

## STAFF ORIENTATION AND ANNUAL TRAINING PLAN - PERSON SPECIFIC

**Staff name:** Abdigani, Sarah  
**Date of hire:** 12.16.19  
**Date of background study submission:** 12.16.19  
**Date of background study clearance:** 12-19-19  
**Ongoing annual training period:** 5/21-5/22  
**Date of first supervised contact:** 12.31.19  
**Date of first unsupervised contact:** 1.11.20

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:** *Dominick Cochrone*

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:	9/23	Verbal	1 hr	Tessa Sitko
* Understanding of what constitutes a healthy diet according to data from the CDC and the skills necessary to prepare that diet	09/23	Verbal	1 hr	Tessa Sitko
* Skills necessary to provide appropriate support in instrumental activities of daily living (IADLs) per 256B.0659-specify:	09/23	Verbal	1 hr	Tessa Sitko
CPR, if required by the CSSP or CSSP Addendum	9/23	Verbal	1 hr	Tessa Sitko

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	9/23	Verbal	1 hr	Tessa Sthlo
Individual Abuse Prevention Plan to achieve and demonstrate an understanding of the person as a unique individual and how to implement those plans	9/23	Verbal	1 hr	Tessa Sthlo
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	9/23	Verbal	1 hr	Tessa Sthlo
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	N/A	N/A	N/A
Mental health crisis response, de-escalation techniques, and suicide intervention when providing direct support to a person with a serious mental illness	12/30/19 <del>4-9-21</del> error	Verbal & Physical	4 hour	Brandon Jensen
Other topics as determined necessary according to the person's Coordinated Service and Support Plan or identified by the company:	09/23/21	Verbal physical	4 hour	Tessa Sthlo

Date 09/23/21

Staff signature 

\*I understand the information I received and my responsibilities for their implementation in the care of persons served by this program.

## STAFF ORIENTATION AND ANNUAL TRAINING PLAN - PERSON SPECIFIC

**Staff name:** Abdigan, Salah      **Date of hire:** 12.16.19  
**Date of background study submission:** 12.16.19      **Date of background study clearance:** 12.19.20  
**Ongoing annual training period:** 5/21-5/22  
**Date of first supervised contact:** 12.31.19      **Date of first unsupervised contact:** 1.11.20

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:**

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:	09/23	Verbal	1 hr	Tessa Sitko
*Understanding of what constitutes a healthy diet according to data from the CDC and the skills necessary to prepare that diet	09/23	Verbal	1 hr	Tessa Sitko
*Skills necessary to provide appropriate support in instrumental activities of daily living (IADLs) per 256B.0659-specify:	09/23	Verbal	1 hr	Tessa Sitko
CPR, if required by the CSSP or CSSP Addendum	9/23	Verbal	1 hr	Tessa Sitko

<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>9/23</p>	<p>Verbal</p>	<p>1 hr</p>	<p>Tessa Sittko</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>9/23</p>	<p>Verbal</p>	<p>1 hr</p>	<p>Tessa Sittko</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>9/23</p>	<p>Verbal</p>	<p>1 hr</p>	<p>Tessa Sittko</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>N/A</p>	<p>N/A</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>9/30/19 <del>4-9-21</del> error</p>	<p>Verbal &amp; Physical</p>	<p>4 hour</p>	<p>Brandon Jensen</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>09/23/21 09/23/21</p>	<p>Verbal &amp; Physical</p>	<p>4 hr</p>	<p>Tessa Sittko</p>

Staff signature \_\_\_\_\_ Date 09/23/21

\*I understand the information I received and my responsibilities for their implementation in the care of persons served by this program.

# STAFF ORIENTATION AND ANNUAL TRAINING PLAN - PERSON SPECIFIC

Date of hire: 12-10-19  
 Date of background study clearance: 12-19-19

Staff name: Abdigani Saïd  
 Date of background study submission: 12-16-19  
 Ongoing annual training period: 5/21-5/22  
 Date of first supervised contact: 12-31-19

Date of first unsupervised contact: 1-11-20  
 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: Louis Weisick

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	09/23	Verbal	1 hr	Tessa Siko
Other activities of daily living (ADLs) per 256B.0659-specify:	09/23	Verbal	1 hr	Tessa Siko
*Understanding of what constitutes a healthy diet according to data from the CDC and the skills necessary to prepare that diet	09/23	Verbal	1 hr	Tessa Siko
*Skills necessary to provide appropriate support in instrumental activities of daily living (IADLs) per 256B.0659-specify:	09/23	Verbal	1 hr	Tessa Siko

CPR, if required by the CSSP or CSSP Addendum

<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>9/23</p>	<p>Verbal</p>	<p>1 hr</p>	<p>Tessa Sitko</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>9/23</p>	<p>Verbal</p>	<p>1 hr</p>	<p>Tessa Sitko</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>9/23</p>	<p>Verbal</p>	<p>1 hr</p>	<p>Tessa Sitko</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>N/A</p>	<p>N/A</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>12/30/19 <del>4-9-21</del> <del>error</del></p>	<p>Verbal &amp; Physical</p>	<p>4 hour</p>	<p>Brandon Jensen</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>09/23/21</p>	<p>Verbal Physical</p>	<p>4 hour</p>	<p>Tessa Sitko</p>

\_\_\_\_\_  
Staff signature  
Date 09/23/21

I understand the information I received and my responsibilities for their implementation in the care of persons served by this program.