Service Training Log – Linden

Date: 4/14/2021

All Staff

NOTE: INFORMATION IN GRAY SHADED AREAS MUST BE TYPED IN

Training Time	Trainer Name	Training ID	Area	Content/Description
2.0	Cindy Brey	P119/ P129	Primary	Review the following documents IAPP, SMA, CSSPA: AG Intake CSSP/CSP: KP Responsibilities and where applicable the person's IAPP (or any other appropriate plan) to achieve an understanding of the person as a unique individual & how to implement these plans as they relate to the staff's job functions.
				NR, MB,JH,AS,DC,KY,TT Sub to work in North stars room

Make up Date	Initial	EE ID	Last Name
			Larson, Nancy
			Trimble, Jenny
			Xiong, Ker
			Mendez, Danielle
			Rice, Colette
			Sandstrom, Erin
			Johnson, Natalie
			Harris, Ocla
			Myhre, Candela
Make Up Date	**Initial**	**EE ID**	**Managers /Admin**
			Gunderson-Palmer, M.
		E0676	Hinzman, Briana
			Blackorbay, B.

Make up Date	Initial	EE ID	Last Name
			Cox, Alice
			Robinson, Anneliese
			Stacken, Laura
			Bradshaw, Morgan
			Bidwell, Aleshia
			Her, Bao
			Ailport, Betsy
			Bauch, Kia
4/14/21	C.B.		Brey, Cindy
Make up Date	**Initial**	**EE ID**	**Other Attendees**

Staff: Cindy Brey

Date: 4.14.20

PAT

Service Recipient: Krista Y.

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 3+ Week
Hand over hand to clean tray.

Outcome #2 4 Week
Pet therapy day.

Technology Use: I-Pad

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

Does the person require support in this area?

Allergies ☐ No ☒ Yes – List:
Phenobarbital + Barbituates.

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 reminders to chew + swallow food.
Bite size pieces. Low fat diet. Encourage to eat on own.

Chronic Medical Conditions ☐ No ☒ Yes – List:
Cerebral palsy w/ Spasticity, Scoliosis, Osteoporosis

Medication Administration/Treatment Orders ☐ No ☒ Yes – Describe Equipment/Supports :
Staff will administer meds.

Specific Health & Medical Needs ☐ No ☒ Yes – List:
Bruises easily, POLST

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

☐ Support straps/belts needed Wheelchair

☐ 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 1:1 in community

Sensory Disabilities ☐ No ☒ Yes – List:
Visual - Seat position close to activities

Self-Management of Behaviors ☐ No ☒ Yes – Describe supports:
Pinches self when upset, grabs peers, cries n yells,
staff will ask Krista to stop n give her space to calm self.

Important To: Dad, 1:1 w/ staff, having choices, walks.

Important For: Dietary orders, different communication styles.

Likes: Pickles, ice cream, magazines, chapstick.

Dislikes: Pain, discomfort, feels she is ignored,

Describe Communication Style:
Vocalize, expressions

Staff: Cindy Bray

Date: 9/14/21

PAI

Where People with Disabilities Connect with the Community and the World

Service Recipient: Tracy T.

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 Participate in an adult activity w/ staff & peers 3 pcs. x 1 wk

Outcome #2 Choose sensory item of choice.

Technology Use: I-pad

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

Does the person require support in this area?

Allergies ☐ No ☑ Yes – List: Penicillin, pollen, seasonal Allergies

Epi Pen/Treatment ☐ No ☐ Yes Location:

Seizures ☑ No ☐ Yes – Describe :

Seizure PRN ☐ No ☐ Yes Location:

Choking/Specialized Dietary Needs ☐ No ☑ Yes – Describe Equipment/Supports :
Spastic throat – Puree diet w/ thin liquids.
Verbal cues to slow down.

Chronic Medical Conditions ☐ No ☑ Yes – List:
Cerebral Palsy
Spastic para-paresis

Medication Administration/Treatment Orders ☐ No ☑ Yes – Describe Equipment/Supports :
Staff will administer meds.

