

7.5

**STAFF ORIENTATION AND ANNUAL TRAINING PLAN - PERSON SPECIFIC**

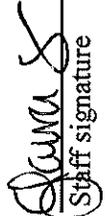
Staff name: Maria Hetchler  
 Date of background study submission: \_\_\_\_\_ Date of background study clearance: \_\_\_\_\_  
 Ongoing annual training period: \_\_\_\_\_ Date of first unsupervised contact: \_\_\_\_\_  
 Date of first supervised contact: \_\_\_\_\_

Before having unsupervised direct contact with persons served or for whom the staff has not previously provided direct support or any time these plans or procedures are revised, staff must review and receive instruction in the following areas as they relate to the staff's job functions for that person. \*Complete this form for each person served to whom the staff person will be providing direct contact services.  
 Training topics for community residential services (settings): training and competency evaluations must include the following topics, marked with an asterisk (\*) if identified in the *Coordinated Service and Support Plan*.

Name of person served: Tracy Thomas

Orientation to individual service recipient needs	Date of completion	Date and type of demonstrated competency	Length of training	Name of trainer and company, if applicable
*Appropriate and safe techniques in personal hygiene and grooming including: Hair care Bathing Care of teeth, gums, and oral prosthetic devices Other activities of daily living (ADLs) per 256B.0659-specify:	Observed OCT 25-29	NOV 1	1 Hour	Laura Stacken
*Understanding of what constitutes a healthy diet according to data from the CDC and the skills necessary to prepare that diet	wears a safety belt stand <del>power</del> to toilet	OCT 25-29 OBSERVED CHECKED OFF NOV 3rd	ATTENDS	Laura Stacken
*Skills necessary to provide appropriate support in instrumental activities of daily living (IADLs) per 256B.0659-specify:	NOT TRAINED			
CPR, if required by the CSSP or CSSP Addendum				

<p>CSPP, CSSP Addendum, and Self-Management Assessment to achieve and demonstrate an understanding of the person as a unique individual and how to implement those plans. Include outcomes, behavior plans, and any document specific to the person</p>	10/27/2021	10/27/21 - Read documents, competency quizzes completed	45 minutes	
<p>Individual Abuse Prevention Plan to achieve and demonstrate an understanding of the person as a unique individual and how to implement those plans</p>	10/27/2021	10/27/21 - Read documents, competency quizzes completed	45 minutes	
<p>Medication set up or medication administration training when staff set up or administer medications. Training also includes specific medication set up or administration procedures for the person</p>	NOT TRAINED			
<p>The safe and correct operation of medical equipment used by the person to sustain life or to monitor a medical condition that could become life threatening. This training must be provided by a licensed health care professional or manufacturer's representative</p>	N/A			
<p>Mental health crisis response, de-escalation techniques, and suicide intervention when providing direct support to a person with a serious mental illness</p>	de-escalation when creating tray in the bathroom new set of clothes			
<p>Other topics as determined necessary according to the person's Coordinated Service and Support Plan or identified by the company:</p> <p>Topic: NOTE BOOK</p> <p>Topic:</p> <p>Topic:</p>	TRACY'S BOOK WE CAN WRITE IN TO TELL YOU WHAT HANDOUT LIKE.	OCT 25-29	1 HOUR	Yauva Stacken

