exists ☐ Other:	☐ Dresses inappropriately ☐ Refuses to eat ☒ Inability to care for self-help needs ☒ Lack of self-preservation/ safety skills ☐ Engages in self-injurious behaviors ☐ Neglects/refuses to take medications ☐ Other:	☒ Inability to handle financial matters ☐ Other:

Outcome #1 Daily Ismail will join 3 groups of his choise

Outcome #2 Ismail will lower his voice after recieving a prompt

Technology Use: N/A

Self-Management Assessment (SMA) & Intensive CSSP Addendum (CSSPA)

Does the person require support in this area?

Allergies ☒ No ☐ Yes – List: N/A (sensitive to dairy)

Epi Pen/Treatment ☒ No ☐ Yes
Location:

Seizures ☒ No ☐ Yes – Describe : N/A

Seizure PRN ☐ No ☐ Yes
Location:

Choking/Specialized Dietary Needs ☒ No ☐ Yes – Describe Equipment/Supports :

Chronic Medical Conditions ☒ No ☐ Yes – List: N/A

Medication Administration/Treatment Orders ☒ No ☐ Yes – Describe Equipment/Supports : He doesn't take medicine at PAI

Specific Health & Medical Needs ☒ No ☐ Yes – List:

Mobility Supports Fall Risk ☒ No ☐ Yes – Describe primary mobility & supports

☐ Support straps/belts needed

☐ Verbal Cues
☐ Physical Assistance
☐ Posey / Gait Belt
☐ Walker

☐ 2 Person Hoyer
staff in cares room: ____
☐ 1 Person Hoyer / Track
☐ Arjo

Community & Water Safety Skills ☐ No ☒ Yes

Sensory Disabilities ☒ No ☐ Yes – List:

Self-Management of Behaviors ☒ No ☐ Yes – Describe supports:

Important To: Family, Internet, movies, atlas, football (watching)

Important For: Participating in groups w/ peers, personal boundries, encouragement to be independent

Likes: community outings, computer, choises

Dislikes: lots of time in groups

Describe Communication Style: English

Staff: Anna Pratt

Date: 2/10/20

Service Recipient: Chelsey Rogers

Where People with Disabilities Connect with the Community and the World

20 min

Individual Abuse Prevention Plan (IAPP)

Is the person susceptible to abuse in this area?

Sexual Abuse ☒ Yes ☐ No	Physical Abuse ☒ Yes ☐ No	Self-Abuse ☒ Yes ☐ No	Financial Exploitation ☒ Yes ☐ No
☒ Lack of understanding of sexuality ☒ Likely to seek/cooperate in an abusive situation ☒ Inability to be assertive ☐ Other:	☒ Inability to identify dangerous situations ☒ Lack of community orientation skills ☒ Inappropriate interactions with others ☒ Inability to deal with aggressive persons ☐ Verbally/physically abusive to others ☐ "Victim" history exists ☐ Other:	☐ Dresses inappropriately ☐ Refuses to eat ☒ Inability to care for self-help needs ☒ Lack of self-preservation/ safety skills ☐ Engages in self-injurious behaviors ☐ Neglects/refuses to take medications ☐ Other:	☒ Inability to handle financial matters ☐ Other:

Outcome #1 2-3 times weekly, Chelsey will independently with on typing skills, striving for 50 wpm at 95% accuracy

Outcome #2 when participating in employment services, she will independently sign in/out

Technology Use: computer/tablet for typing

Self-Management Assessment (SMA) & Intensive CSSP Addendum (CSSPA)

Does the person require support in this area?

Allergies ☐ No ☒ Yes – List: Cefclor & cephalosporins

Epi Pen/Treatment ☒ No ☐ Yes
Location:

Seizures ☒ No ☐ Yes – Describe : N/A

Seizure PRN ☐ No ☐ Yes
Location:

Choking/Specialized Dietary Needs ☐ No ☒ Yes – Describe Equipment/Supports : cut raw veggies into small, short strips

Chronic Medical Conditions ☒ No ☐ Yes – List:

Medication Administration/Treatment Orders ☐ No ☒ Yes – Describe Equipment/Supports : If she needs to take medication at PAI med trained staff would need to administer it

Specific Health & Medical Needs ☐ No ☒ Yes – List: avoid caffeine

Mobility Supports Fall Risk ☐ No ☒ Yes – Describe primary mobility & supports
verbal cues on uneven surfaces
☐ Support straps/belts needed

