STAFF ORIENTATION AND ANNUAL TRAINING PLAN - PERSON SPECIFIC

Staff name: Christa Giritcha
Date of hire: 8/9/2021
Date of background study submission: 8/9/2021
Date of background study clearance: 8/9/2021
Ongoing annual training period: August 2021-2022
Date of first supervised contact: 8/23/21
Date of first unsupervised contact: 9.1.21

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: Ariel Koenig

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:	8.31.21	8.31.21 verbal	.1hr	Christina Anderson
*Understanding of what constitutes a healthy diet according to data from the CDC and the skills necessary to prepare that diet	8.31.21	8.31.21 verbal	.1hr	Christina Anderson
*Skills necessary to provide appropriate support in instrumental activities of daily living (IADLs) per 256B.0659-specify:	8.31.21	8.31.21 verbal	.1hr	Christina Anderson
CPR, if required by the *CSSP* or *CSSP Addendum*	8.23.21	8.23.21 verbal / Read	.5hr	Christina

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SP, CSSP *Addendum,* and *Self-nagement Assessment* to achieve and nonstrate an understanding of the person as nique individual and how to implement se plans. Include outcomes, behavior plans, l any document specific to the person	8.23.21	8.23.21 Verbal / Read	.5hr	Christina Anderson
'ividual Abuse Prevention Plan to achieve l demonstrate an understanding of the son as a unique individual and how to ɔlement those plans	8.23.21	8.23.21 Verbal Read	.1hr	Christina Anderson
dication set up or medic ation ninistration training when staff set up or ninister medications. Training also includes cific medication set up or administration cedures for the person	8.23.21	8.23.21 Verbal / Phyical ~~demon~~ demonstration	.1hr	Christina Anderson
: safe and correct operation of medical ipment used by the person to sustain life or nonitor a medical condition that could ome life threatening. This training must be vided by a licensed health care professional nanufacturer's representative	N/A	N/A	N/A	N/A
ntal health crisis response, de-escalation niques, and suicide intervention when viding direct support to a person with a ous mental illness	8.25.21	8.25.21 verbal / Phyical Demonstration	4hr	Christina Anderson
ıer topics as determined necessary ording to the person's *Coordinated Service l Support Plan* or identified by the npany: Topic: Topic: Topic:	N/A	N/A	N/A	N/A

Christa Ginitera
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8/23/21
Date

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

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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: Jerry Boatman

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:	8.31.21	8.31.21 verbal	.1hr	Christina Anderson
*Understanding of what constitutes a healthy diet according to data from the CDC and the skills necessary to prepare that diet	8.31.21	8.31.21 verbal	.1hr	Christina Anderson
*Skills necessary to provide appropriate support in instrumental activities of daily living (IADLs) per 256B.0659-specify:	8.31.21	8.31.21 verbal	.1hr	Christina Anderson
CPR, if required by the *CSSP* or *CSSP Addendum*	8.23.21	8.23.21 verbal / Read	.5hr	Christina

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SSP, CSSP *Addendum,* and *Self-anagement Assessment* to achieve and monstrate an understanding of the person as unique individual and how to implement ose plans. Include outcomes, behavior plans, d any document specific to the person	8.23.21	8.23.21 verbal / Read	.5hr	Christina Anderson
dividual Abuse Prevention Plan to achieve d demonstrate an understanding of the rson as a unique individual and how to plement those plans	8.23.21	8.23.21 verbal Read	.1hr	Christina Anderson
edication set up or medic ation lministration training when staff set up or lminister medications. Training also includes ecific medication set up or administration ocedures for the person	8.23.21	8.23.21 verbal Phyical ~~demon~~ demonstration	.1hr	Christina Anderson
e safe and correct operation of medical uipment used by the person to sustain life or monitor a medical condition that could come life threatening. This training must be ovided by a licensed health care professional manufacturer's representative	N/A	N/A	N/A	N/A
ental health crisis response, de-escalation chniques, and suicide intervention when oviding direct support to a person with a rious mental illness	8.25.21	8.25.21 verbal Phyical Demonstration	4hr	~~CH~~
ther topics as determined necessary cording to the person's *Coordinated Service nd Support Plan* or identified by the mpany: Topic: Topic: Topic:	N/A	N/A	N/A	N/A

Christa Ginteka
taff signature

8/23/21
Date

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

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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: Christine Kraemer

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:	8.31.21	8.31.21 verbal	.1hr	Christina Anderson
*Understanding of what constitutes a healthy diet according to data from the CDC and the skills necessary to prepare that diet	8.31.21	8.31.21 verbal	.1hr	Christina Anderson
*Skills necessary to provide appropriate support in instrumental activities of daily living (IADLs) per 256B.0659-specify:	8.31.21	8.31.21 verbal	.1hr	Christina Anderson
CPR, if required by the *CSSP* or *CSSP Addendum*	8.23.21	8.23.21 verbal / Read	.5hr	Christina

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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	8.23.21	8.23.21 verbal / Read	.5hr	Christina Anderson
Individual Abuse Prevention Plan to achieve and demonstrate an understanding of the person as a unique individual and how to implement those plans	8.23.21	8.23.21 verbal Read	.1hr	Christina Anderson
Medication set up or medic ation administration training when staff set up or administer medications. Training also includes specific medication set up or administration procedures for the person	8.23.21	8.23.21 Verbal / Phyical ~~demon~~ demonstration	.1hr	Christina Anderson
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	8.23.21	8.23.21 Verbal	.1hr	Christina
Mental health crisis response, de-escalation techniques, and suicide intervention when providing direct support to a person with a serious mental illness	8.25.21	8.25.21 verbal / Phyical Demonstration	4hr	Christina Anderson
Other topics as determined necessary according to the person's *Coordinated Service and Support Plan* or identified by the company: Topic: Topic: Topic:	N/A	N/A	N/A	N/A

Christa Ginteka
Staff signature

8/23/21
Date

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

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