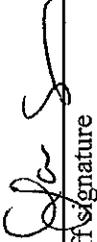
  
Staff signature

Date

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STAFF ORIENTATION AND ANNUAL TRAINING PLAN - PERSON SPECIFIC				
Staff name: Maria Hetchler				
Date of background study submission: _____ Date of hire: _____				
Ongoing annual training period: _____ Date of background study clearance: _____				
Date of first supervised contact: _____ Date of first unsupervised contact: _____				
Before having unsupervised direct contact with persons served or for whom the staff has not previously provided direct support or any time these plans or procedures are revised, staff must review and receive instruction in the following areas as they relate to the staff's job functions for that person. *Complete this form for each person served to whom the staff person will be providing direct contact services.				
Training topics for community residential services (settings): training and competency evaluations must include the following topics, marked with an asterick (*) if identified in the <i>Coordinated Service and Support Plan</i> .				
Name of person served: <i>Henry Hendrickson</i>				
Orientation to individual service recipient needs	Date of completion	Date and type of demonstrated competency	Length of training	Name of trainer and company, if applicable
*Appropriate and safe techniques in personal hygiene and grooming including: Hair care Bathing Care of teeth, gums, and oral prosthetic devices Other activities of daily living (ADLs) per 256B.0659-specify:	N/A			
*Understanding of what constitutes a healthy diet according to data from the CDC and the skills necessary to prepare that diet	Observed OCT 25-29	NOV 1 not trained yet	1 Hour ent-tube feeding	Laura Stacken
*Skills necessary to provide appropriate support in instrumental activities of daily living (IADLs) per 256B.0659-specify:	Arjo Stand he helps staff	OCT 25-29 Checked off NOV 3rd	4 Hours	Laura Stacken
CPR, if required by the CSSP or CSSP Addendum	Not trained	NOV 23rd Class		

<p>CSSP, CSSP Addendum, and Self-Management Assessment to achieve and demonstrate an understanding of the person as a unique individual and how to implement those plans. Include outcomes, behavior plans, and any document specific to the person.</p>	<p>10/27/2021</p>	<p>10/27/21 - Read documents, competency quizzes completed</p>	<p>45 minutes</p>	
<p>Individual Abuse Prevention Plan to achieve and demonstrate an understanding of the person as a unique individual and how to implement those plans</p>	<p>10/27/2021</p>	<p>10/27/21 - Read documents, competency quizzes completed</p>	<p>45 minutes</p>	
<p>Medication set up or medication administration training when staff set up or administer medications. Training also includes specific medication set up or administration procedures for the person</p>	<p>Not trained G-tube feeding</p>			
<p>The safe and correct operation of medical equipment used by the person to sustain life or to monitor a medical condition that could become life threatening. This training must be provided by a licensed health care professional or manufacturer's representative</p>	<p>N/A</p>			
<p>Mental health crisis response, de-escalation techniques, and suicide intervention when providing direct support to a person with a serious mental illness</p>	<p>N/A</p>			
<p>Other topics as determined necessary according to the person's Coordinated Service and Support Plan or identified by the company:</p> <p>Topic: G-tube feeding Topic: Topic:</p>	<p>Not trained</p>			

Staff Signature 

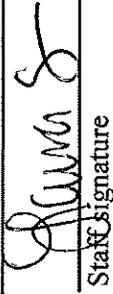
Date

11.5

STAFF ORIENTATION AND ANNUAL TRAINING PLAN - PERSON SPECIFIC				
<b>Staff name:</b> Maria Hetchler <b>Date of background study submission:</b> <b>Ongoing annual training period:</b> <b>Date of first supervised contact:</b>				
<b>Date of hire:</b> <b>Date of background study clearance:</b> <b>Date of first unsupervised contact:</b>				
Before having unsupervised direct contact with persons served or for whom the staff has not previously provided direct support or any time these plans or procedures are revised, staff must review and receive instruction in the following areas as they relate to the staff's job functions for that person. *Complete this form for each person served to whom the staff person will be providing direct contact services.				
Training topics for community residential services (settings): training and competency evaluations must include the following topics, marked with an asterick (*) if identified in the <i>Coordinated Service and Support Plan</i> .				
<b>Name of person served:</b> Jason Hansen				
Orientation to individual service recipient needs	Date of completion	Date and type of demonstrated competency	Length of training	Name of trainer and company, if applicable
*Appropriate and safe techniques in personal hygiene and grooming including: Hair care Bathing Care of teeth, gums, and oral prosthetic devices Other activities of daily living (ADLs) per 256B.0659-specify:	N/A			
*Understanding of what constitutes a healthy diet according to data from the CDC and the skills necessary to prepare that diet	Seen Oct 25-29	NOV 2	1 HOUR	Laura Stacken
*Skills necessary to provide appropriate support in instrumental activities of daily living (IADLs) per 256B.0659-specify:	Cares for himself independent	NOV 2	1 HOUR	Laura Stacken
CPR, if required by the CSSP or CSSP Addendum	Not trained			