☒ Verbal Cues
☐ Physical Assistance
☐ Posey / Gait Belt
☐ Walker

☐ 2 Person Hoyer
staff in cares room: ____
☐ 1 Person Hoyer / Track
☐ Arjo

Community & Water Safety Skills ☐ No ☒ Yes

Sensory Disabilities ☐ No ☒ Yes – List: hearing & visual impairment, tactile sensitivity

Self-Management of Behaviors ☒ No ☐ Yes – Describe supports:

Important To: Family

Important For: positive reinforcement

Likes: classical music, spaghetti, VR

Dislikes: a lot of physical exercise, being told what she can't cannot do

Describe Communication Style:

1/2 hour

Staff: Anna Pratt **Service Recipient:** Winta Mwassa Date: 2/7/20

Where People with Disabilities Connect with the Community and the World

Individual Abuse Prevention Plan (IAPP)
Is the person susceptible to abuse in this area?

Sexual Abuse ☒ Yes ☐ No	**Physical Abuse** ☒ Yes ☐ No	**Self-Abuse** ☒ Yes ☐ No	**Financial Exploitation** ☑ Yes ☐ No
☒ Lack of understanding of sexuality ☒ Likely to seek/cooperate in an abusive situation ☒ Inability to be assertive ☐ Other:	☒ Inability to identify dangerous situations ☒ Lack of community orientation skills ☒ Inappropriate interactions with others ☒ Inability to deal with aggressive persons ☒ Verbally/physically abusive to others ☒ "Victim" history exists ☐ Other:	☒ Dresses inappropriately ☒ Refuses to eat ☒ Inability to care for self-help needs ☒ Lack of self-preservation/ safety skills ☒ Engages in self-injurious behaviors ☒ Neglects/refuses to take medications ☐ Other:	☒ Inability to handle financial matters ☐ Other:

Outcome #1 will independently participate in 3 small group **Outcome #2** will choose morning activity w/ up to 3 prompts

Technology Use: —

Self-Management Assessment (SMA) & Intensive CSSP Addendum (CSSPA)
Does the person require support in this area?

Allergies ☒ No ☐ Yes – List: Hay fever, Seasonal, Nazalone	**Epi Pen/Treatment** ☒ No ☐ Yes Location:
Seizures ☒ No ☐ Yes – Describe : N/A	**Seizure PRN** ☒ No ☐ Yes Location:

Choking/Specialized Dietary Needs ☒ No ☐ Yes – Describe Equipment/Supports :

Chronic Medical Conditions ☒ No ☐ Yes – List:

Medication Administration/Treatment Orders ☐ No ☒ Yes – Describe Equipment/Supports : administer meds at home 1:1

Specific Health & Medical Needs ☒ No ☐ Yes – List:

Mobility Supports Fall Risk ☒ No ☐ Yes – Describe primary mobility & supports ☐ Support straps/belts needed	☐ Verbal Cues ☐ Physical Assistance ☐ Posey / Gait Belt ☐ Walker	☐ 2 Person Hoyer # staff in cares room: ____ ☐ 1 Person Hoyer / Track ☐ Arjo

Community & Water Safety Skills ☐ No ☒ Yes

Sensory Disabilities ☐ No ☐ Yes – List:

Self-Management of Behaviors ☐ No ☒ Yes – Describe supports: Sweatshirt, quiet environment, remind of personal space

Important To: Mom + Dad	**Important For:** appropriate sleep
Likes: Pop, play piano, pizza Ranch	**Dislikes:** potatoes, vegetables, swearing, leeches

Describe Communication Style: English

Staff: Anna Pratt

Date: 2/11/20

PAI

Service Recipient: Shelagh Whitzel

Where People with Disabilities Connect with the Community and the World

Individual Abuse Prevention Plan (IAPP)

Is the person susceptible to abuse in this area?

