Service Training Log – Linden

Date: 10/22/21

All Staff

NOTE: INFORMATION IN GRAY SHADED AREAS MUST BE TYPED IN

Training Time	Trainer Name	Training ID	Area	Content/Description
1.95 hrs	Self	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.

Make up Date	Initial	EE ID	Last Name
			Larson, Nancy
			Trimble, Jenny
			Xiong, Ker
			Mendez, Danielle
			Rice, Colette
			Sandstrom, Erin
			Johnson, Natalie
			Harris, Ocla

Make up Date	Initial	EE ID	Last Name
			Cox, Alice
			Stacken, Laura
			Bradshaw, Morgan
			Her, Bao
			Ailport, Betsy
			Bauch, Kia
10/22/21	ARQ		Pratt, Anna

Make Up Date	Initial	EE ID	Managers /Admin
			Gunderson-Palmer, M.

Make up Date	Initial	EE ID	Other Attendees

Staff: Anna Pratt

Date: 10/22/21

Service Recipient: Fartun A.

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: unable to report	☒ 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
choose a song for exercise group	2x week choose a book to read/ look at for at least 15 min

Technology Use: iPad, computer for music, videos, + games

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: Bite sized pieces
reminders to slow down

Chronic Medical Conditions ☒ No ☐ Yes – List: Down syndrom, Ventricular septal defect

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

Specific Health & Medical Needs ☐ No ☐ Yes – List: N/A

Mobility Supports Fall Risk ☒ No ☐ Yes – Describe primary mobility & supports
assist w/ uneven terrain, icy patches, stairs w/o rails
☐ 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: near sighted, slight hearing impairment

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

Important To: reading, going to the mall, watching tv, coloring, going to the library

Important For: independence, socialization, assistance with navigation

Likes: music, dressing up, going out to eat
Spending time w/ family

Dislikes: being left out, not getting to be independent

Describe Communication Style: Verbal

Staff: Anna pratt

Date: 10/22/21

PAI

Where People with Disabilities Connect with the Community and the World

Service Recipient: J. H. J.

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 1X week choose between 2 crafts for her & her peers to create

Outcome #2 choose a preferred activity to complete while standing

Technology Use: iPad, TV, SMARTBoard for making choices, music, videos, & games

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

Does the person require support in this area?

Allergies ☒ No ☐ Yes – List: cefzil, minor environmental allergies

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 : bite sized pieces

Chronic Medical Conditions ☒ No ☐ Yes – List: cerebral palsy w/ spastic quadriplegia, chronic GERD chronic constipation

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

Specific Health & Medical Needs ☒ No ☐ Yes – List: full cares, standby

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

☐ 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: Esotropia

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

Important To: family, group activities, community outings

Important For: independence, standing in her chair, taking her medications

Likes: coloring, arts & crafts, upbeat personality, community outings, compliments

Dislikes: being told 'no'

Describe Communication Style: verbal

Staff: Anna Pratt

Date: 10/22/21

PAI

Service Recipient: Nina D

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 3x week Select music genre to listen to using communication switch

Outcome #2 Participate in a group of her choosing

Technology Use: iPad + TV for making choices, music, vids, & games

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

Does the person require support in this area?

Allergies ☒ No ☐ Yes – List: cephalosporins possibly; dust, pollen, & animal dander

Epi Pen/Treatment ☐ No ☐ Yes Location:

Seizures ☒ No ☐ Yes – Describe: partially controlled

Seizure PRN ☐ No ☐ Yes Location:

Choking/Specialized Dietary Needs ☒ No ☐ Yes – Describe Equipment/Supports: mechanical soft, thickened liquids

Chronic Medical Conditions ☒ No ☐ Yes – List: RETT's Syndrome, Scoliosis, Asthma, Bleb, Hyperlipidemia, insomnia, Heel cord contracture, Dropped feet, constipation, Hemorrhoids

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

Specific Health & Medical Needs ☒ No ☐ Yes – List: Hx: collapsing lungs
sun sensitivity

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

can walk short distances, wheelchair for transport & in community

☐ 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: tactile defensiveness

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

N/A

Important To: opportunity to walk around, music therapy, art projects, choices

Important For: independence, choices, knowledgeable staff

Likes: music, having her hair done, art

Dislikes: feeling left out, not being able to go for a walk

Describe Communication Style: vocalizations, body language, gestures, & facial expressions

Staff: Anne Prats

Date: 10/22/21

PAI

Service Recipient: Charlotte J.