11.5

<p>CSSP, CSSP Addendum, and Self-Management Assessment to achieve and demonstrate an understanding of the person as a unique individual and how to implement those plans. Include outcomes, behavior plans, and any document specific to the person</p>	<p>10/27/2021</p>	<p>10/27/21 - Read documents, competency quizzes completed</p>	<p>45 minutes</p>	
<p>Individual Abuse Prevention Plan to achieve and demonstrate an understanding of the person as a unique individual and how to implement those plans</p>	<p>10/27/2021</p>	<p>10/27/21 - Read documents, competency quizzes completed</p>	<p>45 minutes</p>	
<p>Medication set up or medication administration training when staff set up or administer medications. Training also includes specific medication set up or administration procedures for the person</p>	<p>Not trained</p>			
<p>The safe and correct operation of medical equipment used by the person to sustain life or to monitor a medical condition that could become life threatening. This training must be provided by a licensed health care professional or manufacturer's representative</p>	<p>N/A</p>			
<p>Mental health crisis response, de-escalation techniques, and suicide intervention when providing direct support to a person with a serious mental illness</p>	<p>N/A</p>			
<p>Other topics as determined necessary according to the person's Coordinated Service and Support Plan or identified by the company: Topic: Topic: Topic:</p>	<p>Jason is easy going guy go with the flow</p>	<p>NONE</p>	<p>8 hours</p>	<p>Laura Stacken</p>

Staff Signature 

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STAFF ORIENTATION AND ANNUAL TRAINING PLAN - PERSON SPECIFIC				
Staff name: Maria Hetchler				
Date of background study submission: _____				
Date of background study clearance: _____				
Ongoing annual training period: _____				
Date of first supervised contact: _____				
Before having unsupervised direct contact with persons served or for whom the staff has not previously provided direct support or any time these plans or procedures are revised, staff must review and receive instruction in the following areas as they relate to the staff's job functions for that person. *Complete this form for each person served to whom the staff person will be providing direct contact services.				
Training topics for community residential services (settings): training and competency evaluations must include the following topics, marked with an asterick (*) if identified in the <i>Coordinated Service and Support Plan</i> .				
Name of person served: <i>Monica Bedemus</i>				
Orientation to individual service recipient needs	Date of completion	Date and type of demonstrated competency	Length of training	Name of trainer and company, if applicable
*Appropriate and safe techniques in personal hygiene and grooming including:  Hair care Bathing  Care of teeth, gums, and oral prosthetic devices  Other activities of daily living (ADLs) per 256B.0659-specify:	<i>N/A</i>			
*Understanding of what constitutes a healthy diet according to data from the CDC and the skills necessary to prepare that diet	<i>Observed Oct 25-29</i>	<i>seen Nov 1</i>	<i>1 Hour</i>	<i>Laura Stacken</i>
*Skills necessary to provide appropriate support in instrumental activities of daily living (IADLs) per 256B.0659-specify:	<i>Arjo Care Oct 25-29</i>	<i>Nov 2nd</i>	<i>1 Hour</i>	<i>Laura Stacken</i>
CPR, if required by the CSSP or CSSP Addendum	<i>Not Trained</i>			

<p>CSSP, CSSP Addendum, and Self-Management Assessment to achieve and demonstrate an understanding of the person as a unique individual and how to implement those plans. Include outcomes, behavior plans, and any document specific to the person</p>	<p>10/27/2021</p>	<p>10/27/21 - Read documents, competency quizzes completed</p>	<p>45 minutes</p>	
<p>Individual Abuse Prevention Plan to achieve and demonstrate an understanding of the person as a unique individual and how to implement those plans</p>	<p>10/27/2021</p>	<p>10/27/21 - Read documents, competency quizzes completed</p>	<p>45 minutes</p>	
<p>Medication set up or medication administration training when staff set up or administer medications. Training also includes specific medication set up or administration procedures for the person</p>	<p>NOT TRAINED</p>			
<p>The safe and correct operation of medical equipment used by the person to sustain life or to monitor a medical condition that could become life threatening. This training must be provided by a licensed health care professional or manufacturer's representative</p>	<p>N/A</p>			
<p>Mental health crisis response, de-escalation techniques, and suicide intervention when providing direct support to a person with a serious mental illness</p>	<p>Fidgets HEMS, WATER 6025-29</p>	<p>NOV 2</p>	<p>1 HOUR</p>	<p>LAURA STACKEN</p>
<p>Other topics as determined necessary according to the person's Coordinated Service and Support Plan or identified by the company: Topic: Topic: Topic:</p>	<p>AFD's on legs for cases to help with Standing</p>	<p>NOV 3rd</p>	<p>1 HOUR</p>	<p>LAURA STACKEN</p>