Sexual Abuse ☒ Yes ☐ No	Physical Abuse ☒ Yes ☐ No	Self-Abuse ☒ Yes ☐ No	Financial Exploitation ☒ Yes ☐ No
☒ Lack of understanding of sexuality ☒ Likely to seek/cooperate in an abusive situation ☒ Inability to be assertive ☐ Other:	☒ Inability to identify dangerous situations ☒ Lack of community orientation skills ☐ Inappropriate interactions with others ☒ Inability to deal with aggressive persons ☐ Verbally/physically abusive to others ☐ "Victim" history exists ☐ Other:	☒ Dresses inappropriately ☐ Refuses to eat ☐ Inability to care for self-help needs ☐ Lack of self-preservation/ safety skills ☒ Engages in self-injurious behaviors ☐ Neglects/refuses to take medications ☐ Other:	☒ Inability to handle financial matters ☐ Other:

Outcome #1 Shelagh will independently complete her typing program w/ 95% accuracy

Outcome #2 Shelagh will practice appropriate interpersonal boundary skills when given 2 verbal prompt

Technology Use:

Self-Management Assessment (SMA) & Intensive CSSP Addendum (CSSPA)

Does the person require support in this area?

Allergies ☐ No ☒ Yes – List: Penicillin, Claritin, apples, apricots, bananas, Peaches, tomatoes soybean, graham flour, hazelnuts, poppy seeds, wild rice, milk, pollen, Justmilks, cats, dogs

Epi Pen/Treatment ☐ No ☒ Yes
Location: wall cabinet by entrance

Seizures ☒ No ☐ Yes – Describe : N/A

Seizure PRN ☐ No ☐ Yes
Location:

Choking/Specialized Dietary Needs ☐ No ☒ Yes – Describe Equipment/Supports : Observe Shelagh while she eats, verbally remind her to chew & swallow, remind her not to eat food she's allergic to

Chronic Medical Conditions ☐ No ☒ Yes – List: Autonomic dysfunction → remind Shelagh to add or subtract layers to regulate her body temp

Medication Administration/Treatment Orders ☒ No ☐ Yes – Describe Equipment/Supports :

Specific Health & Medical Needs ☐ No ☒ Yes – List: Enlarged Pulmonary Artery → notify parents if Shelagh has chest pains w/ anxiety & odd behavior

Mobility Supports Fall Risk ☒ No ☐ Yes – Describe primary mobility & supports

☐ Support straps/belts needed

☐ Verbal Cues
☐ Physical Assistance
☐ Posey / Gait Belt
☐ Walker

☐ 2 Person Hoyer
staff in cares room: ____
☐ 1 Person Hoyer / Track
☐ Arjo

Community & Water Safety Skills ☐ No ☒ Yes

Sensory Disabilities ☐ No ☒ Yes – List: Strong Scents → keep away from Perfumes, lotions etc

Self-Management of Behaviors ☐ No ☒ Yes – Describe supports: Talk w/ Shelagh when she is feeling overwhelmed, Sensory-free zones & work sheets

Important To: Writing, Snacks, drawing, Mom & Dad

Important For: Calm environment, anxiety support

Likes: Drawing, dancing, listening to music, steak visiting ~~them~~ friends

Dislikes: bean sprouts, spicy foods, loud noises

Describe Communication Style: English

Staff: Anna Pratt

Date: 2/11/20

Service Recipient: Frank Speraz

15 min

Where People with Disabilities Connect with the Community and the World

Individual Abuse Prevention Plan (IAPP)

Is the person susceptible to abuse in this area?

Sexual Abuse ☒ Yes ☐ No	Physical Abuse ☒ Yes ☐ No	Self-Abuse ☒ Yes ☐ No	Financial Exploitation ☒ Yes ☐ No
☒ Lack of understanding of sexuality ☒ Likely to seek/cooperate in an abusive situation ☒ Inability to be assertive ☐ Other:	☒ Inability to identify dangerous situations ☒ Lack of community orientation skills ☒ Inappropriate interactions with others ☒ Inability to deal with aggressive persons ☒ Verbally/physically abusive to others ☐ "Victim" history exists ☐ Other:	☐ Dresses inappropriately ☐ Refuses to eat ☐ Inability to care for self-help needs ☒ Lack of self-preservation/ safety skills ☐ Engages in self-injurious behaviors ☐ Neglects/refuses to take medications ☐ Other:	☒ Inability to handle financial matters ☐ Other:

Outcome #1 Frank will engage in group activities with 2 verbal question

Outcome #2 Frank will lower his voice after receiving 1 point prompt to a volume scale card

Technology Use: Volume scale

Self-Management Assessment (SMA) & Intensive CSSP Addendum (CSSPA)

Does the person require support in this area?