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	Outcome #2
3x week will accept having her hair brushed	participate in group/activity for 90 seconds by staying engaged & present

Technology Use:

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

Does the person require support in this area?

Allergies ☒ No ☐ Yes – List: Cedar, seasonal allergies

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: bite sized pieces

Chronic Medical Conditions ☒ No ☐ Yes – List: Autism, Bruxism, scoliosis, spinal fusion T2-L3 Constipation, Allergic Rhinitis, Chromosome 22 abnormality

Medication Administration/Treatment Orders ☒ No ☐ Yes – Describe Equipment/Supports: staff will administer medication

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

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

wheelchair, can bear weight w/ assistance

☐ 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: visual impairment

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

N/A

Important To:	Important For:
Yoga, music therapy, meal times	continuing to bear weight independence
Likes:	**Dislikes:**
massages, recliners, music, community outings	Yogurt, feeling left out

Describe Communication Style: moving head, reaching

Staff: Anna Pratt

Date: 10/22/21

PAI

Service Recipient: Matt M.

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 2x week greet a peer w/ MAC switch

Outcome #2 indicate which lunch item he would like first

Technology Use: ipad, comaker for making choices, music, videos, & games

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

Does the person require support in this area?

Allergies ☒ No ☐ Yes – List: seasonal allergies

Epi Pen/Treatment ☐ No ☐ Yes Location:

Seizures ☒ No ☐ Yes – Describe: partially controlled generalized tonic-clonic

Seizure PRN ☐ No ☒ Yes Location:

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

Chronic Medical Conditions ☒ No ☐ Yes – List: Cerebral palsy, right sided hemiparesis, s/p intracerebral hemorrhage infantile, chronic constipation, tonsillectomy

Medication Administration/Treatment Orders ☒ No ☐ Yes – Describe Equipment/Supports: staff will administer medication

Specific Health & Medical Needs ☐ No ☐ Yes – List: N/A

Mobility Supports Fall Risk ☒ No ☐ Yes – Describe primary mobility & supports: support when walking, wheelchair for transportation

☐ 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: legally blind in right eye, overstimulating

Self-Management of Behaviors ☒ No ☐ Yes – Describe supports: move away from peers, give time & space to calm down

Important To: participate in activities that interest him, music therapy

Important For: independence, knowledgeable staff

Likes: meal times, playing the drums, socializing

Dislikes: feeling left out, not being able to participate

Describe Communication Style: vocalizations, body language

Staff: Anna Pratt

Date: 10/22/21

PAI

Service Recipient: Sandy N.

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 2x week read for 20 min

Outcome #2 1x week choose a craft for her & her peers to create

Technology Use: iPad, computer for makaton charades, music, videos, & games

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

Does the person require support in this area?

Allergies ☒ No ☐ Yes – List: plastics

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: mechanical soft, honey thickened liquids

Chronic Medical Conditions ☒ No ☐ Yes – List: chronic nose bleeds, kyphosis, osteoporosis, GERD

Medication Administration/Treatment Orders ☒ No ☐ Yes – Describe Equipment/Supports: staff with administer medication

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

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

assistance w/ uneaven terrain & icy patches

☐ 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: eye strabismus

Self-Management of Behaviors ☒ No ☐ Yes – Describe supports: redirect to preferred activity &/or give space

Important To: socialize w/ peers, community outings

Important For: independence, socialization

Likes: music, socializing, Elvis, yogurt, fries, chili, apple sauce

Dislikes: being left out, no independence

Describe Communication Style: communication book, some words

Staff: Anna Pratt

Date: 10/22/21

PAI

Service Recipient: Tasha P.

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
Choose a group to participate in	1x week choose a joke to be read aloud in morning meeting

Technology Use: iPad, TV for making choices, music, videos, & games

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: controlled	Seizure PRN ☐ No ☐ Yes Location:

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

Chronic Medical Conditions ☒ No ☐ Yes – List: cerebral palsy, spastic quadraparesis, scoliosis, spinal fusion, Hydrocephalus, Acid reflux, dislocated hips

Medication Administration/Treatment Orders ☒ No ☐ Yes – Describe Equipment/Supports: staff will administer medicat

Specific Health & Medical Needs ☐ No ☐ Yes – List: N/A

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: NO vision in right eye, limited vision in right eye

Self-Management of Behaviors ☒ No ☐ Yes – Describe supports: work to resolve problem

Important To: family, being involved	Important For: diet order, seizure protocol spending time w/ family
Likes: jokes, being around upbeat people	Dislikes: feeling left out

Describe Communication Style: facial expressions & gestures Yes & NO