  
Staff signature

Date

5.5

**STAFF ORIENTATION AND ANNUAL TRAINING PLAN - PERSON SPECIFIC**

Staff name: Maria Hetchler

Date of hire:

Date of background study submission:

Date of background study clearance:

Ongoing annual training period:

Date of first unsupervised contact:

Before having unsupervised direct contact with persons served or for whom the staff has not previously provided direct support or any time these plans or procedures are revised, staff must review and receive instruction in the following areas as they relate to the staff's job functions for that person. \*Complete this form for each person served to whom the staff person will be providing direct contact services.

Training topics for community residential services (settings): training and competency evaluations must include the following topics, marked with an asterick (\*) if identified in the *Coordinated Service and Support Plan*.

Name of person served: *Dorothy Carter*

Orientation to individual service recipient needs	Date of completion	Date and type of demonstrated competency	Length of training	Name of trainer and company, if applicable
*Appropriate and safe techniques in personal hygiene and grooming including: Hair care Bathing Care of teeth, gums, and oral prosthetic devices Other activities of daily living (ADLs) per 256B.0659-specify:	N/A			
*Understanding of what constitutes a healthy diet according to data from the CDC and the skills necessary to prepare that diet	Observed Oct 25-29	Nov 1 Feb Dining Union	1 Hour	Laura Stacken
*Skills necessary to provide appropriate support in instrumental activities of daily living (IADLs) per 256B.0659-specify:	Staid in the bathroom to <del>eat</del> curies Oct 25-29	Nov 2nd	1 Hour	Laura Stacken
CPR, if required by the CSSP or CSSP Addendum	Not trained			

CSSP, CSSP Addendum, and Self-Management Assessment to achieve and demonstrate an understanding of the person as a unique individual and how to implement those plans. Include outcomes, behavior plans, and any document specific to the person	10/27/2021	10/27/21 - Read documents, competency quizzes completed	45 minutes	
Individual Abuse Prevention Plan to achieve and demonstrate an understanding of the person as a unique individual and how to implement those plans	10/27/2021	10/27/21 - Read documents, competency quizzes completed	45 minutes	
Medication set up or medication administration training when staff set up or administer medications. Training also includes specific medication set up or administration procedures for the person	not trained			
The safe and correct operation of medical equipment used by the person to sustain life or to monitor a medical condition that could become life threatening. This training must be provided by a licensed health care professional or manufacturer's representative	N/A			
Mental health crisis response, de-escalation techniques, and suicide intervention when providing direct support to a person with a serious mental illness	give DC a flight team. 10/25-10/29	Nov 1	1 hour	Laura Stacken
Other topics as determined necessary according to the person's Coordinated Services and Support Plan or identified by the company: Topic: Topic: Topic:	Seizure protocol - helmet always wears it. - Foot Details	observed 10/25-10/29	1 hour	Laura Stacken