Specific Health & Medical Needs ☐ No ☑ Yes – List:
Sensitivity to the sun skin/eyes. POLST

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

☐ Support straps/belts needed Wheelchair

☐ 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 1:1 in Community

Sensory Disabilities ☐ No ☐ Yes – List:

Self-Management of Behaviors ☐ No ☑ Yes – Describe supports:
Re-direction when upset. Tell Tracy he is o.k.

Important To:	Important For:
Laughter, yoga, crafts, reading, friends. Dolls	Staff know how to prepare his food. Walking safety redirections.
Likes:	**Dislikes:**
Casino, Shopping, dining out Hugging friends	Loud environments, People not understanding what he needs.

Describe Communication Style:

Writes in notebook to communicate. Some ASL

Staff: Cindy Brey

Date: 4.14.21

PAT

Where People with Disabilities Connect with the Community and the World

Service Recipient: Dorothy C.

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: A Week will greet peer using MAC switch.

Outcome #2: Choose scented item.

Technology Use: Ipad

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: Drop seizures Wears helmet

Seizure PRN ☐ No ☐ Yes Location:

Choking/Specialized Dietary Needs ☐ No ☐ Yes – Describe Equipment/Supports:
Ground diet to bite size pieces. No raw vegetables.
Regular cup.

Chronic Medical Conditions ☐ No ☐ Yes – List:
Spastic Quad. Cerebral Palsy, Epilepsy, Scoliosis, Hypothyroidism, Chronic Lymphocytic Leukemia, Blood clots

Medication Administration/Treatment Orders ☐ No ☐ Yes – Describe Equipment/Supports:
Staff will administer meds.

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

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

☐ Support straps/belts needed Wheelchair

☐ 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 Staff will accompany Dorothy.

Sensory Disabilities ☐ No ☐ Yes – List:
Tactile defensive, cannot see things far away. Does not wear glasses.

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

Important To: Sensory items / bandanas. Pudding/fruit, music, recliner.

Important For: Have needs met by her Care Givers. Wearing helmet.

Likes: Navigate freely in her chair. Shaggy socks off, Sensory items.

Dislikes: Not feeling well. Having seizures.

Describe Communication Style:
Facial expressions, body language, laughing.

Staff: Cindy Bray

Date: 4.14.21

PAI

Service Recipient: Andrew S.

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: Inaccurate self reporter.	☑ 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 3x/A Week Choose Sensory Activity.

Outcome #2 Party Great Peers USB, MAC Switch.

Technology Use: IPad, Computers

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:
Difficulty Swallowing food - Diet bite size pieces. Staff Support w/ fork & spoon.

Chronic Medical Conditions ☐ No ☑ Yes – List:
Cerebral Palsy; GERD.

Medication Administration/Treatment Orders ☐ No ☑ Yes – Describe Equipment/Supports:
Staff will administer meds.

Specific Health & Medical Needs ☐ No ☑ Yes – List:
Unsteady gait risk of falling walks long distance. Staff arm support.

Mobility Supports Fall Risk ☐ No ☑ Yes – Describe primary mobility & supports:
wheelchair if walk is more than 10 minutes.

☐ 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 Accompanied at all times. 1:1 Water

Sensory Disabilities ☑ No ☐ Yes – List:

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

Important To: Books w/ pictures. manipulatives & mirrors. Family

Important For: Good nutrition, support from staff.

Likes: music, YouTube, movies being read to.

Dislikes: Not participating in groups of his choice.

Describe Communication Style:
Non verbal; body language, gestures.

Staff: Cindy Bray

Date: 4.14.21

PAI

Where People with Disabilities Connect with the Community and the World

Service Recipient: Jason H.

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 2X a Week Participate in Group Activity of Choice.

Outcome #2 Daily Choose Sensory Item of Choice.

Technology Use: I-Pad

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

Does the person require support in this area?

