

* Previously trained in

STAFF ORIENTATION AND ANNUAL TRAINING PLAN - PERSON SPECIFIC

Staff name: Christina Anderson Date of hire: 1/17/20
 Date of background study submission: 1/17/20 Date of background study clearance: 1/28/20
 Ongoing annual training period: ~~5/20/20~~ May 2021-2022
 Date of first supervised contact: 1/21/20 Date of first unsupervised contact: 1/31/20
 I am 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:		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 care and grooming including: Hair care Bathing Care of teeth, gums, and oral prosthetic devices Other activities of daily living (ADLs) per 256B.0659-specify:	9/24/21	9/22/21 Verbal	.1hr	Christina Anderson	
understanding of what constitutes a healthy diet according to data from the CDC and the necessary to prepare that diet	9/22/21	9/22/21 Verbal	.1hr	Christina Anderson	
Skills necessary to provide appropriate support in instrumental activities of daily living (IADLs) per 256B.0659-specify:	9/22/21	9/22/21 Verbal	.1hr	Christina Anderson	
as required by the CSSP or CSSP addendum	9/22/21	9/22/21	.1hr	Christina Anderson	

<p>P, C SSP Addendum, and Self- agement Assessment to achieve and onstrate an understanding of the person as ique individual and how to implement e plans. Include outcomes, behavior plans, any document specific to the person</p>	<p>9.22.21</p>	<p>9.22.21 Verbal Read</p>	<p>1hr</p>	<p>Christina Anderson</p>
<p>Individual Abuse Prevention Plan to achieve emonstrate an understanding of the on as a unique individual and how to ement those plans</p>	<p>9.22.20</p>	<p>9.22.21 Verbal Read</p>	<p></p>	<p>Christina Anderson</p>
<p>ication set up or medication nistration training when staff set up or nister medications. Training also includes fic medication set up or administration dures for the person</p>	<p>1.17.20</p>	<p>1.17.20 Verbal Physical</p>	<p>2hr</p>	<p>Christina Anderson</p>
<p>safe and correct operation of medical ment used by the person to sustain life or onitor a medical condition that could me life threatening. This training must be ded by a licensed health care professional anufacturer's representative</p>	<p>9.22.21</p>	<p>9.22.21 Verbal</p>	<p>1hr</p>	<p>Christina Anderson</p>
<p>al health crisis response, de-escalation iques, and suicide intervention when ding direct support to a person with a as mental illness</p>	<p>1.22.20</p>	<p>1.22.20 Verbal</p>	<p>4hr</p>	<p>Christina Anderson</p>
<p>Topics as determined necessary ding to the person's Coordinated Service upport Plan or identified by the any: opic: opic: opic:</p>	<p>N/A</p>	<p>N/A</p>	<p>N/A</p>	<p>N/A</p>


signature

9.22.21
Date

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

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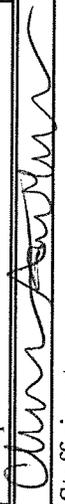
Staff name: Christina Anderson **Date of hire:** 1.17.20
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Training topics for community residential services (settings): training and competency evaluations must include the following topics, marked with an asterick (*) if identified in the *Coordinated Service and Support Plan*.

Name of person served: <i>Serelyn Boethin</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:	9.22.21	9.22.21 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	9.22.21	9.22.21 Verbal	.1hr	Christina Anderson
*Skills necessary to provide appropriate support in instrumental activities of daily living (IADLs) per 256B.0659-specify:	9.22.21	9.22.21 Verbal	.1hr	Christina Anderson
CPR, if required by the CSSP or CSSP Addendum	9.22.21	9.22.21	.1hr	Christina Anderson

<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>9.22.21</p>	<p>9.22.21 Verbal Rebel</p>	<p>1hr</p>	<p>Christina Anderson</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>9.22.20</p>	<p>9.22.21 Verbal Rebel</p>		<p>Christina Anderson</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>1.17.20</p>	<p>1.17.20 Verbal Physical</p>	<p>2hr</p>	<p>Christina Anderson</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>9.22.21</p>	<p>9.22.21 Verbal</p>	<p>1hr</p>	<p>Christina Anderson</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>1.22.20</p>	<p>1.22.20 Verbal</p>	<p>4hr</p>	<p>Christina Anderson</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: Topic: Topic:</p>	<p>N/A</p>	<p>N/A</p>	<p>N/A</p>	<p>N/A</p>


 Staff signature

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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 notified in the *Coordinated Service and Support Plan*.

Name of person served: Christina 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:	9.24.21	9.22.21 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	9.22.21	9.22.21 Verbal	.1hr	Christina Anderson
skills necessary to provide appropriate support in instrumental activities of daily living (IADLs) per 256B.0659-specify:	9.22.21	9.22.21 Verbal	.1hr	Christina Anderson
OR, if required by the CSSP or CSSP addendum	9.22.21	9.22.21	.1hr	Christina Anderson

<p>CP, C SSP Addendum, and Self-Management Assessment, and demonstrate an understanding of the person as a unique individual and how to implement those plans, behavior plans, any document specific to the person</p>	9.22.21	9.22.21 Verbal Record	.1hr	Christina Anderson
<p>Individual Abuse Prevention Plan to achieve demonstrate an understanding of the person as a unique individual and how to implement those plans</p>	9.22.20	9.22.21 Verbal Record		Christina Anderson
<p>Education 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>	1.17.20	1.17.20 Verbal Physical	2hr	Christina Anderson
<p>Safe and correct operation of medical equipment used by the person to sustain life or monitor a medical condition that could become life threatening. This training must be provided by a licensed health care professional manufacturer's representative</p>	9.22.21	9.22.21 Verbal	.1hr	Christina Anderson
<p>Initial health crisis response, de-escalation techniques, and suicide intervention when providing direct support to a person with a serious mental illness</p>	1.22.20	1.22.20 Verbal	4hr	Christina Anderson
<p>Other topics as determined necessary according to the person's Coordinated Service Support Plan or identified by the company:</p>	N/A	N/A	N/A	N/A
<p>Topic:</p>				

 Date 9.22.21

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