Laura Stacken  
Staff signature

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STAFF ORIENTATION AND ANNUAL TRAINING PLAN - PERSON SPECIFIC				
Staff name: Maria Hetchler				
Date of background study submission: _____				
Date of background study clearance: _____				
Ongoing annual training period: _____				
Date of first supervised contact: _____				
Date of first unsupervised contact: _____				
Before having unsupervised direct contact with persons served or for whom the staff has not previously provided direct support or any time these plans or procedures are revised, staff must review and receive instruction in the following areas as they relate to the staff's job functions for that person. *Complete this form for each person served to whom the staff person will be providing direct contact services.				
Training topics for community residential services (settings): training and competency evaluations must include the following topics, marked with an asterick (*) if identified in the <i>Coordinated Service and Support Plan</i> .				
Name of person served: Andrew Sevian				
Orientation to individual service recipient needs	Date of completion	Date and type of demonstrated competency	Length of training	Name of trainer and company, if applicable
*Appropriate and safe techniques in personal hygiene and grooming including: Hair care Bathing Care of teeth, gums, and oral prosthetic devices Other activities of daily living (ADLs) per 256B.0659-specify:	N/A			
*Understanding of what constitutes a healthy diet according to data from the CDC and the skills necessary to prepare that diet	NOV 1	NOV 1	1 HOUR	Laura Stacken
*Skills necessary to provide appropriate support in instrumental activities of daily living (IADLs) per 256B.0659-specify:	NOV 1st Training Oct 25 - 29	NOV 2nd	4 Hours	Laura Stacken
CPR, if required by the CSSP or CSSP Addendum	Not Yet Trained			

<p>CSSP, CSSP Addendum, and Self-Management Assessment to achieve and demonstrate an understanding of the person as a unique individual and how to implement those plans. Include outcomes, behavior plans, and any document specific to the person</p>	<p>10/27/2021</p>	<p>10/27/21 - Read documents, competency quizzes completed</p>	<p>45 minutes</p>	
<p>Individual Abuse Prevention Plan to achieve and demonstrate an understanding of the person as a unique individual and how to implement those plans</p>	<p>10/27/2021</p>	<p>10/27/21 - Read documents, competency quizzes completed</p>	<p>45 minutes</p>	
<p>Medication set up or medication administration training when staff set up or administer medications. Training also includes specific medication set up or administration procedures for the person</p>	<p>Not Trained</p>			
<p>The safe and correct operation of medical equipment used by the person to sustain life or to monitor a medical condition that could become life threatening. This training must be provided by a licensed health care professional or manufacturer's representative</p>	<p>N/A</p>			
<p>Mental health crisis response, de-escalation techniques, and suicide intervention when providing direct support to a person with a serious mental illness</p>	<p>de-escalation techniques 10/25-10/29 MUSIC, SENSORY ITEMS, Read to by staff</p>	<p>NOV 1</p>	<p>1 Hour</p>	<p>Laura Stacken</p>
<p>Other topics as determined necessary according to the person's Coordinated Service and Support Plan or identified by the company: Topic: Topic: Topic:</p>	<p>Read to him his books go on walks</p>	<p>Observed 10/25-10/29 Checked off NOV 1</p>	<p>4 Hours</p>	<p>Laura Stacken</p>

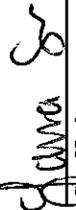
  
 Staff signature

Date

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STAFF ORIENTATION AND ANNUAL TRAINING PLAN - PERSON SPECIFIC				
Staff name: Maria Hetchler				
Date of background study submission: _____ Date of hire: _____				
Date of background study clearance: _____				
Ongoing annual training period: _____				
Date of first supervised contact: _____ Date of first unsupervised contact: _____				
Before having unsupervised direct contact with persons served or for whom the staff has not previously provided direct support or any time these plans or procedures are revised, staff must review and receive instruction in the following areas as they relate to the staff's job functions for that person. *Complete this form for each person served to whom the staff person will be providing direct contact services.				
Training topics for community residential services (settings): training and competency evaluations must include the following topics, marked with an asterick (*) if identified in the <i>Coordinated Service and Support Plan</i> .				
Name of person served: Krista Young				
Orientation to individual service recipient needs	Date of completion	Date and type of demonstrated competency	Length of training	Name of trainer and company, if applicable
*Appropriate and safe techniques in personal hygiene and grooming including: Hair care Bathing				
Care of teeth, gums, and oral prosthetic devices	N/A			
Other activities of daily living (ADLs) per 256B.0659-specify:				
*Understanding of what constitutes a healthy diet according to data from the CDC and the skills necessary to prepare that diet	NOV 1	NOV 1	1 HOUR	Laura Stacken
*Skills necessary to provide appropriate support in instrumental activities of daily living (IADLs) per 256B.0659-specify:	Arjo Cares OCT 25-29	NOV 2nd	4 HOURS	Laura Stacken
CPR, if required by the CSSP or CSSP Addendum	Not trained as of now			

