



In-Service Training Log – Oakdale

Date:

8-23-22

Type of Meeting:

All-Staff

NOTE: INFORMATION IN GRAY SHADED AREAS MUST BE TYPED IN

Training Time	Trainer Name	Training ID	Area	Content/Description
.25	Ashleigh Shirley			Legislative policy changes
.5	Ashleigh Shirley			MC comp quiz

Make up Date	Initial	EE ID	Last Name
	MBP		Basurto-Poferl, Mari
			Berglund, Sara
	AD		Diaz, Amanda
	PD		Dyer, Paris
	AFM		Fierro-Montes, Alfredo
	TG		Gould, Trey
	UX		Hartman, Lisa
	TL		Lorsung, Tristen
			Perry, Kathy
	MS		Sweeny, Maurita

Make up Date	Initial	EE ID	Last Name
	KY		Yang, Katrina
	ZW		Weinmann, Zach

Make up Date	Initial	EE ID	Managers/Admin
			Hiland, Lindsay
	AS		Shirley, Ashleigh

Make up Date	Initial	EE ID	Other Attendees

1944

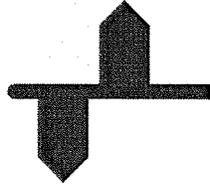
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PAI-Oakdale Team Meeting

8.23.2022



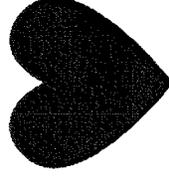
Welcome



Sign In



Introductions



A moment of gratitude

2022 Legislation Session Changes

August 2022

Coordinated Services Support Plan (CSSP) is now called a Support Plan and the CSSPA is now called a Support Plan Addendum

- Due to this change, wordage was updated in the following policies:
 - Data Privacy
 - Emergency Use of Manual Restraint (repetitive language also removed)
 - Admission
 - Responding to and Reporting Incidents
 - Emergencies
 - Reviewing Incidents and Emergencies
 - Safe Transportation
 - Safe Medication Assistance and Administration

Reporting and Review of Maltreatment of Vulnerable Adults

- Changed the title of the primary individual responsible for receiving internal reports of maltreatment to the Program Director. Changed the title of the secondary individual responsible for receiving internal reports of maltreatment to the Program Supervisor.
- The definition of abuse found in Minnesota Statutes, section 626.5572, Subd. 2, b was updated with the following changes:

(b) Conduct which is not an accident or therapeutic conduct as defined in this section, which produces or could reasonably be expected to produce physical pain or injury or emotional distress including, but not limited to, the following:

- (1) hitting, slapping, kicking, pinching, biting, or corporal punishment of a vulnerable adult;
- (2) use of repeated or malicious oral, written, or gestured language toward a vulnerable adult or the treatment of a vulnerable adult which would be considered by a reasonable person to be disparaging, derogatory, humiliating, harassing, or threatening; or
- (3) use of any aversive or deprivation procedure, unreasonable confinement, or involuntary seclusion, including the forced separation of the vulnerable adult from other persons against the will of the vulnerable adult or the legal representative of the vulnerable adult, ~~and unless authorized under applicable licensing requirements or Minnesota Rules, chapter 9544.~~

~~(4) use of any aversive or deprivation procedures for persons with developmental disabilities or related conditions not authorized under section 245.825.~~

Continued...

- The definition of neglect found in Minnesota Statutes, section 626.5572, Subd. 17 was updated with the following changes:

Subd. 17. Neglect.

~~"Neglect" means:~~ Neglect means neglect by a caregiver or self-neglect.

- (a) "Caregiver neglect" means" the failure or omission by a caregiver to supply a vulnerable adult with care or services, including but not limited to, food, clothing, shelter, health care, or supervision which is:
- (1) reasonable and necessary to obtain or maintain the vulnerable adult's physical or mental health or safety, considering the physical and mental capacity or dysfunction of the vulnerable adult; and
 - (2) which is not the result of an accident or therapeutic conduct.

