

Scanned
3/1/22
PAI

In-Service Training Log - Oakdale

Date:

2.22.2022

Type of Meeting:

All-Staff

NOTE: INFORMATION IN GRAY SHADED AREAS MUST BE TYPED IN

Training Time	Trainer Name	Training ID	Area	Content/Description
.50	Emily Eisenpeter			Competency Review, Chanel Anderson
.25	Maddy Kessler			CSSP for Jason Hansen
.25	Maddy Kessler			Semi Annual Revisions for Tracy Thomas

Make up Date	Initial	EE ID	Last Name
	MBP		Basurto-Poferl, Mari
	SB		Berglund, Sara
	AD		Diaz, Amanda
2/22/22	PD		Dyer, Paris
2-22-22	AEM		Fierro-Montes, Alfredo
2/2	TG		Gould, Trey
2-22-22	LA		Hartman, Lisa
	J		Larson, Nancy

Make up Date	Initial	EE ID	Last Name
	IZ		Lorsung, Tristen
2/22/22	SN		Nierad, Shelly
	JP		Pratt, Jalysa
2/22/22	DST		St. Martin, Deb
2/22/22	MS		Sweeney, Maurita

Make Up Date	Initial	EE ID	Managers/Admin
	HL		Hiland, Lindsay
	EE		Eisenpeter, Emily

Make up Date	Initial	EE ID	Other Attendees
2/24/22	KP		Kathy Perry







In-Service Training Log - Linden

Date: 2.22.2022

NOTE: INFORMATION IN GRAY SHADED AREAS MUST BE TYPED IN

Training Time	Trainer Name	Training ID	Area	Content/Description
.50	Emily Elsenpeter			Competency Review, Chanel Anderson
.25	Maddy Kessler			CSSP for Jason Hansen
.25	Maddy Kessler			Semi Annual Revisions for Tracy Thomas

Make up Date	Initial	EE ID	Last Name
	BA		Ailport, Betsy
	CAJ		Anderson-Jones, Celeste
	KB		Bauch, Kia
		MB	Bradshaw, Morgan
		AZ	Cox, Alice
2/23/22	MB		Gagner, Megan
		KAH	Hampton, Tony
	BAA		Her, Bao
	MH		Hetchler, Maria
	MA		Johnson, Natalie

Make up Date	Initial	EE ID	Last Name
	JK		Kalu, Festus
3-1	NK		Larson, Nancy
	DL	D ³	Lepley, Deanne
	SM		Mafi, Sommer
	KM		Mason, Kanya
	DM		Mendez, Danielle
	CR		Rice, Colette
	ES		Sandstrom, Erin
	LS		Stacken, Laura
	JT		Trimble, Jenny

Make Up Date	Initial	EE ID	Admin Staff
	on oakdale		Hiland, Lindsay
	MR		Kessler, Madeline

Make up Date	Initial	EE ID	Admin Staff
	AS		Shirley, Ashleigh

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Competency Tracking Form Linden Site

Participant: Chanel Anderson Annual Service Span: February 2022-February 2023

Annual Meeting Date: 2.14.2022 Date Assigned to Lead: N/A Quiz Due: _____

Documents Reviewed: CSSPA, IAPP, SMA, One-Page Profile, Outcomes

*Your initials below indicate you have reviewed and understand all assigned documents and have completed a competency quiz on the individual. This document is to be done in conjunction with on-site instruction on how to implement the reviewed plans and your demonstration of the understanding of the person as a unique individual.

Date Completed	Initials	Full Name
	BA	Albert , Betsy
2/22/22	KB	Bauch, Kia
	MB	Bradshaw, Morgan
		Christenson, Suzie
2/22	AC	Cox, Alice
2/23/22	MB	Gagner, Megan
		Harris, Oola
2/22/22	BA	Her, Bao
2/22/22	WH	Hetchler, Maria
		Hiland, Lindsay
2-22-22	ND	Johnson, Natalie
2/22/22	FK	Kalu, Festus
3-1-22	MX	Kessler, Madeline
2-22-22	NJ	Larson, Nancy

Date Completed	Initials	Full Name
2/22/22	DL	Lepley, Deanne
2-22-22	SM	Mafi, Sommer
2-22-22	KM	Mason, Kanya
2-22-22	MM	Mendes, Danielle
2-22-22	CR	Rice, Colette
2-22-22	ES	Sandstrom, Erin
2-22-22	AS	Shirley, Ashleigh
	LS	Stacken, Laura
	JT	Trimble, Jennifer
2-22-22	CA	Celeste Anderson Jones
	AH	Hampton, Tony

Date Uploaded to LMS: _____

Staff: Betsy
 Date: 2/22/2022



Service Recipient: Chanel Anderson
 Service Span: 2/22 - 2/23

Outcomes:

Outcome #1: Choose another room to visit
 Summarize Steps: present 2-3 pictures of rooms present by 1 while sharing name time to process, make choice using communication skills
staff assist in visiting

Outcome #2: Participate in music therapy
 Summarize Steps: 2 instruments, play to hear, make choice
staff assist hand over hand

Communication Style:
Vocalization, eye gazing, Ipad/picture/object

Learning Style:
modeling, routine, repetition, 1 step verbal instructions

Is this person able to self-manage according to the IAPP, SMA & CSSPA - check yes or no below

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Bananas, apple, orange, strawberries, wheat</u> <u>No food other than from home</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>1:1 on average seizure 2 times 5 mins each 1/1</u> <u>stiffening of arms, stares</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Difficulty swallowing pureed 1/1</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Pureed diet, baby food yogurt food only sent from home</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Low urine output, intake</u> <u>+ void reported to home</u> <u>microcephaly reported to guardian</u> DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>No meds PRN Acetaminophen for pain</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Brief, full support and and small sling</u> <u>If needs 2 staff + posey belt to mat</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>monitored while in stander safety straps, transfer belt</u> <u>while in machines, seat belts in wheel chair</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>1/1 support in community</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>hand monitoring ask & assist in removing hands from mouth</u> <u>sensory activities</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Grabbing, pinching, spitting verbally redirect</u> <u>loud vocalizations staff assist when needed</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>No alone time</u>
Important to:	<u>Music therapy, repositioning 1:1 time</u>
Important for:	<u>Stander, eating & drinking communicating appropriately</u>
Likes:	<u>people, visiting community, music, hair brushed</u>
Dislikes:	<u>Sometimes eating & drinking can be frustrating, tired, 1:1 bored, not enough happening around her</u>



Staff: Kia L. Bauch

Date: 2/22/22



Service Recipient: Chanel Anderson

Service Span: Feb. 22' → 23'

Outcomes:

Outcome #1: choose another program room to visit

Summarize Steps:
 - show pictures
 - time to process
 - staff assist in visiting

Outcome #2: Participate during music therapy

Summarize Steps:
 - present 2 instruments
 - make choice

Communication Style:
 vocalization, eye gazing, iPad

Learning Style:
 modeling, routine, repetition

Is this person able to self-manage according to the IAPP, SMA & CSSPA – check yes or no below

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>fruits, wheat</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>1/year average, stiffening of body</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>difficulty swallowing, pureed diet</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>pureed diet, boost in sports bottle</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>low urine output, Microcephaly</u>
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>No scheduled medications, PRN for pain</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>briefs, mat table, Arjo + sling, female staff only</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>monitored while in stander, seatbelt in wheelchair</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>1:1 support,</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Hand mouthing, provide sensory activities</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>grabbing, pinching, spitting, redirect</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>No alone time</u>

DNR/DNI: No Yes

Important to:
music therapy, repositioning, 1:1 time

Important for:
stander, eating/drinking

Likes:
being w/ people, music, hair brushed

Dislikes:
eating + drinking, being tired, not feeling well

Staff: Morgan B.

Date: 2/22/2022



Service Recipient: Chanel A.

Service Span: Feb 2022 - Feb 2023

Outcomes:

Outcome #1: <u>Choose program room to visit</u>
Summarize Steps: <u>2-3 pictures of rooms</u> <u>1:1 while share room name, time to process, make choice & visit</u>
Outcome #2: <u>2 instruments (participate music therapy)</u>
Summarize Steps: <u>2 instruments in range</u> <u>verbally told 1:1 staff will play for her to hear, make choice, HAH</u>
Communication Style: <u>vocalization, eye gazing, iPad/picture/object, choice making, push away things not want</u>
Learning Style: <u>modeling, routine, repetition, 1 step verbal instruction</u>

Is this person able to self-manage according to the IAPP, SMA & CSSPA – check yes or no below

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>bananas, apple juice, strawberries, tomato products</u> <u>NO outside food</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>1 year average loud vocalization at onset of seizures, body stiffens</u> <u>stare, longer than 5 min call 911</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>difficulty swallowing, pureed diet 1:1</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>pureed diet, boost, yogurt, baby food</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>low urine output microcephaly: concerns</u> <u>fluid intake reported to guardian sent to guardian</u> DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>no med, PRN acetaminophen for pain</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>briefs, full support, arjo, small sling, 2 staff, belt if needed</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>monitored while in stander w/straps, transfer belt, seat belts</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>1:1 in community</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>hand mouthing, sensory activities</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Grabbing/pinching/spitting: redirect to preferred activities</u> <u>loud vocalizations</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>no alone time</u>
Important to:	<u>music therapy, repositioning 1:1</u>
Important for:	<u>Stander, eating/drinking, communicating appropriately</u>
Likes:	<u>being w/ people, music, head massage</u>
Dislikes:	<u>being tired, not feel well, feel bored, not enough going on</u>

Lead Review Completed: AM



Staff: Alice L. Cox



Service Recipient: Chanel A

Date: 2/22/22

Service Span: 2/22 - 2/23

Outcomes:

Outcome #1: Choose another Room to visit

Summarize Steps: 1) 2-3 pics of Rooms - 1 by 1 w names
2) Have her choose w her communication - 3) Go to Room

Outcome #2: Participate in music therapy

Summarize Steps: 1) Choose between 2 instruments
2) Stop w play - 3) Sho chooses 4) Skape hbt to play

Communication Style: Vocalizations, IPAD, Eye Gazing Push Away

Learning Style: Modeling, Routine 1 step verbal instructions

Is this person able to self-manage according to the IAPP, SMA & CSSPA - check yes or no below

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Bananas, Eggs, MSG, Tomato, Apples, Strawberries
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: over 5 mins, 911 About 1 yr ago. Stiffen, Vocal / Only eat food from home
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Difficulty swallowing, Boost, Pured
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Assistance w Pured, special cup
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: how using output offer drinks from home fluid intake reported to home
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Nothing Scheduled PRN for seizures
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Briefs, Full Support, ARSO, Transfer Belt
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Monitored in stander, Seabel in chair
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: 1-1 at all times
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Hand mouthing, Sensory activities to remove hand
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Grabbing, Pinching, Spitting, Prolonged vocal activities
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Ø

Important to: Music Therapy, Repositioning 1-1 time

Important for: Stander + eating + drinking Communicate approp.