<p>CSSP, CSSP Addendum, and Self-Management Assessment to achieve and demonstrate an understanding of the person as a unique individual and how to implement those plans. Include outcomes, behavior plans, and any document specific to the person</p>	<p>10/27/2021</p>	<p>10/27/21 - Read documents, competency quizzes completed</p>	<p>45 minutes</p>	
<p>Individual Abuse Prevention Plan to achieve and demonstrate an understanding of the person as a unique individual and how to implement those plans</p>	<p>10/27/2021</p>	<p>10/27/21 - Read documents, competency quizzes completed</p>	<p>45 minutes</p>	
<p>Medication set up or medication administration training when staff set up or administer medications. Training also includes specific medication set up or administration procedures for the person</p>	<p>Not med trained</p>			
<p>The safe and correct operation of medical equipment used by the person to sustain life or to monitor a medical condition that could become life threatening. This training must be provided by a licensed health care professional or manufacturer's representative</p>	<p>N/A</p>			
<p>Mental health crisis response, de-escalation techniques, and suicide intervention when providing direct support to a person with a serious mental illness</p>	<p>de-escalation techniques shown OCT 29TH KRISTA GRIMM</p>	<p>NOV 1</p>	<p>30 min</p>	<p>Laura Stacken</p>
<p>Other topics as determined necessary according to the person's Coordinated Service and Support Plan or identified by the company: Topic: Topic: Topic:</p>	<p>Magazines with stand</p>	<p>NOV 1</p>		<p>Laura Stacken</p>

  
Staff signature

Date

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STAFF ORIENTATION AND ANNUAL TRAINING PLAN - PERSON SPECIFIC				
Staff name: Maria Hetchler				
Date of background study submission: Date of background study clearance:				
Ongoing annual training period:				
Date of first supervised contact: Date of first unsupervised contact:				
Before having unsupervised direct contact with persons served or for whom the staff has not previously provided direct support or any time these plans or procedures are revised, staff must review and receive instruction in the following areas as they relate to the staff's job functions for that person. *Complete this form for each person served to whom the staff person will be providing direct contact services.				
Training topics for community residential services (settings): training and competency evaluations must include the following topics, marked with an asterisk (*) if identified in the <i>Coordinated Service and Support Plan</i> .				
Name of person served: Jordan Holm				
Orientation to individual service recipient needs	Date of completion	Date and type of demonstrated competency	Length of training	Name of trainer and company, if applicable
*Appropriate and safe techniques in personal hygiene and grooming including:  Hair care Bathing Care of teeth, gums, and oral prosthetic devices Other activities of daily living (ADLs) per 256B.0659-specify:	N/A			
*Understanding of what constitutes a healthy diet according to data from the CDC and the skills necessary to prepare that diet	Observed NOV 3rd 2021	NOV 3rd 2021		GI-tube feeding Maria is not trained
*Skills necessary to provide appropriate support in instrumental activities of daily living (IADLs) per 256B.0659-specify:	NOV 3rd Sling & track system for cares	NOV 3rd	4 Hours	Laura Stacken
CPR, if required by the CSSP or CSSP Addendum	Not trained as of now			