Allergies ☐ No ☒ Yes – List: Sulfa

Epi Pen/Treatment ☒ No ☐ Yes Location:

Seizures ☐ No ☒ Yes – Describe: Clonic Tonic

Seizure PRN ☒ No ☐ Yes Location:

Choking/Specialized Dietary Needs ☐ No ☒ Yes – Describe Equipment/Supports: Verbal cues to slow down. Low fat / Low Calorie snacks. Sensitivity to corn Syrup.

Chronic Medical Conditions ☐ No ☒ Yes – List: Autism, hyperthermia.

Medication Administration/Treatment Orders ☐ No ☒ Yes – Describe Equipment/Supports: When needed - Staff will give Jason his meds.

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

Mobility Supports Fall Risk ☐ No ☒ Yes – Describe primary mobility & supports: Staff will provide Verbal cues of obstacles or environment Changes - hand under arm to guide when needed.

☐ 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 Staff will accompany Jason at all times.

Sensory Disabilities ☐ No ☒ Yes – List:

Self-Management of Behaviors ☐ No ☒ Yes – Describe supports: When frustrated staff will ask Jason glasses - Keratoconus - to take a seat + problem solve w/ Jason.

Important To: Family, Personal space, observe activities

Important For: Seizure protocol, staff setting to know him, taking breaks.

Likes: Art projects, family, dining out.

Dislikes: Being told no.

Describe Communication Style: Non-Verbal - Pointing, facial expression

Staff: Cindy Bray

Date: 4.14.21

PAI

Service Recipient: Monica B.

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: Daily will Choose a sensory activity.

Outcome #2: Daily choose activity from choice Board.

Technology Use: I-Pad

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 : Pica - Bite size pieces diet. Verbal cues to slow down. Uses fingers to eat - may take up to an hour. Cup w/ lid, Sticky mat.

Chronic Medical Conditions ☒ No ☐ Yes – List:

Medication Administration/Treatment Orders ☐ No ☒ Yes – Describe Equipment/Supports : Staff will assist Monica w/ meds.

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

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

☒ Support straps/belts needed Wheel chairs w/shoulder straps

☐ 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 Staff at all times.

Sensory Disabilities ☒ No ☐ Yes – List:

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

Important To: Swimming, family, friends, Socializing	Important For: Being active, family
Likes: Being busy & active. Listening to music, Painting	Dislikes: Not making choices for activities, Negative People.

Describe Communication Style: facial expression; eye gaze.

Staff: Cindy Pray

Date: 4.14.21

PAI

Where People with Disabilities Connect with the Community and the World

Service Recipient: Nikki R.

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 answer y/n questions w/ communication device.

Outcome #2: 1d am/pm w/ visual prompt.

Technology Use: communication device, I-pad

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

Does the person require support in this area?

Allergies ☐ No ☑ Yes – List: Sulfa drugs

Epi Pen/Treatment ☐ No ☐ Yes Location:

Seizures ☑ No ☐ Yes – Describe:

Seizure PRN ☐ No ☐ Yes Location:

Choking/Specialized Dietary Needs ☐ No ☒ Yes – Describe Equipment/Supports: Staff will cut "hard food" into nickle size pieces.

Chronic Medical Conditions ☐ No ☑ Yes – List: Trisomy-15 Mosaic, Osteoporosis, Scoliosis,

Medication Administration/Treatment Orders ☐ No ☑ Yes – Describe Equipment/Supports: Staff will administer meds.

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

Mobility Supports Fall Risk ☐ No ☑ Yes – Describe primary mobility & supports: Staff will offer arm to assist in uneven, icy, curb ground.

☐ 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 1:1 in Community / Water.

Sensory Disabilities ☑ No ☐ Yes – List:

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

Important To: Mother, father, Cat

Important For: Walking, communication device, eating meals

Likes: Games & music on computer, recliner, dining out.

Dislikes: NOT having communication device, missing meals, NOT being understood.

Describe Communication Style: Communication device, gestures, ?