- (b) ~~The absence or likelihood of absence of care or services, including but not limited to, food, clothing, shelter, health care, or supervision necessary to maintain the physical and mental health of the vulnerable adult. "Self-neglect" means neglect by a vulnerable adult of the vulnerable adult's own food, clothing, shelter, health care, or other services that are not the responsibility of a caregiver which a reasonable person would deem essential to obtain or maintain the vulnerable adult's health, safety, or comfort. considering the physical or mental capacity or dysfunction of the vulnerable adult.~~

Service Termination

- Language changes were made from program or facility to license holder.
- The safety or health of staff was added as a possible reason for service termination.

Responding to and Reporting Incidences

- Legislation changed the definition of incident to include advanced practice registered nurse and physician assistant treatment

Reviewing Incidents and Emergencies

- Our policy included a reference to repealed statutory language for the Maltreatment of Minors Act. That old reference of MN Statutes, section 626.556 was replaced with the new reference of 260E.
- Our policy had language changed to reflect the title of the primary individual responsible for receiving internal reports of maltreatment to the Program Director. In addition, the language changed the title of the secondary individual responsible for receiving internal reports of maltreatment to the Program Supervisor.

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- Policies and forms will be updated on the drives, website, DocuSign, and the physical policy books onsite by the end of day Friday 8/26 (by Cortney). Please use the new forms for any meetings after this date.
 - Cortney will bring letters to each site to send home with participants on Friday 8/26.
 - Cortney will be sending an email to all team members on Friday 8/26 notifying teams of the changes.
 - PS's will share these slides at an all staff meeting next week 8/22-8/26 and complete an in-service training log (like we are today).



Competency Reviews

Outcome #1: Monthly, Madrid will choose which outings he'd like to participate in in 75% of trials, over a 6-month period. Staff will tell Madrid it's time to pick his outings. Using picture cards, staff will explain each outing location/ activity to Madrid giving him time to process. Madrid will choose from the two presented options. Staff will sign Madrid up for those outings.

Outcome #2: Twice a week, Madrid will participate in a group of his choice in 70% of trials over a 6-month period. Staff will inform Madrid what activities are for the day, present him two options on the I-pad for him to choose to participate in. When chosen activity is happening, staff will ask/invite him to participate in the activity

Communication Style: Facial expressions, pulling away/reaching for, Madrid can say some words. Madrid will respond to one or two step instructions with support. Madrid benefits from a calm firm tone when getting support or redirection.

Learning Style: Learns through observation, repetition, and physical assistance



Competency Reviews

<p>Allergies: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A</p>	<p>List & Describe Supports: Seasonal allergies</p>
<p>Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A</p>	<p>Describe Supports: No Seizures</p>
<p>Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: Madrid's food will come to PAI prepared. Staff will cut Madrid's food into bite size pieces if he requests. Madrid may need to be reminded to slow down while he's eating.</p>
<p>Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: Staff will refrain from giving Madrid too many sweets at PAI. Staff can offer Madrid food on the plate it's sent in. Madrid brings a water bottle to PAI that he prefers to drink from. If Madrid is sent with a salad, staff will assist him in putting the dressing on his salad. He can eat independently. Madrid comes with a morning snack to eat upon his arrival to PAI.</p>

Competency Reviews

<p>Chronic Medical Conditions:</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>List & Describe Supports: •ADHD: Staff will support by encouraging him to stay focused on tasks and offer new ways to learn during his day. •history of asthma; however, it has not been an issue in a long time. He does not use an inhaler to treat his asthma. •Heart Murmur</p> <p>DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>Medication at PAI: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A</p>	<p>Describe Supports: Madrid does not take any medications at PAI. If he does put it in yogurt or he's able to swallow pills with water if needed</p>
<p>Personal Cares:</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Describe Supports: Staff will supervise Madrid in the bathroom at all times. Staff will assist Madrid with wiping after a BM. Madrid needs reminders 2-3 times during the program day to use the bathroom. Madrid may say "owie" if he has had an accident or is about to.</p>
<p>Mobility/Fall Risk:</p> <p><input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A</p>	<p>Describe Supports: Not at Risk of falling.</p>
<p>Community Support:</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Staff will model pedestrian safety skills. Madrid is at risk of running/wandering away. Staff will stay at a close distance and stay between Madrid and potential hazards/the street."</p>