Allergies ☒ No ☐ Yes – List:

Epi Pen/Treatment ☒ No ☐ Yes
Location:

Seizures ☒ No ☐ Yes – Describe :

Seizure PRN ☒ No ☐ Yes
Location:

Choking/Specialized Dietary Needs ☐ No ☒ Yes – Describe Equipment/Supports : Sugar/Sweets restriction → help Frank chose salty snacks instead of sweet and sprite instead of cola

Chronic Medical Conditions ☒ No ☒ Yes – List: Tight chest muscles

Medication Administration/Treatment Orders ☒ No ☐ Yes – Describe Equipment/Supports : no meds at PAI

Specific Health & Medical Needs ☐ No ☒ Yes – List: report to guardians if he is ill or injured

Mobility Supports Fall Risk ☒ No ☐ Yes – Describe primary mobility & supports

☐ Support straps/belts needed

☐ Verbal Cues
☐ Physical Assistance
☐ Posey / Gait Belt
☐ Walker

☐ 2 Person Hoyer
staff in cares room: ____
☐ 1 Person Hoyer / Track
☐ Arjo

Community & Water Safety Skills ☐ No ☒ Yes

Sensory Disabilities ☐ No ☒ Yes – List: Fine Motor impairments, Dyspraxia, Regulated Pupils, Shallow breathing

Self-Management of Behaviors ☐ No ☒ Yes – Describe supports: Break room, prompts

Important To: Family, ~~Art~~ music, Choices

Important For: Routine, down time

Likes: Shopping, Disney movies, Pizza

Dislikes: Apples, whistling, Noisy places

Describe Communication Style: English

Staff: Anna Pratt

Date: 2/12/20

Service Recipient: Claire Miner

20 n/h

Where People with Disabilities Connect with the Community and the World

Individual Abuse Prevention Plan (IAPP)

Is the person susceptible to abuse in this area?

Sexual Abuse ☒ Yes ☐ No	Physical Abuse ☒ Yes ☐ No	Self-Abuse ☒ Yes ☐ No	Financial Exploitation ☒ Yes ☐ No
☒ Lack of understanding of sexuality ☒ Likely to seek/cooperate in an abusive situation ☒ Inability to be assertive ☐ Other:	☒ Inability to identify dangerous situations ☒ Lack of community orientation skills ☒ Inappropriate interactions with others ☒ Inability to deal with aggressive persons ☒ Verbally/physically abusive to others ☐ "Victim" history exists ☐ Other:	☒ Dresses inappropriately ☒ Refuses to eat ☒ Inability to care for self-help needs ☒ Lack of self-preservation/ safety skills ☐ Engages in self-injurious behaviors ☐ Neglects/refuses to take medications ☐ Other:	☒ Inability to handle financial matters ☐ Other:

Outcome #1 will independently participate in morning routine by looking up the weather

Outcome #2 will independently choose 3 outings for the next month

Technology Use: computer to look up weather

Self-Management Assessment (SMA) & Intensive CSSP Addendum (CSSPA)

Does the person require support in this area?

Allergies ☐ No ☒ Yes – List: Cedar

Epi Pen/Treatment ☒ No ☐ Yes
Location:

Seizures ☐ No ☒ Yes – Describe: lay her on her side, time → if lasts longer than 5 min call 911 report to home

Seizure PRN ☒ No ☐ Yes
Location:

Choking/Specialized Dietary Needs ☐ No ☒ Yes – Describe Equipment/Supports: check lunch for expired food, suggest health food

Chronic Medical Conditions ☒ No ☐ Yes – List:

Medication Administration/Treatment Orders ☐ No ☒ Yes – Describe Equipment/Supports: Med staff to administer meds if required at PAI, make sure she wears sunscreen

Specific Health & Medical Needs ☐ No ☒ Yes – List: only offer 2 choices, or help Claire to find the pros cons, Ask Claire to join activities

Mobility Supports Fall Risk ☐ No ☒ Yes – Describe primary mobility & supports

verbal cues on Escalators

☐ Support straps/belts needed

☒ Verbal Cues
☐ Physical Assistance
☐ Posey / Gait Belt
☐ Walker

☐ 2 Person Hoyer
staff in cares room: ____
☐ 1 Person Hoyer / Track
☐ Arjo

Community & Water Safety Skills ☐ No ☒ Yes ~~escalators~~

Sensory Disabilities ☐ No ☒ Yes – List: vision impairment, hyper sensitive to touch

Self-Management of Behaviors ☒ No ☐ Yes – Describe supports:

Important To: work, games, friends

Important For: personal space, choices, routine

Likes: going out to eat, music, tacos, deserts

Dislikes: lobster, sardines, spicy food, touch

Describe Communication Style: English

Staff: _____ Service Recipient: _____

Date: _____

Where People with Disabilities Connect with the Community and the World

Individual Abuse Prevention Plan (IAPP)

Is the person susceptible to abuse in this area?

