Service Training Log – Linden

Date: 11/11/2021

All Staff

NOTE: INFORMATION IN GRAY SHADED AREAS MUST BE TYPED IN

Training Time	Trainer Name	Training ID	Area	Content/Description
1.25	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.
				MB, DL, TM, SS, TP, KK AM, HH

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

Make up Date	Initial	EE ID	Last Name
			Cox, Alice
			Stacken, Laura
	MB		Bradshaw, Morgan
			Her, Bao
			Ailport, Betsy
			Bauch, Kia
			Pratt, Anna

Make Up Date	Initial	EE ID	Managers /Admin

Make up Date	Initial	EE ID	Other Attendees

Staff: Morgan B.

Date: 12/7/2021

PAI

Where People with Disabilities Connect with the Community and the World

Service Recipient: Angelina M.

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
Scented lotion for massage	greet someone in community

Technology Use: iPad/computer

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

Does the person require support in this area?

Allergies ☒ No ☐ Yes – List: none

Epi Pen/Treatment ☐ No ☐ Yes
Location:

Seizures ☐ No ☒ Yes – Describe: Neonatal

Seizure PRN ☐ No ☐ Yes
Location:

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

Chronic Medical Conditions ☐ No ☒ Yes – List:
G-tube, osteopenia, cerebral palsy, extreme hypertonia, Oglivie Syndrome, MRSA, colostomy bowel obstructions

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

Specific Health & Medical Needs ☐ No ☒ Yes – List:
DNR/DNI, ostomy bag, baclofen pump

Mobility Supports Fall Risk ☐ No ☒ Yes – Describe primary mobility & supports
Cerebral palsy, extreme hypertonia

☐ 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:
helping w/ projects	looking nice
Likes: visiting rooms, Steve joking 1 on 1 w/ staff	**Dislikes:**

Describe Communication Style: facial expressions

Staff: Morgan B.

Date: 12/7/2021

PAI

Where People with Disabilities Connect with the Community and the World

Service Recipient: Henry 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: Cant 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: Cant report	☒ 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 activity 3x week.	Choose sensory item

Technology Use: iPad/computer

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

Does the person require support in this area?

Allergies ☐ No ☒ Yes – List: lactose intolerance

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 : asthma, cerebral palsy esophageal dysmotility, scoliosis, restrictive airway disease

Chronic Medical Conditions ☐ No ☐ Yes – List: NPO

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

Specific Health & Medical Needs ☐ No ☒ Yes – List: Personal cares, chronic skin breakdown

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

☐ 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: none

Self-Management of Behaviors ☒ No ☐ Yes – Describe supports: none

Important To:	Important For:
family friends, being healthy	giving him choices
Likes: going on walks, dancing, nails painted	Dislikes:

Describe Communication Style: vocalizations

Staff: Morgan B. Service Recipient: Kyle K.

Date: 11/23/21

PAI

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	☒ Inability to identify dangerous situations	☒ Dresses inappropriately	☒ Inability to handle financial matters
☒ Likely to seek/cooperate in an abusive situation	☒ Lack of community orientation skills	☐ Refuses to eat	☐ Other:
☒ Inability to be assertive	☐ Inappropriate interactions with others	☒ Inability to care for self-help needs	
☒ Other: unable to report	☒ Inability to deal with aggressive persons	☐ Lack of self-preservation/ safety skills	
	☐ Verbally/physically abusive to others	☐ Engages in self-injurious behaviors	
	☐ "Victim" history exists	☒ Neglects/refuses to take medications	
	☒ Other: unable to report	☐ Other:	

Outcome #1	Outcome #2
dispense lotion for hand massage	choose short story / Packer fact

Technology Use: iPad / computer

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

Does the person require support in this area?

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

Epi Pen/Treatment ☐ No ☐ Yes Location:

Seizures ☐ No ☒ Yes – Describe: tonic, clonic,

Seizure PRN ☐ No ☒ Yes Location:

Choking/Specialized Dietary Needs ☐ No ☒ Yes – Describe Equipment/Supports: NPO, g tube, choking

Chronic Medical Conditions ☐ No ☒ Yes – List: TBI, quadriplegia, intellectual disability, acid reflux, intermittent asthma, spinal fusion, sleep apnea

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

Specific Health & Medical Needs ☐ No ☒ Yes – List: hold breath if distressed or sick, personal cares

Mobility Supports Fall Risk ☐ No ☒ Yes – Describe primary mobility & supports: wheelchair / track system, seizure disorder

☒ 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:
music therapy going to cabin	ask yes/no's
Likes: being read to / listen to tapes, Green Bay	**Dislikes:** sharp / loud noises

Describe Communication Style: eye blinks wiggle if not content

Staff: Morgan B. Service Recipient: Tasha P.

Date: 11/16/21

PAI

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: unable to report	☒ 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 game to play	Choose lunch item to eat first

Technology Use: iPad, computer

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 : Seizure free since 2015

Seizure PRN ☒ No ☐ Yes Location:

Choking/Specialized Dietary Needs ☐ No ☒ Yes – Describe Equipment/Supports : nickel size pieces, acid reflux, staff assistance

Chronic Medical Conditions ☐ No ☒ Yes – List: Cerebral palsy, hydrocephalus, profound intellectual disability, spastic quadriplegia, scoliosis, spinal fusion

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

Specific Health & Medical Needs ☐ No ☒ Yes – List: dislocated hips, hygine supports, personal cares

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

☒ 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: vision impairment

Self-Management of Behaviors ☒ No ☐ Yes – Describe supports: hit chair or table w/ closed fist

Important To:	Important For:
Chicken nuggets, fries, peanut butter M&M's	bite size pieces
Likes: family, friends, being social	Dislikes: not making own choices

Describe Communication Style: facial expressions, verbal, hit closed fist if upset

Staff: Morgan B.