Competency Reviews

Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: He may engage in self-stim, spinning and rocking. Madrid is able to engage in self-regulation techniques with staff assistance. Madrid likes to be moving. He may run and/or jump or pace back and forth.
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: None Here.
Important to: routine, spending time with family, positive encouragement/praise, manipulatives.	
Important for: routines, having his "toys", doing different things	
Likes: Cars, riding my three-wheel bike, walking the dog, swinging in the hammock, being outside, routines, spending time with family	
Dislikes: Change, going to "dad's" (is fine once he gets there)	

Staff: Katrina



Service Recipient: Madrid

Date: 8/23/22

Service Span: Aug 2022-23

Outcomes:

Outcome #1
Monthly, Madrid will choose which outings he'd like to participate in 75% of trials over 6mo period

Outcome #2:
2x a week, will participate in a group of his choice in 70% of trials over a 6mo period

Communication Style:
facial expressions, pulling away/reaching for, Madrid can say some words.

Learning Style:
repetition, observation

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: Seasonal
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: none
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: food comes prepared, cut into bite size, "slow down"
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: limit sweets, ind, morning snack, self water bottle
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: ADHD heart murmur history of asthma 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: doesn't take here; yogurt/water
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: 2-3x bathroom; supervision, aid w/ BM clean up "lowie" indicator
Mobility/Fall Risk: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: none
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: risk of elopement, staff model pedestrian skills
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: likes to be moving
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: none
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: none
Important to:	routine, family time,
Important for:	routines, "toys",
Likes:	cars, bike, walking dog
Dislikes:	change, "dad's place" (okay when there)

Lead Review Completed: Jewellen Peedy



Staff: Each Weinmann

Date: 8-23-22



Service Recipient: Madrid Castrejon

Service Span: Aug 22 -> 23

Outcomes:

Outcome #1 Choose outings to participate in. Pic cards,

Outcome #2: Participate in group of his choice 2X weekly.

Communication Style: Facial expr, Pushing, pulling away, Calm, firm tone

Learning Style: observation, repetition, Physical assistance.

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>Seasonal</u>
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Comes prepared, cut up at request, remind to slow down</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Refrain from too many sweets, AM SNACK, water bottle, dress, socks</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <u>N/A</u>	List & Describe Supports: <u>ADHD, Stay focused, offer learning opportunities</u> DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <u>History of Asthma, Heart Murmur</u>
Medication at PAI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <u>N/A</u>	Describe Supports: <u>No meds @ PAI,</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Staff supervise @ all times, Clean after BM, Once if accident</u>
Mobility/Fall Risk: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Self stim, sitting, rocking, Paces. Run, Jump</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>Model safety in community</u> <u>Run/wander</u>
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>None</u>
Important to:	<u>Routine, fam, manipulatives, Praise</u>
Important for:	<u>Routine, toys, doing different things</u>
Likes:	<u>3 wheel, cars, hammock, Routines</u>
Dislikes:	<u>Change, going to dad's</u>

Staff: Mari BP
 Date: 8-26-22



Service Recipient: Madrid C
 Service Span: 8/22 - 8/23

Outcomes:

Outcome #1	Monthly Madrid will choose which outings he'd like to participate in. Staff will tell him 75% of time to pick his outings. Staff will give him time to process his choices.
Outcome #2:	Twice a week Madrid will participate in a group or his choice in 20% of all trials. Staff will inform him of activities & present him with options & will invite him to activity.
Communication Style:	facial expressions, pulling away & reaching for, can say some words
Learning Style:	observation, repetition, & physical assistance

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: Seasonal allergies
Seizures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: comes NA
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: comes w/ prepared food, bite size pieces, to slow down. may need restriction
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: will refrain from giving him too many sweets. bring water bottle, can eat independently
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: ADHD, history of asthma, heart murmur. doesn't use inhaler DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Medication at PAI: <input type="checkbox"/> No <input type="checkbox"/> Yes NA	Describe Supports: Doesn't take meds at PAI. if he were can swallow - w/ water or juice
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: staff will supervise Madrid in bathroom, will assist in cleaning up bum, needs reminders face bathroom
Mobility/Fall Risk: <input type="checkbox"/> No <input type="checkbox"/> Yes NA	Describe Supports: Not at risk
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: staff will model pedestrian safety skills at risk of wandering, stay at close distance
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: May engage in self stim, spinning or rocking. likes to be moving
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes NA	List & Describe Supports:
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:
Important to:	routines, having his toys, doing different things
Important for:	cars, riding 3 wheeled bikes, walking the dog, swimming in the pool, making a rutches
Likes:	important to spending time w/ family, positive encouragement & praise
Dislikes:	change, "going to dad's"

Staff: Maura Sweeney



Service Recipient: Madrid C.