Sexual Abuse ☐ Yes ☐ No	Physical Abuse ☐ Yes ☐ No	Self-Abuse ☐ Yes ☐ No	Financial Exploitation ☐ Yes ☐ No
☐ Lack of understanding of sexuality ☐ Likely to seek/cooperate in an abusive situation ☐ Inability to be assertive ☐ Other:	☐ Inability to identify dangerous situations ☐ Lack of community orientation skills ☐ Inappropriate interactions with others ☐ Inability to deal with aggressive persons ☐ Verbally/physically abusive to others ☐ "Victim" history exists ☐ Other:	☐ Dresses inappropriately ☐ Refuses to eat ☐ Inability to care for self-help needs ☐ Lack of self-preservation/ safety skills ☐ Engages in self-injurious behaviors ☐ Neglects/refuses to take medications ☐ Other:	☐Inability to handle financial matters ☐Other:

Outcome #1	**Outcome #2**
Technology Use:	

Self-Management Assessment (SMA) & Intensive CSSP Addendum (CSSPA)

Does the person require support in this area?

Allergies ☐ No ☐ Yes – List:		**Epi Pen/Treatment** ☐ No ☐ Yes Location:
Seizures ☐ No ☐ Yes – Describe :		**Seizure PRN** ☐ No ☐ Yes Location:
Choking/Specialized Dietary Needs ☐ No ☐ Yes – Describe Equipment/Supports :		
Chronic Medical Conditions ☐ No ☐ Yes – List:		
Medication Administration/Treatment Orders ☐ No ☐ Yes – Describe Equipment/Supports :		
Specific Health & Medical Needs ☐ No ☐ Yes – List:		
Mobility Supports Fall Risk ☐ No ☐ Yes – Describe primary mobility & supports ☐ Support straps/belts needed	☐ Verbal Cues ☐ Physical Assistance ☐ Posey / Gait Belt ☐ Walker	☐ 2 Person Hoyer # staff in cares room: ____ ☐ 1 Person Hoyer / Track ☐ Arjo
Community & Water Safety Skills ☐ No ☐ Yes		
Sensory Disabilities ☐ No ☐ Yes – List:		
Self-Management of Behaviors ☐ No ☐ Yes – Describe supports:		

Important To:	**Important For:**
Likes:	**Dislikes:**
Describe Communication Style:	

20 min

Staff: Anna Pratt **Service Recipient:** Michael Sheehan Date: 2/14/20

Where People with Disabilities Connect with the Community and the World

Individual Abuse Prevention Plan (IAPP)
Is the person susceptible to abuse in this area?

Sexual Abuse ☒ Yes ☐ No	**Physical Abuse** ☒ Yes ☐ No	**Self-Abuse** ☒ Yes ☐ No	**Financial Exploitation** ☑ Yes ☐ No
☒ Lack of understanding of sexuality ☒ Likely to seek/cooperate in an abusive situation ☒ Inability to be assertive ☐ Other:	☒ Inability to identify dangerous situations ☒ Lack of community orientation skills ☒ Inappropriate interactions with others ☒ Inability to deal with aggressive persons ☐ Verbally/physically abusive to others ☐ "Victim" history exists ☐ Other:	☐ Dresses inappropriately ☐ Refuses to eat ☒ Inability to care for self-help needs ☒ Lack of self-preservation/ safety skills ☐ Engages in self-injurious behaviors ☐ Neglects/refuses to take medications ☐ Other:	☒ Inability to handle financial matters ☐ Other:

Outcome #1 Respect interpersonal boundries **Outcome #2** Practice money management skills

Technology Use: NA

Self-Management Assessment (SMA) & Intensive CSSP Addendum (CSSPA)
Does the person require support in this area?