Likes: Being w people, Community, Music, hair brushed

Dislikes: Not feeling well, eating + drinking Being bound

Staff: Megan Gagner
 Date: 2/23/2022



Service Recipient: Chanel Anderson
 Service Span: Feb 22 - Feb 23

Outcomes:

Outcome #1: <u>choose another programming room to visit</u> Summarize Steps: <u>present 2-3 pictures of rooms</u> <u>allow time to process</u> <u>staff assist with visit</u>
Outcome #2: <u>participate in music therapy</u> Summarize Steps: <u>present 2 instruments w/ visual range and arms reach</u> <u>verbally told by one one by one and staff will play for her to hear</u> <u>make choice</u>
Communication Style: <u>vocalizations, eye gazing, choice making, pushing away items she does not want</u>
Learning Style: <u>modeling, routine, repetition, 1 step verbal instructions</u>

Is this person able to self-manage according to the IAPP, SMA & CSSPA – check yes or no below

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Bananas, apple juice, strawberries, food containing eggs, MSG, wheat products, tomato products</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>1 a year on average, loud vocalization on onset of seizure, may experience stiffening of body, seizure greater than 5 mins/respiratory distress - 911.</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Difficulty swallowing, pureed diet, 1:1</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>pureed diet, prevelled baby food, pudding and yogurt from home</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Low urine output - offer drinks</u> <u>Microcephaly - concerns reported to guardian</u> DNR/DNI: <input type="checkbox"/> No <input type="checkbox"/> Yes
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>No scheduled medication, PRN acetaminophen for pain</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Briefs, full support, arjo and small sling, 2 staff and posey belt to a mat</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Monitored while in stander with safety straps</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Staff provide 1:1 support in community and observe surroundings</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Hand massaging - ask and assist in removing hands from mouth, provide sensory activities, concerns reported to guardian</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>grabbing / Arching / spitting - staff verbally and physically redirect to safe location</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>No alone time</u>
Important to: <u>preferred activities like music therapy, repositioning, 1:1 time with preferred people</u>	
Important for: <u>stander, eating and drinking, communicating appropriately</u>	
Likes: <u>being with people, visiting the community, music, having her hair brushed and head massaged</u>	
Dislikes: <u>sometimes eating and drinking can be frustrating, being tired or not feeling well, feeling bored</u>	

CM



Staff: Bao Hu
 Date: 2/22/22



Service Recipient: C. A.
 Service Span: 2/22/22 - 2/22/23

Outcomes:

Outcome #1:	<u>CHOOSE ANOTHER PROGRAM TO VISIT</u>
Summarize Steps:	<u>presented 2-3 pictures of room. share 1 by 1 of program room, allowing time to process</u>
Outcome #2:	<u>Participate in music therapy</u>
Summarize Steps:	<u>present 2 instruments with range and arms reach. 1 by 1 & staff will play for her to hear</u>
Communication Style:	<u>vocalizations, eye gazing, iPad; object choice</u>
Learning Style:	<u>1 step verbal instructions, modeling, repetition</u>

Is this person able to self-manage according to the IAPP, SMA & CSSPA - check yes or no below

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>apple juice, food products containing eggs MSG, wheat, no food outside from home.</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>1 year on average, loud vocalizations at onset. Seizure stiffing, stare greater than 5 min call 911</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Difficulty swallowing pureed. 1:1</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Pureed diet, baby food, pudding, boost in sports bottles</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>low urine output, offer DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</u>
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Micropipette N/A PAIN for acetaminophen for pain</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>briefs, full support, arjo/small sling 2 staff and patient self</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>monitored while on stander w/ safety strap transfer belt while in wheelchair. Seel belts at chair</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Staff 1:1</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>hand washing, ask and assist sensory activities full garden via communication boards</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>aspirating, pinching pinching, spraying, provide preferred activities and vocalizations, space as needed</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>no alone time</u>
Important to:	<u>Presented activities like music therapy; 1:1 time</u>
Important for:	<u>stander; communication, eating/Drinking</u>
Likes:	<u>not commented, brushed hair, head massage, being w/ people</u>
Dislikes:	<u>Sometimes delay/during finger board, not wants happening around her</u>



Staff: Marica Hetchler

Date: 2/22/2022



Service Recipient: Chanel Anderson

Service Span: 2/22/22 - 2/22/23

Outcomes:

Outcome #1: Choose Another Programming Room to Visit
Summarize Steps: Presented 2-3 pics of rooms staff assist, present 1:1 with room name

Outcome #2: Participate in Music Therapy
Summarize Steps: Presented with 2 instruments, in usual range/arms reach verbally 1:1, make net choice, staff assist.

Communication Style:
Vocalizations, Eye Gazing, Push away items Don't want

Learning Style:
Modeling, Routine, Repetition, Directions

Is this person able to self-manage according to the IAPP, SMA & CSSPA - check yes or no below

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Bananas, Apple Juice, Eggs, MSG, Tomato - No extra food</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>1 year per Average, stiffening Body - Stare - ^{call 911 if more} than 5 mins</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Difficulty Swallowing, Pureed Diet, 1:1</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Pureed diet, Boost Sert In, Baby Food, sports Bottle</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>low urine output, fluid intake and voids reported, microcephaly</u> DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>No scheduled medication, PRN</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Briefs, Full support, Arjo, Small sling, 2 staff move to mat</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>monitored while in stander w/ staff, transfer belt in Recliner</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Staff provides 1:1 support</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Provide Sensory activities</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Grabbing, Loud vocalizations, Pinching, Hitting</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>No Alone time</u>
Important to:	<u>Music therapy, Repositioning, 1:1 w/ preferred people</u>
Important for:	<u>Music therapy, Eating/Drinking.</u>
Likes:	<u>community, Music, Having hair Brush</u>
Dislikes:	<u>eating/drinking - Frustrating, tired, Not feeling well, Bored</u>

Staff: Natalie Johnson
 Date: 2-22-22



Service Recipient: Chanel Anderson
 Service Span: Feb 22 - 2023

Outcomes:

Outcome #1: <u>Choose another program room to visit</u> Summarize Steps: <u>Present pictures of rooms</u>
Outcome #2: <u>participate in music therapy</u> Summarize Steps: <u>Show 2 instruments - hear & make choice</u>
Communication Style: <u>Vocalizations, eye gazing, iPad/Pictures, Pushing away items</u>
Learning Style: <u>modeling, routine, repetition, 1 Step verbal instructions</u>

Is this person able to self-manage according to the IAPP, SMA & CSSPA – check yes or no below

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>apple juice, strawberries, egg products, MSG, tomato products</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>1/yr on average. Staff follows protocol</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Difficulty swallowing? Pureed diet 1:1</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Pureed food, baby food, boost</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>low urine output, offer drinks, DNR/DNI <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</u>
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>microcephaly</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>No scheduled meds @ pai PRN: tylenol</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Briefs, full support, arjo - posy belt</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Monitored in stander - transfer belt in recliner</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Staff 1:1 support</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Hand Mouthing - assist removing hands from mouth</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Grabbing/punching/sitting. provide space</u>
Important to:	<u>N/A</u>
Important for:	<u>Music therapy, repositioning</u>
Likes:	<u>gender, eating/drinking, communicating</u>
Dislikes:	<u>being with people, visiting communities, music, having hair brushed</u>
	<u>eating/drinking can be frustrating, tired/not feeling well</u>



Staff: Kestus
 Date: 2/22/22



Service Recipient: Cheryl Anderson
 Service Span: 2/22-2/23

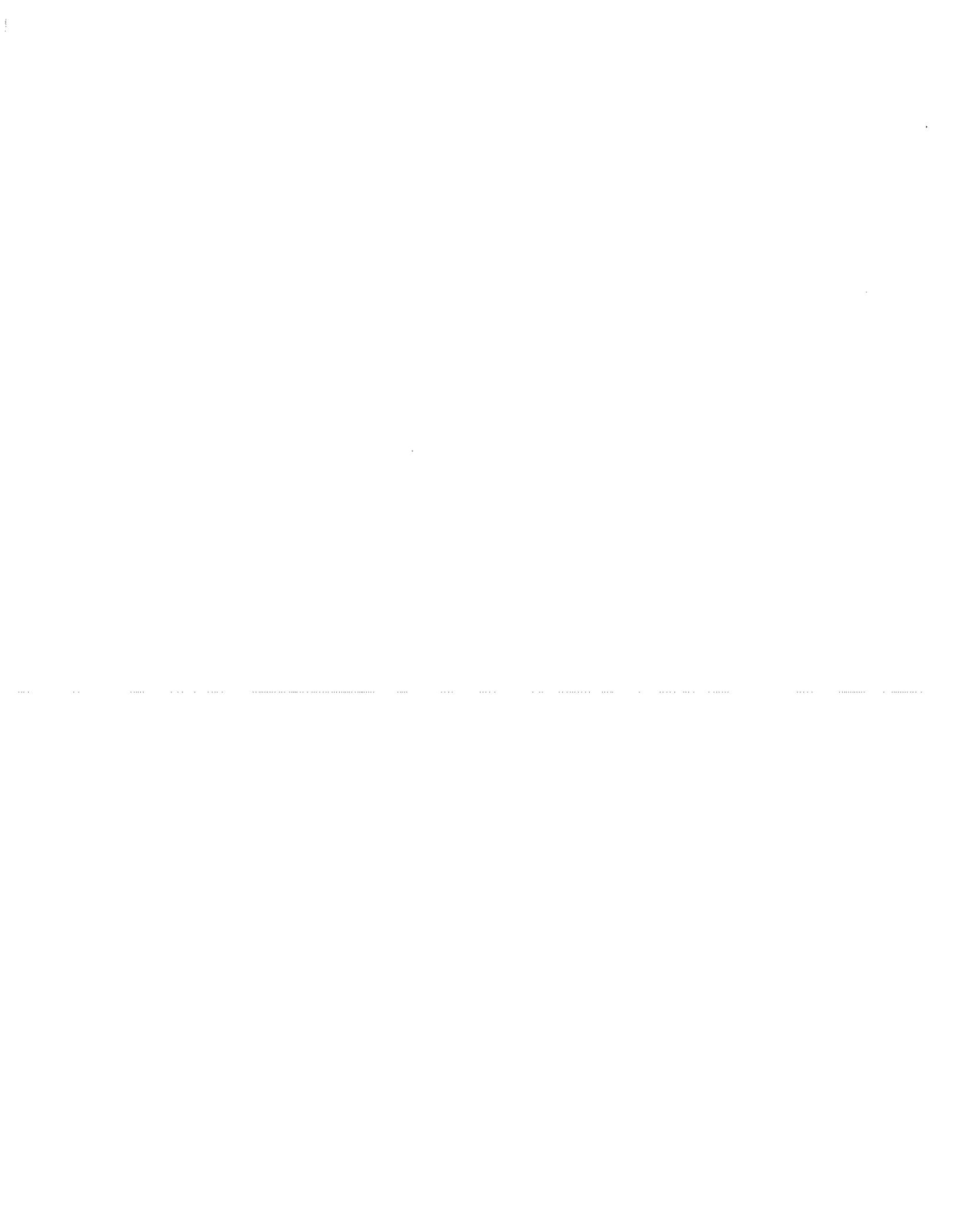
Outcomes:

Outcome #1:	<u>Choose another program room w/ visit</u>
Summarize Steps:	<u>Present with 2-3 program rooms. Staff present one by one while slow walk w/ SW by fire to process. More observation communication skills. Staff assist w/ visiting</u>
Outcome #2:	<u>Participate in music therapy</u>
Summarize Steps:	<u>Present with 2 in structure within vocal range w/ areas lead.</u>
Communication Style:	<u>Visualization, eye gaze, w/ hand/picture objects clear way, body any clues she doesn't read.</u>
Learning Style:	<u>modeling, routine, repetition, step verbal directions</u>

Is this person able to self-manage according to the IAPP, SMA & CSSPA – check yes or no below

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Berries, apple juice, food products w/ eggs</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>17yr on average, low likelihood of onset of seizure by someone staying 6-8hr - areas, space. Greater to SA call 911</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Difficulty swallowing, pureed diet 1/1</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Pureed diet, provided baby food, pudding yogurt for home</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>no concepts, low come out after stroke, third-in-four w/ output report "is formal break.</u>
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>no scheduled medication at PAI, ADW a concept for year</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Part of full support area w/ end stay, if needed 2 staff as poss left to chat, if needed</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Monitor while w/ standard and safety steps back left with w/ chair, seatbelt while w/ wheel chair</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>staff provide 1/1 w/ community w/ observe surroundings</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Hand work - ASA w/ assist in sensory w/ls for music, provide sensory activities concerning related to ground</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Quality/quantity of staff, staff verbal and physical feedback to safe behavior, provide preferred activities, low visualization, staff assess for unmet needs, preferred activities</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>no alone time</u>
Important to:	<u>Preferred activities like music therapy, repositioning, 1/1 help with preferred people.</u>
Important for:	<u>Structure, eating w/ drinking, community w/ proximity</u>
Likes:	<u>being with people, visiting the community, music, help for hand based activities</u>
Dislikes:	<u>Sourness, eating w/ group can be frustrating, being tired or get feedback well, and feeling loved or not enough happening around her</u>

Lead Review Completed: CM



Staff: Maddy Kessler

Date: 2/22/22



Service Recipient: Chanel A

Service Span: Feb 22 - Feb 23

Outcomes:

Outcome #1: Choose another program room to visit

Summarize Steps: -Present 2-3 pictures of rooms
- Staff Present 1 by 1 while sharing the name - Time to Process
- Make choice using communication skills - Staff assist in visiting

Outcome #2: Participate in music therapy

Summarize Steps: - Presented with 2 instruments within visual range + arms reach
- verbally told 1 by 1 and will play for her to hear - Make choice
- Staff assist in hand over hand

Communication Style: vocalizations, eye gazing, iPad/picture/object choice making, pushing away items she does not want

Learning Style: Modeling, routine, repetition, 1step verbal instructions

Is this person able to self-manage according to the IAPP, SMA & CSSPA – check yes or no below

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Bananas, apple juice, strawberries, food products containing eggs, M&S, wheat, tomato
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: 1/year on average, loud vocalizations at onset of seizure, may experience stiffening of body, stare, seizure greater than 5 min or respiratory distress will call all.
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Difficulty swallowing, Purced diet
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Purced diet, Provided baby food, Pudding, Yogurt, Boost, only provide food sent from home
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: low urine output; offer drinks, Fluid DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes intake and voids are reported to guardian via communication book, Microcephaly: Concerns will be reported to guardian
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: No scheduled medication, PRN for Acetaminophen for pain
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Briefs, full support, arjo + small sling, if needed 2 staff and Posey belt to a mat
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Monitored while in stander with safety straps, transfer belt while in recliner, seatbelts in wheelchair
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: staff provide 1:1 support in community and observe surroundings
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Hand mouthing - ask + assist in removing hands from mouth, Provide sensory activities, concerns reported to guardian
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Grabbing, Pinching, Spitting: Staff verbally and physically redirect to safe location, provide preferred activities.
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: No alone time
Important to: <u>Music therapy, repositioning, 1:1 time with preferred people</u>	
Important for: <u>stander, eating + drinking, communicating appropriately</u>	
Likes: <u>being with people, visiting the community, music, having her hair brushed and head massaged</u>	
Dislikes: <u>Sometimes eating + drinking can be frustrating, being tired or not feeling well, being bored or not enough happening around her.</u>	

The first part of the document discusses the importance of maintaining accurate records. It emphasizes that proper record-keeping is essential for ensuring the integrity and reliability of the data collected. This section also outlines the various methods used to collect and analyze the data, highlighting the challenges faced during the process.

In the second part, the authors present the results of their study. They provide a detailed analysis of the data, showing the trends and patterns observed. The findings indicate that there is a significant correlation between the variables studied, which supports the hypothesis proposed in the introduction.

The third part of the document discusses the implications of the study. It explores the potential applications of the findings in various fields and discusses the limitations of the study. The authors also provide recommendations for future research, suggesting areas that need further investigation to build on the current findings.

Finally, the authors conclude the document by summarizing the key points and reiterating the significance of the study. They express their gratitude to the funding agencies and the participants who made the study possible. The document ends with a list of references and a declaration of interest.

Staff: Nancy Harzom



Service Recipient: Chanel A

Date: 3-1-22

Service Span: Feb. 22 - Feb. 23

Outcomes:

Outcome #1: Choose another program room to visit
 Summarize Steps: present pictures make choose time to process visit room

Outcome #2: participate in music therapy
 Summarize Steps: present 2 instruments staff assist her w/ HOTT make choice

Communication Style: Vocally, eye gazing

Learning Style: modeling, routine, repetition

Is this person able to self-manage according to the IAPP, SMA & CSSPA – check yes or no below

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Bananas, apple juice, strawberries etc</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>1 year on average loud vocalizations stiffening of body, follow seizure protocol</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>difficulty swallowing, pureed diet w/</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>pureed diet, baby food, Boost</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>low urine output, fluid intake, microcephaly</u> DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Prn for acetaminophen - no scheduled meds</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Briefs, Arjo + small sling</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>monitored while in stander w/ straps transfer belt while in chair</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Staffed 1:1 support in community</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>hand monitoring. remove her hands provide sensory activities</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>grabbing, pinching, spitting</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>no alone time</u>

Important to: preferred activities like music therapy, repositioning 1:1 time

Important for: stander, eating + drinking, communication

Likes: people, visiting community, music, hair brushed

Dislikes: eating + drinking while being frustrated, being tired, not feeling well

Lead Review Completed: GM

Staff: Deanne Lepley
 Date: 2/22/22



Service Recipient: Chanel Andersen
 Service Span: Feb 2022 - 2023

Outcomes:

Outcome #1: Choose another program to visit
 Summarize Steps: presented pictures of 2-3 films showing name of room allowing Chanel time to process + use communication skills + staff assist visit

Outcome #2: participating in music therapy
 Summarize Steps: 2 instruments w/ visual + arms reach seen will play for her to hear + choose.

Communication Style: vocalizations eye seeing, ~~push~~ push picture, push away items she doesn't want

Learning Style: repetition, 1 step verbal instruction

Is this person able to self-manage according to the IAPP, SMA & CSSPA - check yes or no below

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>bananas, apple juice, strawberries, food contains eggs tomato products. only eats food sent from home unless approved by guardian.</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>1 per yr on average. stiffening body, starts if more than 5 mins will call 911.</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>difficulty swallowing, pureed diet</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>pureed diet, baby bars, pudding + yogurt from home</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>low urine output, drinks from home</u> DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <u>microcephaly</u>
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>no scheduled medication, PEN for A Seclamidapin</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>briefs, full support, Ario + small slits, if need 2 staff</u>
Mobility/Fall Risk: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>monitored w/ in standby w/ safety straps, seat belt while in chair</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>staff provide 1:1</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>hand matching asking to take hands out of mouth + given sensory item</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>grabbing, pinching, hitting loud vocalizations, staff site preferred activities + space as needed</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>no unsupervised time</u>
Important to:	<u>preferred activities like music therapy, repositioning + 1:1 time w/ preferred people</u>
Important for:	<u>standby, eating + drinking, communicating appropriately</u>
Likes:	<u>being w/ people, visiting the community, music, hair hair brush + head massage</u>
Dislikes:	<u>sometimes eating + drinking can be frustrating, being tired or not feeling well, feeling bored or not enough happening</u>

Lead Review Completed: AM



Staff: Samantha
 Date: 2-22-22



Service Recipient: Chanel Anderson
 Service Span: 2/22-2/23

Outcomes:

Outcome #1: Choose another room
 Summarize Steps: 1) presented w/ photos 2 by 2 while say name
 2) give timer choose w/ common skills

Outcome #2: participate
 Summarize Steps: 1) present 2 instruments
 2) verbally explain, play instrument, instrument

Communication Style: Vocalization, eye gazing, push

Learning Style: modeling, routine, rep

Is this person able to self-manage according to the IAPP, SMA & CSSPA – check yes or no below