Date: 8/23/22

Service Span: Aug 22-'23

Outcomes:

Outcome #1	Choose outings held like to participate in, staff will use picture cards to choose.
Outcome #2:	2x/wk participate in group of his choice. staff will present 2 options on IPA.
Communication Style:	Facial expressions. Pulling away or reaching for. Some verbal.
Learning Style:	Observation, repetition, Physical Assist.

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>seasonal</u>
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes <u>N/A</u>	Describe Supports: <u>N/A</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Bite size pieces, Reminders to slow down while eating.</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>limit sweets. Offer food on plate it's sent in. Drinks from own water bottle</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>ADHD – encourage to stay focused & Asthma – No inhaler. Has heart murmur</u> DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Medication at PAI: <input type="checkbox"/> No <input type="checkbox"/> Yes <u>N/A</u>	Describe Supports: <u>Does not take at PAI. If did he can take in yogurt or swallow with water.</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Staff supervise in bathroom. Assist cleaning up 2-3x as remind to use bathroom.</u>
Mobility/Fall Risk: <input type="checkbox"/> No <input type="checkbox"/> Yes <u>N/A</u>	Describe Supports: <u>N/A remind to walk safely - he will slow</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Staff model pedestrian safety skills. Staff will stay in close distance. He may wonder.</u>
Sensory Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>May engage in self stim by rocking, pacing, jumping.</u>
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes <u>N/A</u>	List & Describe Supports: <u>N/A</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>HAS no unsupervised time at PAI.</u>
Important to:	<u>Routine, family, manipulatives, Praise</u>
Important for:	<u>Routine, toys, variety of activity.</u>
Likes:	<u>Cars, 3 wheel bike, walking dog, swinging in hammock</u>
Dislikes:	<u>Change. Going to Dad's (is fine when gets there)</u>

Staff: Lisa Hartman

Date: 8/23/22



Service Recipient: Madrid Castrejon

Service Span: Aug 22-23

Outcomes:

Outcome #1	Monthly, will choose which outing he'd like to participate in pick outing, using picture cards explain time to process choose
Outcome #2:	2x/wk, will participate in group of his choice what activities - use iPad & pictures, choose - invite to do
Communication Style:	facial expressions, some words 1-2 step instructions can calm firm tone - pulling away - reaching for
Learning Style:	observation repetition + physical assistance

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: Seasonal
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes <u>NA</u>	Describe Supports: <u>NA</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: PAI prepared - have bite sized pieces - remind to slow down
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>not too many sweets @ PAI</u> food from his plate - H ₂ O in bottle eats ind. snack in am @ PAI
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: ADHD - stay focused, new ways SDNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes to learn during tan Asthma - a issue Heart murmur
Medication at PAI: <input type="checkbox"/> No <input type="checkbox"/> Yes <u>NA</u>	Describe Supports: <u>NA</u> - yogurt if have swallow & H ₂ O if needed
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: supervise at all times help in bus 2-3x to use restroom owie if accident or about to
Mobility/Fall Risk: <input type="checkbox"/> No <input type="checkbox"/> Yes <u>NA</u>	Describe Supports: <u>NA</u> not at risk of falling
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: made ped. safety shells at risk of running/ stay close to madrid + hazards in street walking away
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: self stim, spinning + rocking self reg tech. likes to move
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes <u>NA</u>	List & Describe Supports: <u>NA</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NA</u> here
Important to:	routine spending time in family + encouragement/praise manipulation
Important for:	"toys" doing new things routine
Likes:	cars, 3-wheeled bike walking dog swimming in hammock being outside routine family
Dislikes:	change, going to dad's, - fine when there

Lead Review Completed: Frederick Seely

Staff: Paris D

Date: 8-23-22



Service Recipient: 8/23

Service Span: 8/23

Outcomes:

Outcome #1 Monthly, Madrid will choose which outings he would like to participate in
Staff will show Madrid picture cards
Staff will give response time
Staff will sign Madrid up for outing