Allergies ☐ No ☒ Yes – List: Walnuts & Pecans **Epi Pen/Treatment** ☐ No ☒ Yes Location: Med Cabinet

Seizures ☐ No ☒ Yes – Describe : provide first aid, call 9220 guardian **Seizure PRN** ☑ No ☐ Yes Location:

Choking/Specialized Dietary Needs ☐ No ☒ Yes – Describe Equipment/Supports : Encourage to eat healthy foods

Chronic Medical Conditions ☐ No ☒ Yes – List: Hidradenitus Supparativa, obesity, excessive sweating

Medication Administration/Treatment Orders ☐ No ☐ Yes – Describe Equipment/Supports :

Specific Health & Medical Needs ☑ No ☐ Yes – List:

Mobility Supports Fall Risk ☒ No ☐ Yes – Describe primary mobility & supports ☐ Support straps/belts needed	☐ Verbal Cues ☐ Physical Assistance ☐ Posey / Gait Belt ☐ Walker	☐ 2 Person Hoyer # staff in cares room: ____ ☐ 1 Person Hoyer / Track ☐ Arjo

Community & Water Safety Skills ☐ No ☒ Yes

Sensory Disabilities ☐ No ☒ Yes – List: over heats easily

Self-Management of Behaviors ☒ No ☐ Yes – Describe supports:

Important To: Mom & Dad, cars **Important For:** Positive reinforcement

Likes: Cars, Shopping, movies **Dislikes:** broccoli, sports, being hot

Describe Communication Style: English

Staff: Anna Pratt

Date: 3/4/20

Service Recipient: Jack Lewis

15 min

Where People with Disabilities Connect with the Community and the World

Individual Abuse Prevention Plan (IAPP)

Is the person susceptible to abuse in this area?

Sexual Abuse ☒ Yes ☐ No	Physical Abuse ☒ Yes ☐ No	Self-Abuse ☒ Yes ☐ No	Financial Exploitation ☒ Yes ☐ No
☒ Lack of understanding of sexuality ☒ Likely to seek/cooperate in an abusive situation ☒ Inability to be assertive ☐ Other:	☒ Inability to identify dangerous situations ☒ Lack of community orientation skills ☒ Inappropriate interactions with others ☒ Inability to deal with aggressive persons ☒ Verbally/physically abusive to others ☐ "Victim" history exists ☐ Other:	☐ Dresses inappropriately ☐ Refuses to eat ☒ Inability to care for self-help needs ☒ Lack of self-preservation/ safety skills ☐ Engages in self-injurious behaviors ☐ Neglects/refuses to take medications ☐ Other:	☒ Inability to handle financial matters ☐ Other:

Outcome #1	Outcome #2

Technology Use:

Self-Management Assessment (SMA) & Intensive CSSP Addendum (CSSPA)

Does the person require support in this area?

Allergies ☒ No ☐ Yes – List:	**Epi Pen/Treatment** ☐ No ☐ Yes Location:
Seizures ☒ No ☐ Yes – Describe :	**Seizure PRN** ☐ No ☐ Yes Location:

Choking/Specialized Dietary Needs ☐ No ☒ Yes – Describe Equipment/Supports : verbal prompt

Chronic Medical Conditions ☒ No ☐ Yes – List:

Medication Administration/Treatment Orders ☒ No ☐ Yes – Describe Equipment/Supports :

Specific Health & Medical Needs ☒ No ☐ Yes – List:

Mobility Supports Fall Risk ☒ No ☐ Yes – Describe primary mobility & supports ☐ Support straps/belts needed	☐ Verbal Cues ☐ Physical Assistance ☐ Posey / Gait Belt ☐ Walker	☐ 2 Person Hoyer # staff in cares room: ____ ☐ 1 Person Hoyer / Track ☐ Arjo

Community & Water Safety Skills ☐ No ☒ Yes

Sensory Disabilities ☐ No ☐ Yes – List:

Self-Management of Behaviors ☐ No ☒ Yes – Describe supports: verbal redirection, safe hands, gentle touch respectful words

Important To: Calm environment, Independence, music, computer	**Important For:** first, then, language, choices, short phrases for redirection
Likes: TV, music, dance, computer, Busses, pizza, YMCA, musicals, apple juice	**Dislikes:** vegetables, loud noises, bright areas being told to wait

Describe Communication Style: English

Staff: _____ Service Recipient: _____

Date: _____

Where People with Disabilities Connect with the Community and the World

Individual Abuse Prevention Plan (IAPP)

Is the person susceptible to abuse in this area?