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Apple juice, mgg, bananas, no food outside from what is sent</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>2 per year 15 min start call 911</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>pureed diets</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>pureed diet, boost, only food sent from DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>low urine output</u>
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>PRN: Acetaminophen</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Brils, Argo/Small stony ← female staff only</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>transfer belt in recliner best belt in wheel chair</u>
Community Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Staff provide 1 v 1 support</u>
Sensory Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>hands in mouth, give sensory object to replace</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>grabbing, pinching, spit out, start move to safe spot</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Important to:	<u>music therapy, repositioning,</u>
Important for:	<u>sitting in stroller, eating/drinking</u>
Likes:	<u>being w/ people, hair brushed, head massage</u>
Dislikes:	<u>eating/drinking, being touched, being heard</u>

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Lead Review Completed: AM



Staff: Kanya
 Date: 2-22-22



Service Recipient: Chanel
 Service Span: 2/22 2/23

Outcomes:

Outcome #1: Choose another programming room to visit
 Summarize Steps: Show 2-3 pictures of rooms makes choice
Give time to respond
Say Program Room Names

Outcome #2: participate in music therapy
 Summarize Steps: Show 2 instruments within arms reach
Play instruments one by one

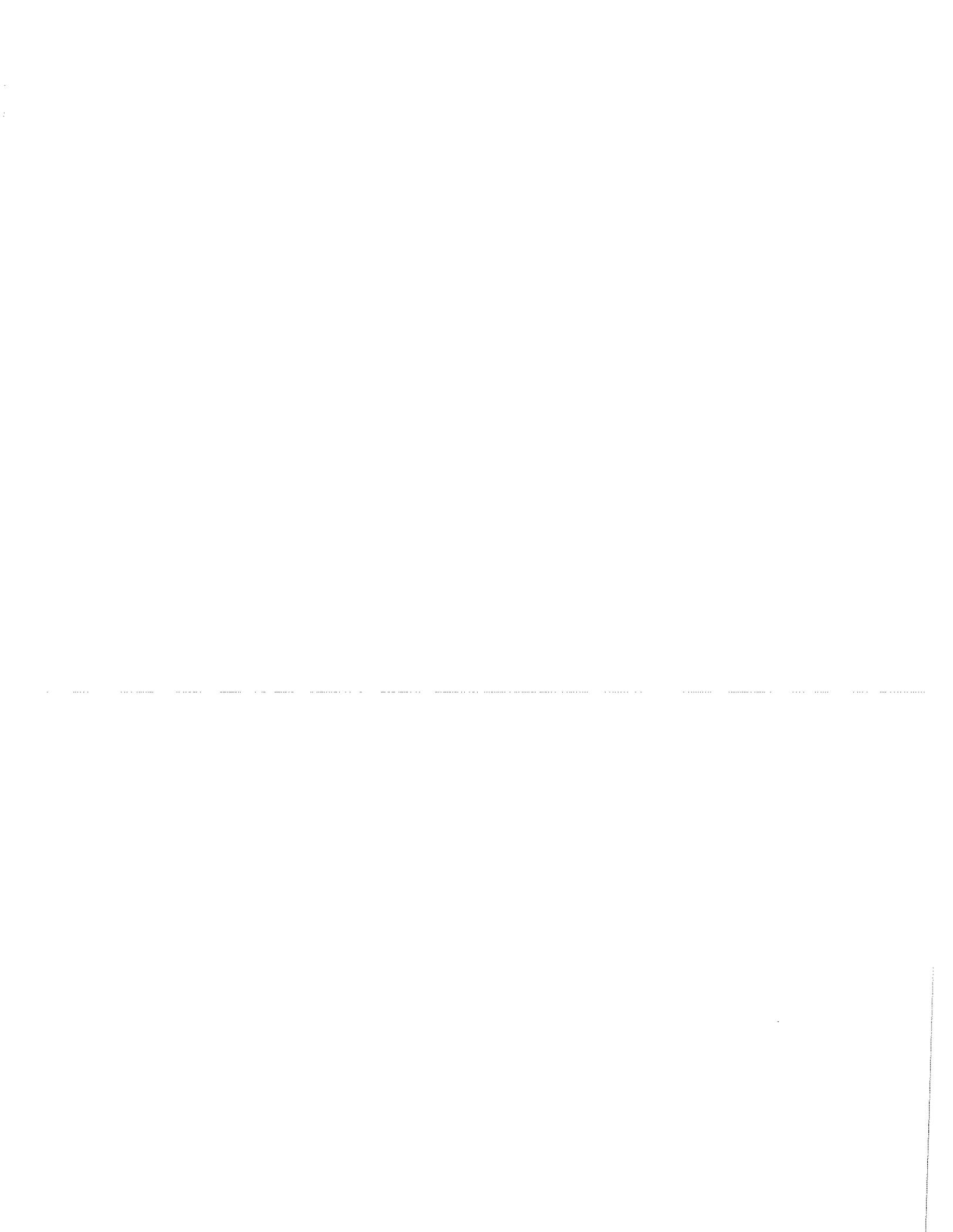
Communication Style: vocalization, reaching, pushing

Learning Style: modeling Repetition.

Is this person able to self-manage according to the IAPP, SMA & CSSPA – check yes or no below

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Food contain egg strawberry Bananas, only eats food from home</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>1 Per year on average, seizure for more than 5 min call 911</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>has a hard time swallowing</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Mom sends food from home in special containers</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>low verbal output</u> DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>no scheduled meds, she has a PRN for seizures</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Brief, 2 staff with belt</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Safety Straps, seat belt, wheelchair</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Staff provide one on one support</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Hands in mouth</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Grabbing, hitting, spitting, pinching,</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NO UNSUPERVISED TIME</u>
Important to:	<u>Preferred activities music therapy 1 on 1 time</u>
Important for:	<u>Stander, Communicated appropriately</u>
Likes:	<u>having her hair brushed, visiting the community</u>
Dislikes:	<u>eating or drinking can be frustrating</u>

Lead Review Completed: AM



Staff: Danielle Mendez



Service Recipient: Chanel Anderson

Date: 2.22.22

Service Span: Feb. 2022 - Feb 2023

Outcomes:

Outcome #1: Choose another programming room to visit

Summarize Steps: Presented 2-3 room pics

1 by 1 & share name - Allow time to process & make choice

Outcome #2: Participate in music therapy

Summarize Steps: show 2 instruments

- Assist HOH

- Verbally told 1 by 1 staff demonstrated

Communication Style: Vocalizations, eye gazing, iPad, pics

Learning Style: Modeling, Routine, Repetition, 1 step verbal instructions

Is this person able to self-manage according to the IAPP, SMA & CSSPA - check yes or no below

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>*No Food From outside*</u> <u>Bananas, Apple Juice, MSG, wheat</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>1 per year / Average - stiff arms</u> <u>= loud vocalizations</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>difficulty swallowing, pureed diet</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>pureed diet, boost in sports bottle</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>low urine output</u> <u>*Communicate to guardian</u> <u>- Microcephaly</u>
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>PRN - Acetaminophen No meds @ PAI</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>2 staff Possey belt to Mat</u> <u>Briefs, Full support, ARJO small ring</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>transfer belt in recliner</u> <u>Monitored while in stander, WC seatbelt</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>staff provide 1:1</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Hand Mouthing, Sensory activities</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>loud vocalizations</u> <u>grabbing, pinning, spitting, Redirect</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NO Alone time</u>
Important to:	<u>Music therapy 1:1 w/people</u> <u>repositioning</u>
Important for:	<u>stander, eating & drinking</u>
Likes:	<u>Being w/people, outings, music, hair brush</u>
Dislikes:	<u>being tired, not feeling well, feeling</u> <u>Winded</u>

Lead Review Completed: GM



Staff Colette Rice
 Date: 2.22.22



Service Recipient: Chanel Anderson
 Service Span: Feb 22 - Feb 23

Outcomes:

Outcome #1: Choose another program room to visit
 Summarize Steps:
 - Show pictures
 - time to process

Outcome #2: Participate during music therapy
 Summarize Steps:
 Present 2 instruments
 - make choice

Communication Style:
Vocalization, eye gazing, iPad

Learning Style:
modeling, routine, repetition

Is this person able to self-manage according to the IAPP, SMA & CSSPA – check yes or no below

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Fruits, msg, wheat</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>1 year average, stiffening of body</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>difficulty Swallowing, pureed diet</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>boost in sports bottle</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>low urine output</u>
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>no scheduled meds, PRN for pain</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>briefs, arjo, mat table, sling</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>monitored while in stander, in wheelchair</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>staff provide lonl in community</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>provide sensory activity</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Grabbing, pitching, Spitting</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>no time alone</u>
Important to:	<u>music therapy, 1 to 1 time w/ preferred staff</u>
Important for:	<u>eating, drinking</u>
Likes:	<u>bring w/ people, hair brushed</u>
Dislikes:	<u>eating, drinking, bored</u>



Staff: ERIN SANDSTROM
 Date: 2.22.2022



Service Recipient: CHANEL ANDERSON
 Service Span: 2/22/22 - 2/23/23

Outcomes:

Outcome #1: <u>CHOOSE ANOTHER PROGRAMMING ROOM TO VISIT.</u> Summarize Steps: <u>PRESENTED 2-3 PICS OF ROOMS STAFF ASSIST</u> <u>PRESENT 1:1 WITH ROOM NAME.</u>
Outcome #2: <u>PARTICIPATE IN MUSIC THERAPY</u> Summarize Steps: <u>PRESENTED WITH 2 INSTRUMENTS, IN VISUAL RANGE/ARMS REACH</u> <u>VERBALLY TOLD 1:1, MAKE CHOICE, STAFF ASSIST</u>
Communication Style: <u>VISUALIZATIONS, EYE GAZING, IPAD PICS, PUSH AWAY ITEMS DOES NOT WANT</u>
Learning Style: <u>MODELING, ROUTINE, REPETITION, 1 STEP DIRECTIONS</u>

Is this person able to self-manage according to the IAPP, SMA & CSSPA – check yes or no below

