

STAFF ORIENTATION AND ANNUAL TRAINING PLAN - PERSON SPECIFIC

Staff name: Asyia Abd

Date of background study submission: 6.4.20

Background annual training period: JUN 2021 - JUN 2022

Date of first supervised contact: 6.11.20

Date of first unsupervised contact: 6.15.20

Staff 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 notified in the *Coordinated Service and Support Plan*.

Name of person served: Katherine Harris

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:	9.25.21	9.25.21 Verbal	1 hour	Toni Stepaniak
understanding of what constitutes a healthy diet according to data from the CDC and the information necessary to prepare that diet	9.25.21	9.25.21 Verbal	1 hour	Toni Stepaniak
skills necessary to provide appropriate support in instrumental activities of daily living (IADLs) per 256B.0659-specify: if required by the CSSP or CSSP <i>endum</i>	9.25.21	9.25.21 Verbal	1 hour	Toni Stepaniak

SP, 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, any document specific to the person	9.25.21	9.25.21	0.5 hours	Tori Stepaniak
Individual Abuse Prevention Plan to achieve demonstrate an understanding of the person as a unique individual and how to implement those plans	9.25.21	9.25.21	0.5 hours	Tori Stepaniak
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	9.25.21	9.25.21	1 hour	Tori Stepaniak
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 or manufacturer's representative	9.25.21	9.25.21	1 hour	Tori Stepaniak
Mental health crisis response, de-escalation techniques, and suicide intervention when providing direct support to a person with a serious mental illness	6.17.20	6.17.20	2.02	Logan Nuese
Other topics as determined necessary according to the person's Coordinated Service Support Plan or identified by the company:	NA	NA	NA	Tori Stepaniak

Signature: *Tori Stepaniak*

Date: 9/27/21

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

Staff name: Asyia Abdi

Date of background study submission: 6.4.20

Ongoing annual training period: JUN 2021 - JUN 2022

Date of first supervised contact: 6.11.20

Date of first unsupervised contact: 6.15.20

For 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 notified in the *Coordinated Service and Support Plan*.

Name of person served: Saman Reimer

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:	<u>9.25.21</u>	<u>9.25.21</u> <u>Verbal</u>	<u>1 hour</u>	<u>Toni Stepaniak</u>
Understanding of what constitutes a healthy diet according to data from the CDC and the information necessary to prepare that diet	<u>9.25.21</u>	<u>9.25.21</u> <u>Verbal</u>	<u>1 hour</u>	<u>Toni Stepaniak</u>
Skills necessary to provide appropriate support in instrumental activities of daily living (IADLs) per 256B.0659-specify: If required by the CSSP or CSSPendum	<u>9.25.21</u>	<u>9.25.21</u> <u>Verbal</u>	<u>1 hour</u>	<u>Toni Stepaniak</u>

<p><i>SP, 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, any document specific to the person</i></p>	9.25.21	9.25.21	0.5 hours	Tori Stepaniak
<p><i>Individual Abuse Prevention Plan to achieve demonstrate an understanding of the person as a unique individual and how to implement those plans</i></p>	9.25.21	9.25.21	0.5 hours	Tori Stepaniak
<p><i>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</i></p>	9.25.21	9.25.21	1 hour	Tori Stepaniak
<p><i>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 or manufacturer's representative</i></p>	9.25.21	9.25.21	1 hour	Tori Stepaniak
<p><i>Initial health crisis response, de-escalation techniques, and suicide intervention when providing direct support to a person with a serious mental illness</i></p>	6.17.20	6.17.20	2.02	Logan Nuese
<p><i>Other topics as determined necessary relating to the person's Coordinated Service Support Plan or identified by the party:</i></p>	NH	NH	NH	Tori Stepaniak

Signature *Tori Stepaniak*

Date *9/27/21*

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

Staff name: Asyia Abd

Date of hire: 6.4.20

Date of background study submission: 6.4.20

Date of background study clearance: 6.5.20

Ongoing annual training period: 5th 2021 - 5th 2022

Date of first unsupervised contact: 6.15.20

Staff 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*.

Time of person served:

Semifer Sklesien

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:	<u>9.25.21</u>	<u>9.25.21</u> <u>Verbal</u>	<u>1 hour</u>	<u>Toni Stepaniak</u>
understanding of what constitutes a healthy diet according to data from the CDC and the information necessary to prepare that diet	<u>9.25.21</u>	<u>9.25.21</u> <u>Verbal</u>	<u>1 hour</u>	<u>Toni Stepaniak</u>
skills necessary to provide appropriate support in instrumental activities of daily living (IADLs) per 256B.0659-specify:	<u>9.25.21</u>	<u>9.25.21</u> <u>Verbal</u>	<u>1 hour</u>	<u>Toni Stepaniak</u>
if required by the CSSP or CSSP <u>endum</u>	<u>9.25.21</u>	<u>Verbal</u>	<u>1 hour</u>	<u>Toni Stepaniak</u>

<p><i>IP, 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, any document specific to the person</i></p>	<p>9.25.21</p>	<p>9.25.21</p>	<p>0.5 hours</p>	<p>Tori Stepaniak</p>
<p><i>Individual Abuse Prevention Plan to achieve demonstrate an understanding of the person as a unique individual and how to implement those plans</i></p>	<p>9.25.21</p>	<p>9.25.21 Verbal</p>	<p>0.5 hours</p>	<p>Tori Stepaniak</p>
<p><i>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</i></p>	<p>9.25.21</p>	<p>9.25.21 Verbal</p>	<p>1 hour</p>	<p>Tori Stepaniak</p>
<p><i>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 or manufacturer's representative</i></p>	<p>9.25.21</p>	<p>9.25.21 Verbal and physical</p>	<p>1 hour</p>	<p>Tori Stepaniak</p>
<p><i>Tal health crisis response, de-escalation techniques, and suicide intervention when providing direct support to a person with a serious mental illness</i></p>	<p>6.17.20</p>	<p>6.17.20 Verbal and physical</p>	<p>2.62</p>	<p>Logan Nuese</p>
<p><i>Other topics as determined necessary relating to the person's Coordinated Service Support Plan or identified by the agency:</i></p>	<p>NH</p>	<p>NH</p>	<p>NH</p>	<p>Tori Stepaniak</p>

Signature: Tori Stepaniak Date: 9/27/21

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