Sexual Abuse ☐ Yes ☐ No	Physical Abuse ☐ Yes ☐ No	Self-Abuse ☐ Yes ☐ No	Financial Exploitation ☐ Yes ☐ No
☐ Lack of understanding of sexuality ☐ Likely to seek/cooperate in an abusive situation ☐ Inability to be assertive ☐ Other:	☐ Inability to identify dangerous situations ☐ Lack of community orientation skills ☐ Inappropriate interactions with others ☐ Inability to deal with aggressive persons ☐ Verbally/physically abusive to others ☐ "Victim" history exists ☐ Other:	☐ Dresses inappropriately ☐ Refuses to eat ☐ Inability to care for self-help needs ☐ Lack of self-preservation/ safety skills ☐ Engages in self-injurious behaviors ☐ Neglects/refuses to take medications ☐ Other:	☐Inability to handle financial matters ☐Other:

Outcome #1	Outcome #2

Technology Use:

Self-Management Assessment (SMA) & Intensive CSSP Addendum (CSSPA)

Does the person require support in this area?

Allergies ☐ No ☐ Yes – List:	**Epi Pen/Treatment** ☐ No ☐ Yes Location:
Seizures ☐ No ☐ Yes – Describe :	**Seizure PRN** ☐ No ☐ Yes Location:

Choking/Specialized Dietary Needs ☐ No ☐ Yes – Describe Equipment/Supports :

Chronic Medical Conditions ☐ No ☐ Yes – List:

Medication Administration/Treatment Orders ☐ No ☐ Yes – Describe Equipment/Supports :

Specific Health & Medical Needs ☐ No ☐ Yes – List:

Mobility Supports Fall Risk ☐ No ☐ Yes – Describe primary mobility & supports ☐ Support straps/belts needed	☐ Verbal Cues ☐ Physical Assistance ☐ Posey / Gait Belt ☐ Walker	☐ 2 Person Hoyer # staff in cares room: ____ ☐ 1 Person Hoyer / Track ☐ Arjo

Community & Water Safety Skills ☐ No ☐ Yes

Sensory Disabilities ☐ No ☐ Yes – List:

Self-Management of Behaviors ☐ No ☐ Yes – Describe supports:

Important To:	Important For:
Likes:	Dislikes:

Describe Communication Style:

Skills Unique to Assigned Area

Area Name: PW 4 Training Time 2 _____

	Initial When Staff Demonstrate Competency
Sets-up Program Area	JG
Proficiently cleans room & follows infection control procedures	JG
Review of Chemicals (demonstrates location and storage)	JG
Uses & Re-fills the Fastdraw Dispenser with Appropriate Chemicals	JG
Accesses First Aid Equipment and Information	JG
Accesses & Uses Personal Protective Equipment Effectively	JG
Accesses Med Book & Medication Information	JG
Parkway - Review the rule that small program items that could be ingested are not allowed into service site without prior approval from PD or DC.	JG
Shows Competency with Responding to and Reporting Incidents	JG
Shows Competency and safety with Powerdoors.	JG
Adaptive Equipment	
Demonstrates Safety with Wheelchairs & Power Chairs. (Applies brakes correctly, moves items away from wheel areas, ensures hands are not in wheels, secures belts or braces	JG
Demonstrates safety with site specific adaptive equipment (i.e. track systems, hoyers, walkers, standing frames, mat tables, etc.	JG
Safety and Emergency Response Plan	
Demonstrates and/or States Staff Duties & Responsibilities for Fire.	JG
Demonstrates and/or States Staff Duties & Responsibilities for Suspected Gas Leak.	JG
Demonstrates and/or States Staff Duties & Responsibilities for an Evacuation.	JG
Demonstrates and/or States Staff Duties & Responsibilities for Severe Weather.	JG
Locates Shut-off & Demonstrates and/or States Steps to Shut Off Water.	JG
Demonstrates or States Steps to Shut off Power for Emergencies.	JG
Demonstrates and/or States Staff Duties & Responsibilities for Safety Practices.	JG

Trainer Name & Title:	Initials
Jessica Gunderson, Designated Coordinator	**JG**

I have had training in this area and have had all my questions answered.

Staff Name: Anna Pratt

Training Period: 2/5/2020 - 3/5/2020

Completion Date: 3/5/2020

Standards of Operation Training (As Needed)

Name: Anna Pratt
Training Time 0.75
Completion date 2/21/2020

Topic	"X" box when reviewed
Safety	
Cleaning Chemicals	X
Cold Weather Safety	X
Suface Contamination Testing Monitoring	X
Transfers from the Floor	X
Health	
Blood Glucose Monitoring	X
Choking Response	X
DNR	X
1st Aid For Seizures	X
Indwelling Catheter	X
Infectious Disease Reporting	X
Insulin Pen Administration	X
Limited Treatment Plan	X
Nebulizer Care and Cleaning	X
Medication Transportation- Sending and Receiving	X

I have had training on these topics and have had all my questions answered. I can locate the standards of operation for reference.