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>BANANAS, APPLE JUICE, EGGS, MSG, TOMATO - NO EXTRA FOOD</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>1 YEAR PER AVERAGE, STIFFENING BODY - STARE - CALL 911 IF MORE THAN 5 MINS</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>DIFFICULTY SWALLOWING, PUREED DIET, 1:1</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>PUREED DIET, BOOST SENT IN, BABY FOOD, SPORTS BOTTLE</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>LOW URINE OUTPUT, FLUID INTAKE AND VOIDS REPORTED</u> <u>MICROCEPHALY,</u>
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NO SCHEDULED MEDICATION. PRN ACETAMINOPHEN FOR PAIN.</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>BRIEFS, FULL SUPPORT, ARJO, SMALL SLUNG, 2 STAFF POSEY BELT TO MAT</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>MONITORED WHILE IN STANDER W/STRAP, TRANSFER BELT IN BELIEVER</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>STAFF PROVIDES 1:1 SUPPORT</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>HAND MOUTHING, PROVIDE SENSORY ACTIVITIES</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>GRABBING, PINCHING, HITTING, LOUD VOCALIZATIONS</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NO ALONE TIME</u>
Important to: <u>MUSIC THERAPY, REPOSITIONING, 1:1 W/ PREFERRED PEOPLE</u>	
Important for: <u>STANDER, EATING/DRINKING, COMMUNICATING APPROPRIATELY</u>	
Likes: <u>BEING W/ PEOPLE, COMMUNITY, MUSIC, HAVING HAIR BRUSHED</u>	
Dislikes: <u>EATING/DRINKING - FRUSTRATING, TIRED, NOT FEELING WELL, PUREED</u>	

Lead Review Completed: am

Staff: Ashleigh



Service Recipient: Chanel Anderson

Date: _____

Service Span: _____

Outcomes:

Outcome #1: visit another room

Summarize Steps: Present rooms giving choices

Outcome #2: participate in music therapy

Summarize Steps: offer instruments, playing them to hear the choice

Communication Style: vocalization, eye gazing, iPad picture object. Push away

Learning Style: modeling, routine repetition / step verbal inst.

Is this person able to self-manage according to the IAPP, SMA & CSSPA – check yes or no below

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>No food outside what's sent ^{Bananas, apple} juice, msg, things w/ egg</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>infrequent, loud vocalization, stiffening over 5 min call 911</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>pureed diet</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>pureed diet her mom sends food</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>low urine output, offer drinks sent from home</u>
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>no scheduled ^{meds} meds PRN-acetaminophen</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Briefs full support, ario small sling</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>monitor in stander, transfer belt in recliner, ^{safety} belt in recliner <u>recliner</u></u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>1:1 support</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>hand mouthing, ask to stop provide sensory activity ^{low vocalization}</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>grab, pinch spit verbally redirect / physically redirect</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>no alone time</u>

Important to: music therapy, 1:1 time, repositioning

Important for: stander, eating drinking, communicating appropriately

Likes: head massage, community, music

Dislikes: eating drinking can frustrate, being bored/in engaged.

Lead Review Completed: AM



Staff: Laura Stacken

Date: Feb 22nd, 2022



Service Recipient: Chanel Anderson

Service Span: Feb 22 - Feb 23

Outcomes:

Outcome #1: Choose another programming room to visit

Summarize Steps:
Presented w/ 2-3 pictures of rooms
Staff present 1 by one while stating the name of room, time to process,

Outcome #2: Participate in music therapy

Summarize Steps:
Presented w/ 2 instruments, Staff assist Holt,

Communication Style:
Vocalization, eye gazing, iPad pictures, push away items she doesn't want.

Learning Style:
Modeling, repetition, 1:1 verbal instruction

Is this person able to self-manage according to the IAPP, SMA & CSSPA – check yes or no below

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Bananas, Apple Juice, Eggs, MSG, Wheat Products.</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>1/Year on average. Loud vocalizations</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Difficulty Swallowing, Pureed diet 1:1</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Pureed diet, baby food, yogurt, Only eats home from home.</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Low urine output, offer drinks, Fluid intakes and voids are reported.</u>
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>No Scheduled meds.</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Briefs, full support, Arjo & small sling</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Monitored while in stroller w/ safety straps, transfer belt while in recliner.</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Staff 1:1 in community</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Hand protection asking & assisting in removing hands from mouth</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Crawling/pinching/spitting. ^{staff} Verbally & physically redirected to safe location</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>

Important to: Preferred activities like music therapy, repositioning, 1:1 time w/ preferred people

Important for: Stroller, eating & drinking, communicating

Likes: being w/ people, visiting the community, music, hair brush, head massaged

Dislikes: Sometimes eating & drinking can be frustrating being tired / bored

Lead Review Completed: AM



Staff: Jenny Trimble



Service Recipient: Chanel Anderson

Date: 2/22/22

Service Span: 2/2022 - 2/2023

Outcomes:

Outcome #1: Choose another programming room to visit

Summarize Steps: Present 2-3 pics of rooms, show PIC at a time
time to process
Using communication skill & staff assist her w/ bring her

Outcome #2: Participate in music therapy

Summarize Steps: Present 2 instruments with in reach 5:1
Staff assist

Communication Style: eye gazing, read w/ pics & push away

Learning Style: modeling, routine, repetition & 1 step verbal instructions

Is this person able to self-manage according to the IAPP, SMA & CSSPA – check yes or no below

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Bananas, Apple juice, Strawberries, Food containing eggs - no food outside of what is approved unless approved by a dietician
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: 1 per year low vocalizations @ onset may experience stiffening of body
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Difficult to swallow, Pureed diet, 1:1
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Pureed diet, Provided baby food, sarts bottle
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: low urine output, off DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes drinks (sent from home) fluid intake & voids reported to a guardian microcephaly
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: no scheduled meds: Prn - Acetaminophen for pain
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Briefs, Full Support, Arjo & Small sling if need ed 2 person using rosey belt
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: monitored while in stander w/ safety belts, transfer belt while in recliner. <small>spot belts in w/c</small>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: 1:1 in community
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: hand mouthing, ask and assist in removing hand, provide sensory activity
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Grabbing / pinching / spitting, & physically direct to safe environment
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: N/A
Important to:	<u>Preferred activities, music therapy, repositioning 1:1 time w/ preferred people</u>
Important for:	<u>stander eating & drinking, communicating</u>
Likes:	<u>being w/ people, community, music, hair w/ shaved</u>
Dislikes:	<u>Some times eating & drinking if tired or not feeling well being or not enough w/ people around her</u>

Lead Review Completed: CM



Staff: Celeste Anderson Jones



Service Recipient: Channel A

Date: 2.22.22

Service Span: Feb. 2022 - Feb 2023

Outcomes:

Outcome #1: <u>Choose another room to visit</u> Summarize Steps: Present 2-3 pictures of rooms, staff present 1 by 1 sharing the name, time to process make choice using communication skills
Outcome #2: <u>Participate in music therapy</u> Summarize Steps: Present 2 instruments within visual and arm's reach play for her to hear make choice, hand over hand assistance
Communication Style: vocalization eye gazing Pushing things away
Learning Style: modeling, routine, repetition 1 step verbal instruction

Is this person able to self-manage according to the IAPP, SMA & CSSPA - check yes or no below

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: fruit bananas, apple juice strawberries No food outside of what's sent from home
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: 1/2 hr loud vocalization at onset of seizure stiffing arms, greater than 5 min call 911
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: difficulty swallowing pureed diet
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Pureed diet
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: low urine output DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes ster drinks from home report inputs & outputs intakes
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: no scheduled meds PRN acetaminophen
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Briefs full supports Arjo + sm sling 2 staff + a posey belt to a mat
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: monitored bed while in a standard w/ softie straps, transfer belt while in recliner Seal belts while in w/c
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Staff provide 1:1 support in community
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Hand mouth ask + assist in removing hands from mouth Provide sensory items
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Grabbing pinching feeding spitting Redirect
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: no alone time
Important to:	music therapy repositioning 1:1 w/ preferred people
Important for:	shorter eating & drinking communicating properly
Likes:	being w/ people visiting the community music, having her hair brushed & head massaged
Dislikes:	Sometimes eating & drinking can be frustrating, being tired or not feeling well bored

Lead Review Completed: AM



Staff: Tony
 Date: _____



Service Recipient: Chantel A.
 Service Span: _____

Outcomes:

Outcome #1: Change another program Room to visit
 Summarize Steps: Present Room choices one by one
make choice using communication skills
visit Room

Outcome #2: participate in music therapy
 Summarize Steps: Participate using instrument in choice

Communication Style: vocalization
eye gaze
Pushing away

Learning Style: modeling
Play
Repetition

Is this person able to self-manage according to the IAPP, SMA & CSSPA -- check yes or no below

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>bananas, Apple Juice, eggs, milk</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>1 Year aware</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Difficulty swallow Pured food diet</u>
Specialized Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Pured food diet</u> <u>Pudding Yogurt only food sent from home</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Low urine output, other charts</u> DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>No meds at PAI</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Briefs full support ADLs signs small</u>
Mobility/Fall Risk: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Monitor always</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Observe surroundings</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>hand - must ask and assist</u> <u>loud</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Grabbing Pinching spitting</u> <u>loud vocalizations</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>No alone time</u>
Important to:	<u>music therapy, Recreation, I'll try</u>
Important for:	<u>Standard eat drink Communicate</u>
Likes:	<u>being with people, music, hair brush</u>
Dislikes:	<u>Sometimes Easter drinks</u> <u>being tired not feeling well feeling bored</u>

Lead Review Completed: GM



Staff: Paris D
 Date: 2/22/22



Service Recipient: Chanel A
 Service Span: _____

Outcomes:

Outcome #1: Choose another program room to visit
 Summarize Steps: Presented with 2 to 3 room pictures
Staff present 1 by 1 while sharing names
Time to process
make choice using communication skills Staff assist with visiting.