<p>CSPP, CSPP Addendum, and Self-Management Assessment to achieve and demonstrate an understanding of the person as a unique individual and how to implement those plans. Include outcomes, behavior plans, and any document specific to the person</p>	<p>10/27/2021</p>	<p>10/27/21 - Read documents, competency quizzes completed</p>	<p>45 minutes</p>	
<p>Individual Abuse Prevention Plan to achieve and demonstrate an understanding of the person as a unique individual and how to implement those plans</p>	<p>10/27/2021</p>	<p>10/27/21 - Read documents, competency quizzes completed</p>	<p>45 minutes</p>	
<p>Medication set up or medication administration training when staff set up or administer medications. Training also includes specific medication set up or administration procedures for the person</p>	<p>NOT MED Trained as of now</p>			
<p>The safe and correct operation of medical equipment used by the person to sustain life or to monitor a medical condition that could become life threatening. This training must be provided by a licensed health care professional or manufacturer's representative</p>	<p><del>Medication</del> N/A</p>			
<p>Mental health crisis response, de-escalation techniques, and suicide intervention when providing direct support to a person with a serious mental illness</p>	<p>Check JH to see if gas is causing issues</p>	<p>Oct 29th</p>	<p>15min</p>	<p>Laura Stacken Maria is not yet trained on ETUDES</p>
<p>Other topics as determined necessary according to the person's Coordinated Service and Support Plan or identified by the company: Topic: Topic: Topic:</p>	<p>Sling for Cases</p>	<p>Observed 10/25-10/29 Checked off NOV 3rd</p>	<p>4 Hours</p>	<p>Laura Stacken</p>

  
Staff signature

Date

6.75

## STAFF ORIENTATION AND ANNUAL TRAINING PLAN - PERSON SPECIFIC

Staff name: Maria Hetchler

Date of hire:

Date of background study submission:

Date of background study clearance:

Ongoing annual training period:

Date of first supervised contact:

Date of first unsupervised contact:

Before having unsupervised direct contact with persons served or for whom the staff has not previously provided direct support or any time these plans or procedures are revised, staff must review and receive instruction in the following areas as they relate to the staff's job functions for that person. \*Complete this form for each person served to whom the staff person will be providing direct contact services.

Training topics for community residential services (settings): training and competency evaluations must include the following topics, marked with an asterick (\*) if identified in the *Coordinated Service and Support Plan*.

Name of person served: Nikki Reitan

Orientation to individual service recipient needs	Date of completion	Date and type of demonstrated competency	Length of training	Name of trainer and company, if applicable
* Appropriate and safe techniques in personal hygiene and grooming including:  Hair care Bathing  Care of teeth, gums, and oral prosthetic devices  Other activities of daily living (ADLs) per 256B.0659-specify:	N/A			
* Understanding of what constitutes a healthy diet according to data from the CDC and the skills necessary to prepare that diet  * Skills necessary to provide appropriate support in instrumental activities of daily living (IADLs) per 256B.0659-specify:	Observed Oct 25-29	Nov 1	1 hour	Laura Stalcken
CPR, if required by the CSSP or CSSP Addendum	Not trained			
goes to care's room check for busies	Nov 2		4 hours	Laura Stalcken

<p>CSSP, CSSP Addendum, and Self-Management Assessment to achieve and demonstrate an understanding of the person as a unique individual and how to implement those plans. Include outcomes, behavior plans, and any document specific to the person</p>	<p>10/27/2021</p>	<p>10/27/21 - Read documents, competency quizzes completed</p>	<p>45 minutes</p>	
<p>Individual Abuse Prevention Plan to achieve and demonstrate an understanding of the person as a unique individual and how to implement those plans</p>	<p>10/27/2021</p>	<p>10/27/21 - Read documents, competency quizzes completed</p>	<p>45 minutes</p>	
<p>Medication set up or medication administration training when staff set up or administer medications. Training also includes specific medication set up or administration procedures for the person</p>	<p>Not Trained</p>			
<p>The safe and correct operation of medical equipment used by the person to sustain life or to monitor a medical condition that could become life threatening. This training must be provided by a licensed health care professional or manufacturer's representative</p>	<p>N/A</p>			
<p>Mental health crisis response, de-escalation techniques, and suicide intervention when providing direct support to a person with a serious mental illness</p>	<p>N/A</p>			
<p>Other topics as determined necessary according to the person's Coordinated Service and Support Plan or identified by the company:</p> <p>Topic:</p> <p>Topic:</p> <p>Topic:</p>	<p>Communication Debrief</p>	<p>Nov 3rd</p>	<p>15 min</p>	<p>Laura Stacker</p>

Staff signature

Date