2/21/20
Employee Signature/ Date

2/21/2020
Trainer Signature/Date

Parkway Specific Training

Specialized Individua

Individual	Demonstrates Competency	Amount of Training Time (in decimals)
S B	☑ YES	0.25
D D	☑ YES	
WD	☑ YES	
C H	☑ YES	
PM	☑ YES	
MT	☑ YES	
ER	☑ YES	
D S	☐ YES	
C V	☐ YES	
CSw	☑ YES	
CSc	☐ YES	N/A
RC	☑ YES	

Section Time Subtotal: 0.25

Description of the Consideration	Demonstrates Competency	Amount of Training Time (in decimals)
Small program items that could be ingested not allowed w/o PD approval	☑ YES	0.25
Ensure the automatic door switch is shut off after busing (East Entrance Busing Door)	☑ YES	
Hallway fire doors must remain closed during program hours	☑ YES	

Section Time Subtotal: 0.25

Total Time: 0.5

Trainer Name	Title
Jessica Gunderson	**DC**

Staff Name: Anna Pratt

ıl Approaches (non-assigned, specific to busing)

Comments
Walks slowly, may lean on staff assisting with walking; the more you let her lean on you, the more she will, does better when guiding with your hands, less physical assistance. May drop to knees-check for injury-report home.
May drop/sit on the floor when walking. Does well when staff talk to her and count steps.
Unsteady gait, sometime walks with eyes closed, needs gait belt when entering and exiting the bus.
May grab/scratch others, re-direct with flat hand, unsteady on feet.
Needs helmet when walking, is able to take it off when sitting in armed chair.
Walks very quickly and high risk of tripping. Verbal prompts to slow, and hand on shoulder to help maintain appropriate speed.
Legally blind, walks using cane, help guide in walking.
Makes "whoo" noise prior to upset-stay clear of swinging arms, use calm voice, he may just need time to "work it out" occurs mostly during transitions; likes hand and head rubs to calm.
Unsteady gait, may walk very quickly. Offer a hand to help guide him and control pace.
Needs physical assistance to walk, needs gait belt. May spit and hit, redirect by reminding him appropriate ways to communicate.
Unsteady on his feet, uses a walker and gait belt.
Unsteady gait, needs gait belt when entering and exiting the bus. Leans to his right, so walk on that side when supporting him.

Program Considerations

Comments

Completion Date: __2/12/20_____

Health Counseling Services

Medication Administration

CERTIFICATE OF COMPLETION

This Certificate of Completion verifies that

Anna Pratt

has attended six hours of training in Medication Administration

on 2/27/2020 *(Date test was taken)*

and has received a score of 100 *% on the written examination.*

☒ *Passed Written Examination* ☐ *Did not pass Written Examination*

A score of 85% or greater is required to pass this examination.

Health Counseling Services recommends that staff members who do not pass the course:

- ☐ Retake the complete HCS Medication Administration course;
- ☐ Attend the HCS Review and Retest course;
- or Discuss the medication administration requirements and procedures with the facility registered nurse and take an alternate test at the registered nurse's discretion.

This course is designed for unlicensed staff who are responsible for medication administration or assistance in community settings. These facility settings include group homes, foster care homes, assisted living sites, board and lodging residences, halfway houses, day training, sheltered workshops, and residential treatment centers. Course content includes training on:

- Medications common in community settings.
- Classifications and indications.
- Side effects and allergic reactions.
- Medication administration procedures.
- Medication transcription procedures.
- Documentation and reporting errors.
- Abbreviations and terminology.
- Using a drug reference resource.
- Medication storage and security.
- Legal responsibility and accountability.
- Setting up medications for time away from facility.

This certificate indicates the above-stated person has received six hours of medication administration training. Separate documentation is required for observed skill assessment. This course is not intended to compete with or replace the state-approved forty-eight hour medication training course necessary to become a Trained Medication Aide.

HCS recommends that you discuss specific policies and procedures with your facility supervisor and any additional requirements your facility may have for medication administration.

HCS encourages students to keep a duplicate copy of this certificate for their personal records.

hcs Health Counseling Services

L. Brennan, RN

Nurse Signature

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