Outcome #2: Participate in music therapy
 Summarize Steps: Give 2 instruments
after choice staff will assist with playing instrument

Communication Style:
Vocalizing, eye gazing, pushing away

Learning Style:
repetition, 1 step verbal instructions

Is this person able to self-manage according to the IAPP, SMA & CSSPA – check yes or no below

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>bananas, apple juice, tomatoe products (sent from home)</u>	
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>1 per year on average</u>	
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Difficulty swallowing, pureed, 1:1 while eating</u>	
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Pureed</u>	
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>low urine output</u>	DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>No Scheduled medication (tylenol) (pcn)</u>	
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Brie's, full support</u>	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Monitored in stander and wheelchair with straps</u>	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Staff provide 1:1 support in community</u>	
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports:	
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>grabbing, pinching, spitting staff redirect with activities</u>	
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>No alone time</u>	
Important to:	<u>Preferred activities (music therapy, repositioning, 1:1 time with preferred people)</u>	
Important for:	<u>Stander, eating and drinking, communicating appropriately</u>	
Likes:	<u>Being with people, visiting community</u>	
Dislikes:	<u>Bored, eating, sick,</u>	



Staff: Lisa Hartman



Service Recipient: Chanel Anderson

Date: 2-22-22

Service Span: Feb 22-23 Feb

Outcomes:

Outcome #1: Choose another program room to visit
 Summarize Steps: 2-3 pics of rooms, 1 by one name of room process main choice comm. skills
staff assist to visit

Outcome #2: Participative music therapy
 Summarize Steps: 2 instruments 2/inaars each verbally - help instrument play

Communication Style: vocalizations, eye gazing, iPad picture, looks away = pushing away

Learning Style: modelling, repetition 1 step instructions, routine

Is this person able to self-manage according to the IAPP, SMA & CSSPA - check yes or no below

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>allergic problems to guardian food - MSG, tomato, bananas & eat -> only from home</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>1 per year loud vocal stare (all resp. distress greater than 5 mts)</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>diff. swallowing pureed</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>pureed 1:1 food from home</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>low urine output Microcephally</u> DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>as scheduled PRN - acetaminophen</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>briefs full support AVSO 2 staff belt</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>monitor in stander - all straps belt in recliner seat belt in w/c</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>1:1</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>remove hands from mouth - provide sensory items</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>grabbing, pinching, spitting rediect - preferred activities loud vocal -</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>no unsupervised time</u>
Important to:	<u>music therapy, repositioning 1:1 2 preferred people</u>
Important for:	<u>Stander, eating + drinking comm. appropriately</u>
Likes:	<u>being i people (comm. being in) hair brushed, head massage</u>
Dislikes:	<u>eating / drinking, bored, tired + not feeling well</u>

LM



Staff: Maurita Sweeney

Date: 2/22/22



Service Recipient: C. A.

Service Span: Feb 2022 - Feb 2023

Outcomes:

Outcome #1: Choose another Program to visit

Summarize Steps: 2-3 pics of Rooms
Staff present + share name of program room.
allow time for process + use communication skills. Assist in visiting.

Outcome #2: Participate in Music Therapy

Summarize Steps: present 2 instruments in visual + arm reach
Verbal present
Staff assist hand over hand as accepted.

Communication Style: vocalizations, eye gaze, iPad pic, hand/ object
Choice making. Push away things doesn't want.

Learning Style: modeling, routine, repetition, 1 step direction.

Is this person able to self-manage according to the IAPP, SMA & CSSPA – check yes or no below

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Bananas, apple juice, tomato products, MSG.</u> <u>Doesn't eat any food that isn't sent from home.</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>1 per year</u> <u>loud vocalizations at onset.</u> sz greater 5 mins call
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Difficult swallowing, Eats baby food.</u> Food sent from home <u>Pureed diet, Boost in sports bottle</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Sports bottle sent from home.</u> <u>Only eats food sent from home unless approved</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>low urine output</u> <u>fluid output intake reported</u> DNR/DNI: <input type="checkbox"/> No <input type="checkbox"/> Yes
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Nothing scheduled</u> <u>PRN for acetaminophen</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Full support</u> <u>Briefs, Arjo small sling, can use med table</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>straps on stander.</u> <u>Recliner with strap, seatbelt in wheelchair</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Staff provide 1:1</u>
Sensory Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Hand mouth. Ask + Assist to offer</u> <u>channel in removing hands from mouth.</u> sensory.
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>hitting - redirect to preferred activity.</u> <u>loud vocalizations. Assess for unmet needs.</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>

Important to: Music, 1:1 time, repositioning

Important for: stander, eating + drinking, communicating appropriate

Likes: hair brushed, head massaged, going in community

Dislikes: Eating/drinking at times, bored. Not enough happening around her.

Lead Review Completed: AM



Staff: Tristen Lossburg



Service Recipient: C.A.

Date: 2/18/22

Service Span: Feb. 22 - Feb. 23

Outcomes:

Outcome #1: Choose another room to visit

Summarize Steps: present 2-3 pictures of rooms
time to process
assist in visiting

Outcome #2: Participate in music therapy

Summarize Steps: present 2 instruments
told 1 by 1
assist in non id accepting

Communication Style: vocalizations, eye gaze, push/pull away/towards, iPad

Learning Style: modeling, routine, repetition, 1 step verbal instructions

Is this person able to self-manage according to the IAPP, SMA & CSSPA – check yes or no below

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>msb, egg products, wheat products</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>longer than 5mins. call 911</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>pureed diet, 1:1</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>pureed diet sent from home, boost, sputted cup, many food sensitivities.</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>low urine output, microcephaly</u> DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>PAN for pain</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>frisks, Arjo, female staff only.</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>monitored while in stander, with safety straps, recliner ^{safety} belt, seatbelt in wheel chair</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>1:1 support</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Hand mouthing</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>grabbing, pinching, spitting request to safe location with preferred activities, loud voc.</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>No alone time</u>
Important to: <u>pe</u>	<u>music therapy, 1:1 time, repositioning</u>
Important for:	<u>stander, eating, drinking</u>
Likes:	<u>visiting community, music, hair brushed</u>
Dislikes:	<u>eating, drinking, bored, feeling sick.</u>

Lead Review Completed: GM



Staff: Amanda Diaz

Date: 01/04/2022



Service Recipient: Chanel Anders

Service Span: Feb 22 - Feb 23

Outcomes:

Outcome #1: <u>Choose another Room to visit</u> Summarize Steps: <u>- given 2 or 3 pictures of rooms to visit</u> <u>- give chanel time to process</u> <u>- staff assist in visitation</u>
Outcome #2: <u>Participate in music therapy</u> Summarize Steps: <u>- present 2 musical instruments</u> <u>- staff will play instrument so she can choose</u> <u>- staff will use hand over hand</u>
Communication Style: <u>vocalization, eye gazing, push away, Ipad</u>
Learning Style: <u>modeling, rep, 1 step verbal</u>

Is this person able to self-manage according to the IAPP, SMA & CSSPA – check yes or no below

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Bananas, egg, strawberries, food only sent from home</u> <u>msg's</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>1 per year on average, stiffening</u> <u>after Smith call 911</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>difficulty swallowing</u> <u>Boost sent in (baby food)</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Pureed food (food sent in)</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>low urine output (offer drinks from home)</u> <u>Microcephaly</u> DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>No scheduled meds</u> <u>PRN: Tylenol</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>briefs with full support (females only)</u> <u>Arjo</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>All straps on stander,</u> <u>belt on chair, quit belt in recliner</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>staff provide 1:1 on outings.</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Hand mouthing offer sensory activities</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>grabbing, spitting, pinching, hitting</u> <u>offer sensory activities</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>No alone time</u>
Important to:	<u>Preferred activities, like music, repositioning 1:1 with favored staff</u>
Important for:	<u>stander, eating & drinking</u>
Likes:	<u>being w/people, visiting the community, being hair brushed</u>
Dislikes:	<u>being bored, eating & drinking, not feeling well</u>

Lead Review Completed: AM

Staff: Sara B
 Date: 2/26/22



Service Recipient: Chanel
 Service Span: _____

Outcomes:

Outcome #1: Choose another program room to visit
 Summarize Steps: 2-3 pcs of rooms 1 by while showing name by staff time to process make choice using communication skills staff assist in visit

Outcome #2: participate in art music therapy
 Summarize Steps: 2 instruments ukulele range & arm reach hand over hand (by) staff will play with her to hear make choice assist as accepted.

Communication Style: Vocalizations eye gaze iPad/picture object making - pushing away items

Learning Style: modeling routine repetition 1 step verbal instructions

Is this person able to self-manage according to the IAPP, SMA & CSSPA – check yes or no below

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Bananas apple juice strawberries food at eggs on food outside of wheat MSG wheat products tomato prod. food unless sensitivities reported</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Ukulele range loud vocal onset seizure state greater than 5 min ^{in spirits} _{Call 911}</u>
Choking: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>difficulty swallowing 1:1 pulled diet</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>pureed baby food pudding yogurt from home many sensitivities ^{sent home}</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>low urine output voids 1:1 amount reported microcephaly: concussions reported to home</u>
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>no scheduled medications PRN for Acetaminophen for pain</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Brufs full support ^{AND small sline} 2 staff pose/peel</u>
Mobility/Fall Risk: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>monitored in stander w/ safety straps ^{seated & wheelchair} _{prefers beet} while in recliner</u>
Community Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>staff provides 1:1 & observe surroundings</u>
Sensory Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>hand in mouth ask & assist w/ removing hands from mouth sensory activities ^{report to gaga guardian} _{& programs}</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>redirect to safe locations loud vocalizations ^{grubby pinching spitting verbally / physically} _{personal space.}</u>
Unsupervised Time: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>no time alone</u>
Important to:	<u>music therapy repositioning 1:1 time w/ staff preferred staff -</u>
Important for:	<u>cholesterol eating & drinking communicating appropriately</u>
Likes:	<u>being w/ people visiting the community music ^{hair brushed} _{need massage}</u>
Dislikes:	<u>eating & drinking being tired not feeling well ^{fully} _{bored}</u>



Staff: Salya Pratt

Date: 2/22/22



Service Recipient: Chanel Anderson

Service Span: Feb 22 - Feb 28

Outcomes:

Outcome #1: <u>Choose another program room to visit</u> Summarize Steps: <u>Presented 2-3 pics of rooms. Share the name of each room. Give time to process. Use her comm. skill to make choice.</u>
Outcome #2: <u>Participate in Music therapy.</u> Summarize Steps: <u>Present 2 options. Give the name of each instrument. Give time to process. Use her comm. skill to make choice</u>
Communication Style: <u>vocalization, facial ex., push away, iPad</u>
Learning Style: <u>Routine & repetition, 1 step</u>

Is this person able to self-manage according to the IAPP, SMA & CSSPA – check yes or no below

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>apple juice, strawberries, egg products, wheat products.</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>1 per year. stare, stiffen upper body. loud vocalizations</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Difficulty swallowing, pureed diet. 1:1, sent home from guardian</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>pureed baby food, sent home from guardian, boost daily.</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Low Urine Output, fluid intake, and voids put in comm. book.</u> DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>No see sched meds.</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Use of disposable briefs, changed every 2 hr. 2 staff. or hoyer use.</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>monitored,</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>1:1 in comm. observe surroundings</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>assist removing hands from mouth.</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>biting, scratching, pinching, hitting loud vocals.</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>No unsupervised time.</u>
Important to:	<u>Preferred activities, music therapy, repositioning 1:1 time with preferred people.</u>
Important for:	<u>stander, eating, drinking, comm. appropriately</u>
Likes:	<u>being in the community, music, having hair brushed</u>
Dislikes:	<u>eating, drinking, not feeling well.</u>