Outcome #2: 2x per week, Madrid will participate in group of choice
Staff will inform Madrid of activities
When chosen, invite Madrid to activities

Communication Style:
facial expressions, pulling away, reaching

Learning Style:
Observation, repetition and physical assistance

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>Seasonal allergies</u>
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Bite sized pieces, encourage to slow down</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Do not give sweets at Pai, brings water bottle</u>
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>ADHD, encourage to stay focused on task, asthma</u>
Medication at PAI: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Supervision at all times, assist with wiping</u>
Mobility/Fall Risk: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Staff will model pedestrian safety skills</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>May engage in self-stim, spinning and rocking</u>
Behavior Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports:

Important to:
family time, encouragement, praise, manipulatives

Important for:
routine, toys

Likes:
Cars, 3 wheel bike, walking dog, swinging in hammock

Dislikes:
Going to dads

Staff: Alfredo Fieno-Montes

Date: 8/23/22



Service Recipient: Madrid C.

Service Span: Aug 22 - Aug 23

Outcomes:

Outcome #1: Monthly, Madrid will choose which outings he'd like to go on.

Staff will tell Madrid to pick an outing using picture cards.

Outcome #2: Twice a week, Madrid will participate in a group of his choice.

Staff inform Madrid of the activities of the day using iPad.

Communication Style:

Facial expressions, pulling away, reaching, benefits from calm tone.

Learning Style:

Observation, repetition, physical assistance.

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>Seasonal Allergies</u>
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Food comes prepared. May need reminders to slow down.</u>
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Refrain from too many sweets, bite sized diet, morning snack.</u>
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 <u>ADHD, Asthma, Heart Murmur. No inhaler.</u>
Medication at PAI: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A. If he were to take meds, take orally in soft foods.</u>
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Supervise Madrid in care's room. Reminder 2-3x a day.</u>
Mobility/Fall Risk: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>N/A</u>
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>Model safety skills. At risk of running/wandering away.</u>
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>May engage in self-stim, spinning/rocking. Likes to move.</u>
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: <u>N/A</u>
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>None.</u>
Important to:	<u>Routine, family, encouragement, manipulative.</u>
Important for:	<u>Toys, doing different things.</u>
Likes:	<u>Cars, riding bike, walking dog, hammock, outside, family.</u>
Dislikes:	<u>Change, going to dad's (is fine when he gets there)</u>

Staff: Trey Gould

Date: 8/23/22



Service Recipient: Madrid C

Service Span: 8/22 - 8/23

Outcomes:

Outcome #1	monthly madrid will choose which outing he'd like to participate in - Staff will tell Madrid its time to pick Outings, using picture cards
Outcome #2:	Twice a week madrid will participate in a Group of his choice - Present two options of the day
Communication Style:	facial expressions Pulling away, Say some words, reaching for
Learning Style:	observation, repetition, and Physical assistance

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: Seasonal allergies
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes <u>N/A</u>	Describe Supports: No seizures
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Food will come to pai prepared, staff may cut madrids food
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: refrain from giving too many sweets Other food on plate has sent with "Independent eating"
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: ADHD, history of Asthma, DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Heart Murmur
Medication at PAI: <input type="checkbox"/> No <input type="checkbox"/> Yes <u>N/A</u>	Describe Supports: Does not take meds at pai. If he were Give with yogurt or water.
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Staff supervise, staff will help clean up Bm's. Visit's Cares room 2/3 times a day
Mobility/Fall Risk: <input type="checkbox"/> No <input type="checkbox"/> Yes <u>N/A</u>	Describe Supports: Not at risk of falling
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: At risk of wandering away. Staff stay at close distance and model safety skills.
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: may engage in self stim, spinning, and rocking.
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes <u>N/A</u>	List & Describe Supports: None
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: None Here
Important to:	routine, Family, Positive encouragement, manipulative
Important for:	routine, toys, different things
Likes:	Cars, 3 wheel bike, walking dog, Family
Dislikes:	Change, dolls, (is fine once he gets there)

Staff: Amanda Diaz

Date: 8/23/2022



Service Recipient: MC

Service Span: 8/22 - 8/23

Outcomes:

Outcome #1	Monthly, Madrid will choose which outings he'd like to participate in 75% of trials over the next 6 months
Outcome #2:	Twice a week, Madrid will participate in a group of his choice in 70% of all trials over the 6-month period
Communication Style:	Facial expression, pulling away/reaching, some words will respond to two step instructions
Learning Style:	learns through observation rrp.