Service Recipient: Sam S.

Date: 11/23/21

PAT

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: unable to report	☒ 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: NA	☒ Inability to handle financial matters ☐ Other:

Outcome #1	Outcome #2
assist w/ water flush	bring dishes to dishwasher

Technology Use: iPad | computer

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

Does the person require support in this area?

Allergies ☒ No ☐ Yes – List: NKA NO NSAIDS due to bleeding

Epi Pen/Treatment ☐ No ☐ Yes Location:

Seizures ☒ No ☐ Yes – Describe: NA

Seizure PRN ☐ No ☐ Yes Location:

Choking/Specialized Dietary Needs ☐ No ☒ Yes – Describe Equipment/Supports: texture specific diet, fluids administered via G-tube

Chronic Medical Conditions ☐ No ☒ Yes – List: Jacobsen syndrome, Thrombocytopenia severe intellectual/developmental disability, Paris-trousseau syndrome, scoliosis, harrington rod

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

Specific Health & Medical Needs ☐ No ☐ Yes – List: Personal care supports

Mobility Supports Fall Risk ☐ No ☒ Yes – Describe primary mobility & supports: vision impairment/chronic medical conditions

☐ 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: vision impairment, hearing loss, oral defensiveness

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

Important To:	Important For:
watching Barney, being outside	telling him whats next, electric wheelchair
Likes: being active, his books, family friends	**Dislikes:** friends having bad day

Describe Communication Style: verbal,

Staff: Morgan B.

Date: 11/23/21

PAI

Where People with Disabilities Connect with the Community and the World

Service Recipient: Tomas M.

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: unable to report	☒ 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 sensory activity	choose game with peers

Technology Use: iPad/computer

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 :

Seizure PRN ☐ No ☒ Yes Location:

Choking/Specialized Dietary Needs ☐ No ☒ Yes – Describe Equipment/Supports : NPO, G-tube

Chronic Medical Conditions ☐ No ☒ Yes – List: cerebral palsy, ~~hyperthermia~~, intellectual disability, scoliosis, harrington rod, poly myalgia, hip dislocation

Medication Administration/Treatment Orders ☐ No ☒ Yes – Describe Equipment/Supports : rod in back, DO NOT twist during cares, transfers

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

Mobility Supports Fall Risk ☐ No ☒ Yes – Describe primary mobility & supports: seizures, blindness

☒ 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: blind

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

Important To:	Important For:
being comfortable, be outside (when warm)	having blanket to keep warm
Likes: making choices, being involved	**Dislikes:** being by fans

Describe Communication Style: nonverbal, facial expressions

Staff: Morgan B.

Date: 10/21/21

PAT

Where People with Disabilities Connect with the Community and the World

Service Recipient: Donald L.

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: Can't 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: Can't report	☒ 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
musical instrument	engage w/ staff 1 min or longer 2x week

Technology Use: iPad, computer

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

Does the person require support in this area?

Allergies ☐ No ☒ Yes – List: Codeine, dilantin, bactrim, erythromycin, augmentin

Epi Pen/Treatment ☐ No ☐ Yes Location:

Seizures ☐ No ☒ Yes – Describe: tonic clonic, myoclonic

Seizure PRN ☐ No ☐ Yes Location:

Choking/Specialized Dietary Needs ☐ No ☒ Yes – Describe Equipment/Supports: G-tube, pleasure tasting

Chronic Medical Conditions ☐ No ☒ Yes – List: Cerebral palsy, scoliosis, chronic ear infections, GERD

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

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

Mobility Supports Fall Risk ☐ No ☒ Yes – Describe primary mobility & supports: Can't bear weight. Primary means of movement is wheelchair

☒ Support straps/belts needed fall out of chair if not secure

☐ 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: Vision impairment

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

Important To: being healthy, resting in recliner, music, going shopping	Important For: being on eye level when speaking to him, approach from front
Likes: family, friends, watching videos, manipulatives, musical devices	Dislikes: being startled

Describe Communication Style: nonverbal, facial expressions, body language

Staff: Morgan B.

Date: 11/11/21

PAI

Where People with Disabilities Connect with the Community and the World

Service Recipient: Matthew B.

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: can't 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: Unable to report	☒ 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: iPad/Computer			

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

Does the person require support in this area?

Allergies ☐ No ☒ Yes – List: Sulfonamides, absorbable, sulfa, augmentin, cedor

Epi Pen/Treatment ☐ No ☐ Yes Location:

Seizures ☐ No ☒ Yes – Describe: Epilepsy, controlled

Seizure PRN ☐ No ☐ Yes Location:

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

Chronic Medical Conditions ☐ No ☐ Yes – List: Severe intellectual disability, cerebellar hypoplasia, choreoathetoid cerebral palsy

Medication Administration/Treatment Orders ☒ No ☐ Yes – Describe Equipment/Supports: none

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

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

☒ 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: functionally blind

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

Important To:	Important For:
being included seeing midknight/zelda	Sit arms length away 1:1 w/ staff
Likes: going on walks/strolls bus rides music, singing, dancing	**Dislikes:** Waiting for bus

Describe Communication Style: Verbal, facial expressions, body language