CM



Staff: Emily Elsenpeter

Date: 2.17.2022



Service Recipient: Chanel Anderson

Service Span: Feb 2022-Feb 2023

Outcomes:

Outcome #1: Choose another programming room to visit Summarize Steps: Presented with 2-3 pictures of rooms Staff present 1 by one while sharing the name Time to process Make choice using communication skills Staff assist in visiting.
Outcome #2: Participate in music therapy Summarize Steps: Presented with 2 instruments w/in visual range and arms reach Verbally told 1 by 1 and staff will play for her to hear Make choice Staff assist in playing hand over hand as accepted
Communication Style: Vocalizations, eye gazing, and iPad/picture/object choice making, pushing away items she does not want
Learning Style: Modeling, routine, repetition, 1 step verbal instructions

Is this person able to self-manage according to the IAPP, SMA & CSSPA – check yes or no below

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Bananas, apple juice, strawberries, food products containing eggs, MSG, wheat products, tomato products. Supports: No food outside of what is sent from home unless approved, sensitivities reported to guardian.
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: 1/year on average, loud vocalization at onset of seizure, may experience stiffening of body (especially arms), and stare, seizure greater than 5 mins or respiratory distress staff will call 911
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Difficulty swallowing, pureed diet, 1:1
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Pureed diet, provided baby food, pudding, and yogurt from home, Boost sent in spouted sports bottle, many sensitivities so only provided food sent from home.
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Low Urine Output: Offer drinks (sent in from home), Fluid intake and voids are reported to guardian via communication book. Microcephaly: Concerns will be reported to her guardian via phone or communication book.
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: No scheduled medication, PRN for Acetaminophen for pain
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Briefs, full support, Arjo and small sling, if needed 2 staff and posey belt to a mat
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Monitored while in stander with safety straps, transfer belt while in recliner, seatbelts in wheelchair
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Staff provide 1:1 support in community and observe surroundings
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Hand mouthing-ask and assist in removing hands from mouth, provide sensory activities, concerns reported to guardian
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Grabbing/pinching/spitting: staff verbally and physically redirected to safe location, provided preferred activities. Loud Vocalizations: staff assess for unmet needs, preferred activities, personal space.
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: No alone time

Lead Review Completed: 

Staff: Emily Elsenpeter

Date: 2.17.2022



Service Recipient: Chanel Anderson

Service Span: Feb 2022-Feb 2023

Important to:

Preferred activities like music therapy, repositioning, 1:1 time with preferred people.

Important for:

Stander, eating and drinking, communicating appropriately.

Likes:

being with people, visiting the community, music, having her hair brushed and head massaged

Dislikes:

sometimes eating and drinking can be frustrating, being tired or not feeling well, and feeling bored or not enough happening around her.

Staff: Trey G
 Date: 2-28-22



Service Recipient: Chanel A
 Service Span: 02/22 - 02/23

Outcomes:

Outcome #1: <u>Choose another programming room to visit</u> Summarize Steps: <u>2/3 pictures, names, Process time, Choice using Com skills</u>
Outcome #2: <u>Participate in music therapy</u> Summarize Steps: <u>2 instruments, 1 by 1 staff play instruments, hand over hand</u>
Communication Style: <u>vocalizations, eye gazing, iPad, Picture, pushaway</u>
Learning Style: <u>modeling, repetition, 1 step verbal instructions</u>

Is this person able to self-manage according to the IAPP, SMA & CSSPA – check yes or no below

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Apple Juice, Bananas, Strawberries, tomato Products, wheat</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>1/4 year on average, loud vocalizations 57 call 911</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Swallowing, pureed diet, 1:1</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Baby Food, Boost in sports bottle</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Microcephaly, low urine output</u> DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>PRN Acetaminophen for pain</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Briefs, Full Support, Arjo and small sling</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Transfer belt while in recliner, Seatbelts in wheel chair</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>1:1 support</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>hand mouthing, Sensory</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Grabbing, Pinching, Spitting, Loud vocalizations</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>No alone time</u>
Important to:	<u>Preferred Activities, music therapy, 1:1 time</u>
Important for:	<u>Grander, eating, drinking, communicating</u>
Likes:	<u>visiting community, music, hair brushed</u>
Dislikes:	<u>eating, drinking, Tired, not feeling well, bored.</u>

Lead Review Completed: GM

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Staff: Alfredo Fierro-Munoz

Date: 2.22.22



Service Recipient: Chanel Anderson

Service Span: Feb 22 - Feb 23

Outcomes:

Outcome #1: Choose a programming room to visit.

Summarize Steps:

Presented with pictures of rooms. Allow time to process.

Outcome #2: Participate in Music Therapy.

Summarize Steps:

Presented with two instruments within arms reach. Staff assist.

Communication Style:

Vocalizations, eye gazing, push away, Ipad.

Learning Style:

Repetition, 1 step verbal instructions.

Is this person able to self-manage according to the IAPP, SMA & CSSPA – check yes or no below

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Food must be approved by guardian.</u> <u>Bananas, Apple Juice, Tomato products, egg products.</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>1 per year on average, stiffening of arms, after 5 call 911.</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Difficulty swallowing</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Puried Diet, yogurt, Boost, Baby food from home.</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Low heating output, "Drinks sent from home" _{urine}</u> DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>No scheduled medication but has PRN.</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Briefs w/ full support, Arjo/sling.</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Monitored in stander, seatbelt in wheel chair.</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Provide 1:1 support,</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Removing hands from mouth, provide activities.</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>loud vocalizations.</u> <u>Grabbing, pinching, spitting, staff redirect her.</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>No Alone Time.</u>
Important to:	<u>Music Therapy, 1:1 time w/ preferred people.</u>
Important for:	<u>Stander, eating/drinking.</u>
Likes:	<u>Being w/ people, hair brushing, head massage.</u>
Dislikes:	<u>Eating/drinking, bored, not feeling well.</u>

Lead Review Completed: CM



Staff: Kathy Perrot
 Date: 2-24-22



Service Recipient: Chane Anderson
 Service Span: 2/22 - 2/23

Outcomes:

Outcome #1: <u>Choose another program room to visit</u> Summarize Steps: <u>Present 2-3 pictures of rooms - staff present them 1 by 1 while saying name of room. Give time to process. Make choice using comm. skills. Staff assist w/ writing</u>
Outcome #2: <u>Participate in music therapy</u> Summarize Steps: <u>Present with 2 instruments within vocal range & drums reach verbally tell 1 by 1 what instruments are - play 2 or 3 to hear. Make choice. Staff assist playing H/O</u>
Communication Style: <u>Vocalizations, eye gazing, iPad/pictures/objects within vocal range to make choices Pushes away items not wanted</u>
Learning Style: <u>Modeling, routine, repetition, 1 step verbal instructions</u>

Is this person able to self-manage according to the IAPP, SMA & CSSPA - check yes or no below

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>bananas, apple juice, strawberries - food containing eggs, MSG, wheat & tomato products</u> <u>NO food labels what mother sends</u>
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Once a year average, low vocalizations at onset. may have stiffening of body - arms. status. Sp ↑ 5 min or respiratory distress call 911.</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Difficulty swallowing. 1:1 during eating. Puree diet</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Puree - baby food provided, pudding & yogurt Boost sent in sports cap bottle. ONLY give food provided from home</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>low urine output, fluid intake & voids comm. to guard</u> DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <u>Microcephaly - concerns reported to guardian</u>
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>assist</u> <u>PRN acetaminophen for pain</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Briefs - assist 2 all</u> <u>Monitor while in stander & belts</u>
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>w/c & lap belt & shoulder straps</u> <u>ARSO for transfer & sm sling. 2 staff + transfer belt if needed</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>1:1 assist</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>hand/mouthing Redirect - assist to remove hands from mouth, provide sensory act.</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Grabbing, pinching, spitting. Verbally Redirect. Yells to guard area. Frustrate sensory</u> <u>low vocalizations - staff assist for unmet needs</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Important to: <u>Preferred act - music therapy, repetition, 1:1 time</u>	
Important for: <u>Stander, eating & drinking, comm. appropriately</u>	
Likes: <u>being 2 people, community, music, having hair brushed & head massaged</u>	
Dislikes: <u>Sometimes eating & drinking can be frustrating, being bored tired, or not feeling well Not enough happening around her</u>	



Staff: Mari BP
 Date: 2-22-22



Service Recipient: Chanel A
 Service Span: 2/22 - 2/23

Outcomes:

Outcome #1: <u>Choose another programming room</u> Summarize Steps: - given 2-3 pictures of rooms - staff assist in visiting - allow time to process & make choice
Outcome #2: <u>Participate in music therapy</u> Summarize Steps: - presented w/ 2 instruments - staff will play both - assist w/ hand over hand
Communication Style: <u>Vocalizations, eye gazing, imitated phrases, push away unwanted items.</u>
Learning Style: <u>Modeling - routine, repetition</u>

Is this person able to self-manage according to the IAPP, SMA & CSSPA - check yes or no below

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: bananas, strawberries, substitute products Edward rat had outside of food sent from home
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: 1 per year on average, all fencing, vocalizations
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Has difficulty swallowing, pureed diet, board sent in
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Pureed, sent from home
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: low tone output, microcephaly.
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Doost on mar, PRN - cefadroxil
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: briefs w/ full support, Argea sling
Mobility/Fall Risk: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Monitored while in stander, transfer belt in recider, seat belt in wheelchair
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Staff provide 1:1 support while in community
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: hands in mouth, provide sensory activities
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: grabbing, pinching, spitting, hand vocalizations
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: No unsupervised time
Important to: <u>preferred activities, 1:1 time w/ preferred ppt, music therapy</u>	
Important for: <u>communicating appropriately, eating & drinking</u>	
Likes: <u>hair brushed & music</u>	
Dislikes: <u>eating & drinking, being tired or bored.</u>	

Lead Review Completed: CM

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Staff: Deb St Martin
 Date: 2/22/2022



Service Recipient: Chanel Anderson
 Service Span: Feb 2022 - Feb 2023

Outcomes:

Outcome #1: <u>Choose another programming room to visit</u> Summarize Steps: <u>2 to 3 pics of rooms, present 1 by 1 while showing name of room processing time, choice made w/ her communication skills. Staff assists to visit.</u>
Outcome #2: <u>Participate in Music Therapy</u> Summarize Steps: <u>Present w/ 2 instruments, verbally told w/ staff plays each. Staff assist hand over hand.</u>
Communication Style: <u>Visualizations, eye gazing, iPad/picture, vocalizations, push away dislikes</u>
Learning Style: <u>Modeling routine, repetition; 1 step verbal instruction</u>

Is this person able to self-manage according to the IAPP, SMA & CSSPA – check yes or no below

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>many: bananas, apple juice, eggs, msg. only eats food from home if approved by guardian.</u>	
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>1 per year on avg - loud vocalizations, stiffness, longer than 5 min call 911.</u>	
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Difficulty swallowing specialized diet - sent from home. Best sent in sprints bottle.</u>	
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>food from home</u>	
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>low urine output, fluid intake, microcephaly</u>	DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Don't have no scheduled meds</u>	
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Briels w/ full support - Arjo</u>	
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>monitored while in stander - harness belt in recliner - seat belt in wheel chair</u>	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>staff provides 1:1 in community sensory support</u>	
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>hands in mouth</u>	
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>loud vocalizations (unmet needs) grabbing, punching, hitting - redirect to preferred activities</u>	
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>none</u>	
Important to:	<u>preferred activities, Music therapy, repositioning, 1:1 w/ people she likes</u>	
Important for:	<u>stander, eating, drinking, communicating appropriately</u>	
Likes:	<u>Being with people, community, music, hair brushed, massaged</u>	
Dislikes:	<u>eating, drinking, feeling tired, bored - not enough happening around her</u>	

Lead Review Completed: gm

.....

Staff: Shelly Nierad

Date: 2-22-22



Service Recipient: Chanal Anderson

Service Span: 2/22 - 2/23

Outcomes:

Outcome #1: Choose another room to visit

Summarize Steps: Show 2-3 pics of rooms. Staff present one by one allowing time to process - Chanal make choice - Staff assist to room

Outcome #2: participate in music therapy

Summarize Steps: present two instruments visual range/arm reach Chanal pick - Staff assist hand over hand

Communication Style: vocalization, eye gazing, picture, ipad, objects, will push away

Learning Style: modeling routine, repetition, one step verbal instructions

Is this person able to self-manage according to the IAPP, SMA & CSSPA - check yes or no below

Allergies: No Yes (lots) barana apple juice, egg products, tomato products

Seizures: No Yes 1 per year average, stiff arms, vocalization

Choking: No Yes difficult swallowing - Pureed

Specialized Diet: No Yes pureed, liquids - squirt bottle

Chronic Medical Conditions: No Yes low urine output, microcephaly

Medication at PAI: No Yes None scheduled - PRN for seizures

Personal Cares: No Yes briefs with full support

Mobility/Fall Risk: No Yes monitored in stander, transfer belts, w/c seatbelt

Community Support: No Yes staff provide 1:1 - Full supervision

Sensory Support: No Yes ask - provide activities

Behavior Support: No Yes loud vocalizations - Redirect grabbing, pinching, hitting - Verbal Redirection

Unsupervised Time: No Yes None

Important to: music therapy, repetitions, 1:1 time

Important for: Stander, eating & drinking, comm. appropriately

Likes: visiting people, hair brushed, music, massage

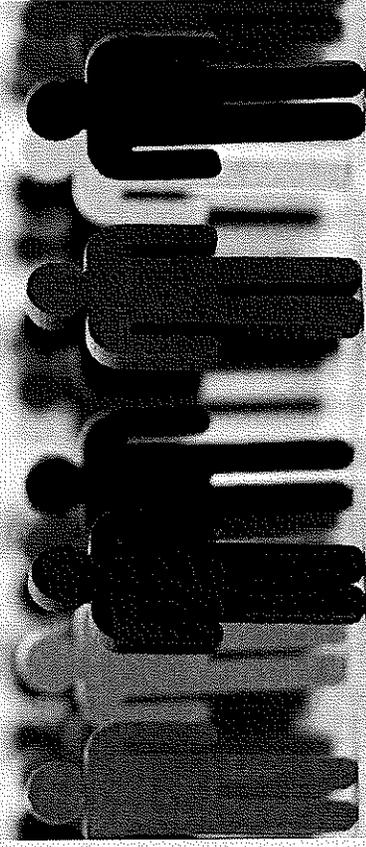
Dislikes: eating/drinking frustrations, not feeling well, boredom

Lead Review Completed: CM



**PAI-
Linden/Oakdale
Team Meeting**

02/22/2022





Welcome

Sign In

Introductions

A moment of gratitude



Agenda

Welcome
Competency Reviews
Semi-Annual and CSSP Reviews

Wrap Up

Employee Assistance Program

- HealthPartners EAP is here for you anytime, day or night.
- Call 866-326-7194 or TTY 866-228-2809, text US HPEAP and your question to 919-324-5523 or log on to hpeap.com.
- Website password: phoenixalt
- iConnectYou passcode: 140704



Competency Reviews, Chanel Anderson

Outcome #1: Choose another programming room to visit

Summarize Steps:
Presented with 2-3 pictures of rooms
Staff present 1 by one while sharing the name
Time to process
Make choice using communication skills
Staff assist in visiting.

Outcome #2: Participate in music therapy

Summarize Steps:
Presented with 2 instruments w/in visual range and arms reach
Verbally told 1 by 1 and staff will play for her to hear
Make choice
Staff assist in playing hand over hand as accepted

Communication Style:

Vocalizations, eye gazing, and iPad/picture/object choice making, pushing away items she does not want

Learning Style:

Modeling, routine, repetition, 1 step verbal instructions

Annual Span February 2022 -
February 2023



Competency Reviews

Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Bananas, apple juice, strawberries, food products containing eggs, MSG, wheat products, tomato products. Supports: No food outside of what is sent from home unless approved, sensitivities reported to guardian.
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: 1 year on average, loud vocalization at onset of seizure, may experience stiffening of body (especially arms), and stare, seizure greater than 5 mins or respiratory distress staff will call 911
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Difficulty swallowing, pureed diet, 1:1
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Pureed diet, provided baby food, pudding, and yogurt from home, Boost sent in spouted sports bottle, many sensitivities so only provided food sent from home.



Competency Reviews

Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: Low Urine Output: Offer drinks (sent in from home), Fluid intake and voids are reported to guardian via communication book. Microcephaly: Concerns will be reported to her guardian via phone or communication book.
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: No scheduled medication, PRN for Acetaminophen for pain
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Briefs, full support, Arjo and small sling, if needed 2 staff and posey belt to a mat
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Monitored while in stander with safety straps, transfer belt while in recliner, seatbelts in wheelchair



Competency Reviews

<p>Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: Staff provide 1:1 support in community and observe surroundings,</p>
<p>Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>List & Describe Supports: Hand mouthing-ask and assist in removing hands from mouth, provide sensory activities, concerns reported to guardian</p>
<p>Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>List & Describe Supports: Grabbing/pinching/spitting: staff verbally and physically redirected to safe location, provided preferred activities. Loud Vocalizations: staff assess for unmet needs, preferred activities, personal space.</p>
<p>Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: No alone time</p>



Competency Reviews

Important to: Preferred activities like music therapy, repositioning, 1:1 time with preferred people.

Important for: Stander, eating and drinking, communicating appropriately.

Likes: being with people, visiting the community, music, having her hair brushed and head massaged

Dislikes: sometimes eating and drinking can be frustrating, being tired or not feeling well, and feeling bored or not enough happening around her.



Semi-Annual Reviews

Tracy Thomas

New outcomes:

- #1: Daily, Tracy will participate in an adult activity with staff and peers for 5 minutes or more in 80% of trials
- #2: 2x weekly, Tracy will write a word or number in his notebook to communicate with staff in 80% or more of trials



CSSP Reviews

Jason Hansen



Wrap Up

Thoughts and feedback on new All-Staff

Agenda

Objectives

Suggestions for continued improvement

Is there information you would like to provided at next meeting?

Any final thoughts?



What will the provider do?

ALL PROVIDERS: Providers will continue to respectfully work with Jason to support/encourage, build, and maintain all skills to meet his goals and ensure all his health and safety needs are met. Providers will work with Jason on his global goals/dreams and be in regular contacts with the guardians and Case Manager/Supervisor on the progress of his goals/dreams. Provider(s) will work with Jason to continue to be happy, healthy, and go camping/camp at least yearly. Provider will create a Coordinated Services and Supports Plan Addendum and Individual Prevention Plan and update at least annually. Providers will complete progress reports at least semi-annually for Jason and provide to his guardian, Case Manager, and other team members at request. Providers will contact Jason's guardian and Case Manager within 24-hours of any incident during services and complete a written report to be sent to Guardian and Case Manager within 3 business days. Delays needed to be communicated in writing if unable to complete report in 3 business days.

RESIDENTIAL PROVIDER: Residential Provider will continue to work with Jason to build and maintain all skills to meet his goals and to ensure all his health and safety needs are met. Provider will work with Jason to encourage/support on his global goals/dreams and be in regular contacts with the guardians and Case Manager/Supervisor on the progress of his goals/dreams. Caregivers will work with Jason to help him work on continue to be happy, healthy, and go camping/camp at least yearly. Wingspan will plan and coordinate for Jason to attend camp annually and plan other camping trips to a resort up in Northern Minnesota. Wingspan staff will ensure that Jason remains safe while camping, encourage him to go on walks and accompany him, schedule and attend doctor's visits with him to discuss his health, and offer him opportunities for activities and daily choices that would bring him joy. Staff will ensure that Jason can continue doing activities that he enjoys.

VOCATIONAL PROVIDER (Day Support Services): Jason's support team will continue to review COVID-19 protocols and support Jason in his return to programming. Vocational Provider will continue to work with Jason to build and maintain skills to meet his goals, and to ensure his health and safety needs are met during their scheduled time. Provider will work with Jason to encourage/support on his global goals/dreams and be in regular contacts with the guardians and Case Manager/Supervisor on the progress of his goals/dreams. Caregivers will work with Jason to him to work on continue to be happy, healthy, and lose weight. Staff will provide opportunities for choice activities that Jason would enjoy doing. Staff will ensure that Jason can continue doing activities that he enjoys while at the day program.