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>seasonal allergies</u> <u>NA</u>	
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>NA</u>	
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: House House sends food and may need to be cut	
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Not many sweets, offered food sent from home eats independently	
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: ADHD encouraged to stay focused, history of asthma heart murmur	DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Medication at PAI: <input type="checkbox"/> No <input type="checkbox"/> Yes <u>NA</u>	Describe Supports: If needed given in yogurt or with water	
Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Staff will supervise, may need help with Bm, may self "owie" if wet or going to be	
Mobility/Fall Risk: <input type="checkbox"/> No <input type="checkbox"/> Yes <u>NA</u>	Describe Supports: Not risk of falling	
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Staff will model pedestrian safety skills staff will stay close to him	
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: may self-stim: spitting, rocking self regulation	
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes <u>NA</u>	List & Describe Supports: <u>NA</u>	
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: <u>No alone time @ PAI</u>	
Important to:	<u>Routine, family, positive encouragement,</u>	
Important for:	<u>Routines, his "toys" doing different things</u>	
Likes:	<u>Cars, bike, walking the dog, hammock</u>	
Dislikes:	<u>change, "going to dad's" (but okay when he gets there)</u>	

Staff: *Ashleigh Shury*
 Date: *6-23-22*



Service Recipient: Madrid Castrejon
 Service Span: 8.2022-8.2023

Outcomes:

Outcome #1: Monthly, Madrid will choose which outings he'd like to participate in in 75% of trials, over a 6-month period.

1. Staff will tell Madrid it's time to pick his outings.
2. Using picture cards, staff will explain each outing location/ activity to Madrid giving him time to process.
3. Madrid will choose from the two presented options.
4. Staff will sign Madrid up for those outings.

Outcome #2: Twice a week, Madrid will participate in a group of his choice in 70% of trials over a 6-month period.

1. Staff will inform Madrid what activities are for the day
2. Then present him two options on the I-pad for him to choose to participate in
3. When chosen activity is happening, staff will ask/invite him to participate in the activity

Communication Style: Facial expressions, pulling away/reaching for, Madrid can say some words. Madrid will respond to one or two step instructions with support. Madrid benefits from a calm firm tone when getting support or redirection.

Learning Style: Learns through observation, repetition, and physical assistance

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 <input type="checkbox"/> N/A	List & Describe Supports: Madrid has seasonal allergies. Madrid's allergy symptoms are a runny nose and watery eyes. Madrid is able to blow his nose if tissue is held up to his nose and he's verbally prompted with "Blow your nose". Any allergy concerns will be reported to his guardians
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports: No Seizures
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Madrid's food will come to PAI prepared. Staff will cut Madrid's food into bite size pieces if he requests. Madrid may need to be reminded to slow down while he's eating.
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Staff will refrain from giving Madrid too many sweets at PAI. Staff can offer Madrid food on the plate it's sent in. Madrid brings a water bottle to PAI that he prefers to drink from. If Madrid is sent with a salad, staff will assist him in putting the dressing on his salad. He can eat independently. Madrid comes with a morning snack to eat upon his arrival to PAI.
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: •ADHD: Staff will support Madrid by encouraging him to stay focused on tasks and offer new ways to learn during his day. •Madrid has a history of asthma; however, it has not been an issue in a long time. He does not use an inhaler to treat his asthma. •Heart Murmur DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Medication at PAI: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports: Madrid does not take any medications at PAI. If he does put it in yogurt or he's able to swallow pills with water if needed

Lead Review Completed: *[Signature]*

Staff:



Service Recipient: Madrid Castrejon

Date:

Service Span: 8.2022-8.2023

Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Staff will supervise Madrid in the bathroom at all times. Staff will assist Madrid with wiping after a BM. Madrid needs reminders 2-3 times during the program day to use the bathroom. Madrid may say "owie" if he has had an accident or is about to.
Mobility/Fall Risk: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports: Not at Risk of falling.
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe: Staff will model pedestrian safety skills. Madrid is at risk of running/wandering away. Staff will stay at a close distance and stay between Madrid and potential hazards/ the street."
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: He may engage in self-stim, spinning and rocking. Madrid is able to engage in self-regulation techniques with staff assistance. Madrid likes to be moving. He may run and/or jump or pace back and forth.
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: None Here.
Important to: routine, spending time with family, positive encouragement/praise, manipulatives.	
Important for: routines, having his "toys", doing different things	
Likes: Cars, riding my three-wheel bike, walking the dog, swinging in the hammock, being outside, routines, spending time with family	
Dislikes: Change, going to "dad's" (is fine once he gets there)	

Staff: Tristen Lorsung

Date: 8.23.22



Service Recipient: Madrid Castrejon

Service Span: 8.2022-8.2023

Outcomes:

Outcome #1: Monthly, Madrid will choose which outings he'd like to participate in in 75% of trials, over a 6-month period.

1. Staff will tell Madrid it's time to pick his outings.
2. Using picture cards, staff will explain each outing location/ activity to Madrid giving him time to process.
3. Madrid will choose from the two presented options.
4. Staff will sign Madrid up for those outings.

Outcome #2: Twice a week, Madrid will participate in a group of his choice in 70% of trials over a 6-month period.

1. Staff will inform Madrid what activities are for the day
2. Then present him two options on the I-pad for him to choose to participate in
3. When chosen activity is happening, staff will ask/invite him to participate in the activity

Communication Style: Facial expressions, pulling away/reaching for, Madrid can say some words. Madrid will respond to one or two step instructions with support. Madrid benefits from a calm firm tone when getting support or redirection.

Learning Style: Learns through observation, repetition, and physical assistance

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 <input type="checkbox"/> N/A	List & Describe Supports: Madrid has seasonal allergies. Madrid's allergy symptoms are a runny nose and watery eyes. Madrid is able to blow his nose if tissue is held up to his nose and he's verbally prompted with "Blow your nose". Any allergy concerns will be reported to his guardians
Seizures: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports: No Seizures
Choking: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Madrid's food will come to PAI prepared. Staff will cut Madrid's food into bite size pieces if he requests. Madrid may need to be reminded to slow down while he's eating.
Specialized Diet: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Staff will refrain from giving Madrid too many sweets at PAI. Staff can offer Madrid food on the plate it's sent in. Madrid brings a water bottle to PAI that he prefers to drink from. If Madrid is sent with a salad, staff will assist him in putting the dressing on his salad. He can eat independently. Madrid comes with a morning snack to eat upon his arrival to PAI.
Chronic Medical Conditions: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: •ADHD: Staff will support Madrid by encouraging him to stay focused on tasks and offer new ways to learn during his day. •Madrid has a history of asthma; however, it has not been an issue in a long time. He does not use an inhaler to treat his asthma. •Heart Murmur DNR/DNI: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Medication at PAI: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports: Madrid does not take any medications at PAI. If he does put it in yogurt or he's able to swallow pills with water if needed

Lead Review Completed:

Staff: Tristen Lorsung



Service Recipient: Madrid Castrejon

Date:

Service Span: 8.2022-8.2023

Personal Cares: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: Staff will supervise Madrid in the bathroom at all times. Staff will assist Madrid with wiping after a BM. Madrid needs reminders 2-3 times during the program day to use the bathroom. Madrid may say "owie" if he has had an accident or is about to.
Mobility/Fall Risk: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Describe Supports: Not at Risk of falling.
Community Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe: Staff will model pedestrian safety skills. Madrid is at risk of running/wandering away. Staff will stay at a close distance and stay between Madrid and potential hazards/ the street."
Sensory Support: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	List & Describe Supports: He may engage in self-stim, spinning and rocking. Madrid is able to engage in self-regulation techniques with staff assistance. Madrid likes to be moving. He may run and/or jump or pace back and forth.
Behavior Support: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	List & Describe Supports:
Unsupervised Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe Supports: None Here.
Important to: routine, spending time with family, positive encouragement/praise, manipulatives.	
Important for: routines, having his "toys", doing different things	
Likes: Cars, riding my three-wheel bike, walking the dog, swinging in the hammock, being outside, routines, spending time with family	
Dislikes: Change, going to "dad's" (is fine once he gets there)	