

STAFF ORIENTATION AND ANNUAL TRAINING PLAN - PERSON SPECIFIC

Name: *Fair-Lozza Asabwani*

Date of hire: *5.27.21*

Background study submission: *5.17.21*

Date of background study clearance: *5.27.21*

Annual training period: *May 2021 - May 2022*

Date of first unsupervised contact: *6.12.21*

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 included in the Coordinated Service and Support Plan.

Person served: *Melverine Harris*

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:	<i>5.7.21</i>	<i>5.7.21</i> <i>verbal</i>	<i>1 hour</i>	<i>Toni Stepaniak</i>
Understanding of what constitutes a healthy diet according to data from the CDC and the necessary to prepare that diet	<i>5.7.21</i>	<i>5.7.21</i> <i>verbal</i>	<i>1 hour</i>	<i>Toni Stepaniak</i>
Necessary to provide appropriate instruction in instrumental activities of daily living (IADLs) per 256B.0659-specify: Required by the CSSP or CSSP form	<i>5.27.21</i>	<i>5.27.21</i> <i>verbal</i>	<i>1 hour</i>	<i>Toni Stepaniak</i>

<i>CSSP Addendum, and Self- gement Assessment to achieve and strate an understanding of the person as e individual and how to implement plans. Include outcomes, behavior plans, y document specific to the person</i>	5.7.21	5.7.21	0.5 hours	Ton Stepaniak
<i>tial Abuse Prevention Plan to achieve monstrate an understanding of the as a unique individual and how to nent those plans</i>	5.7.21	5.7.21	0.5 hours	Ton Stepaniak
<i>ation set up or medic ation stration training when staff set up or ster medications. Training also includes c medication set up or administration ures for the person</i>	5.7.21	5.7.21 verbal and physical	0.5 hours	Ton Stepaniak
<i>ent used by the person to sustain life or itor a medical condition that could s life threatening. This training must be d by a licensed health care professional ufacturer's representative</i>	5.7.21	5.7.21 verbal and physical	0.5 hours	Ton Stepaniak
<i>health crisis response, de-escalation ues, and suicide intervention when ng direct support to a person with a mental illness</i>	5.16.21	5.16.21 verbal and physical	3.47	Brandon Jensen
<i>opics as determined necessary ng to the person's <i>Coordinated Service port Plan</i> or identified by the</i>	N/A	N/A	N/A	Ton Stepaniak

Signature *Ton Stepaniak*

Date 5.7.21

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

Name: *For Louisa Asavinski*

Date of hire: *5.27.21*

Background study submission: *5.17.21*

Background study clearance: *5.27.21*

First supervised contact: *6.7.21*

First unsupervised contact: *6.12.21*

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 and competency evaluations must include the following topics, marked with an asterick (*) if required in the *Coordinated Service and Support Plan*.

Person served: *Denise Stussowicz*

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-specific:	<i>5.7.21</i>	<i>5.7.21</i> <i>verbal</i>	<i>1 hour</i>	<i>Toni Stepaniak</i>
Understanding of what constitutes a healthy diet according to data from the CDC and the necessary to prepare that diet	<i>5.7.21</i>	<i>5.7.21</i> <i>verbal</i>	<i>1 hour</i>	<i>Toni Stepaniak</i>
Necessary to provide appropriate support in instrumental activities of daily living (IADLs) per 256B.0659-specific:	<i>5.7.21</i>	<i>5.7.21</i> <i>verbal</i>	<i>1 hour</i>	<i>Toni Stepaniak</i>
Required by the CSSP or CSSP	<i>5.27.21</i>	<i>5.27.21</i> <i>verbal</i>	<i>1 hour</i>	<i>Toni Stepaniak</i>

2. <u>CSSP Addendum, and Self-Management Assessment</u> 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	5.7.21	5.7.21	0.5 hours	Toni Sheparnick
<u>Individual Abuse Prevention Plan</u> to achieve and demonstrate an understanding of the person as a unique individual and how to implement those plans	5.7.21	5.7.21	0.5 hours	Toni Sheparnick
<u>Medication set up or medication administration training</u> when staff set up or administer medications. Training also includes specific medication set up or administration procedures for the person	5.7.21	5.7.21 verbal and physical	0.5 hours	Toni Sheparnick
<u>Safe and correct operation of medical equipment</u> 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	5.7.21	5.7.21 verbal and physical	0.5 hours	Toni Sheparnick
<u>Al health crisis response, de-escalation techniques, and suicide intervention</u> when providing direct support to a person with a mental illness	5.16.21	5.16.21 verbal and physical	3.47	Brandon Jensen
<u>Topics as determined necessary</u> relating to the person's <u>Coordinated Service Support Plan</u> or identified by the agency:	N/A	N/A	N/A	Toni Sheparnick
opic: opic: opic:				
signature 	Date 5.7.21			

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

Name: *Fair Louisa Asavanni*

Date of hire: *5.27.21*

Background study submission: *5.17.21*

Date of background study clearance: *5.27.21*

Annual training period: *May 2021 - May 2022*

Date of first unsupervised contact: *6.12.21*

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Training topics for community residential services (settings): training and competency evaluations must include the following topics, marked with an asterisk (*) if included in the *Coordinated Service and Support Plan*.

Person served: *Sarah Rivers*

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-specific:	<i>5.7.21</i>	<i>5.7.21</i> <i>verbal</i>	<i>1 hour</i>	<i>Toni Sheppard</i>
understanding of what constitutes a healthy diet according to data from the CDC and the necessary to prepare that diet	<i>5.7.21</i>	<i>5.7.21</i> <i>verbal</i>	<i>1 hour</i>	<i>Toni Sheppard</i>
necessary to provide appropriate support in instrumental activities of daily living (IADLs) per 256B.0659-specific:	<i>5.7.21</i>	<i>5.7.21</i> <i>verbal</i>	<i>1 hour</i>	<i>Toni Sheppard</i>
if required by the CSSP or CSSP form	<i>5.27.21</i>	<i>5.27.21</i> <i>verbal</i>	<i>1 hour</i>	<i>Toni Sheppard</i>

<u>CSSP Addendum, and Self-</u>					
<u>gement Assessment to achieve and</u>					
<u>strate an understanding of the person as</u>					
<u>ue individual and how to implement</u>					
<u>plans. Include outcomes, behavior plans,</u>					
<u>y document specific to the person</u>					
<u>ual Abuse Prevention Plan to achieve</u>					
<u>monstrate an understanding of the</u>					
<u>as a unique individual and how to</u>					
<u>ment those plans</u>					
<u>ation set up or medication</u>					
<u>stration training when staff set up or</u>					
<u>ster medications. Training also includes</u>					
<u>c medication set up or administration</u>					
<u>ures for the person</u>					
<u>fe and correct operation of medical</u>					
<u>ent used by the person to sustain life or</u>					
<u>itor a medical condition that could</u>					
<u>s life threatening. This training must be</u>					
<u>ed by a licensed health care professional</u>					
<u>ufacturer's representative</u>					
<u>health crisis response, de-escalation</u>					
<u>lues, and suicide intervention when</u>					
<u>ng direct support to a person with a</u>					
<u>mental illness</u>					
<u>opics as determined necessary</u>					
<u>ng to the person's Coordinated Service</u>					
<u>port Plan or identified by the</u>					
<u>ly:</u>					
<u>ric:</u>					
<u>ric:</u>					
<u>ric:</u>					
<u>Signature</u>					
<u>Date</u>					
	5.7.21	5.7.21	0.5	hours	Toni Stepaniak
	5.7.21	5.7.21	0.5	hours	Toni Stepaniak
	5.7.21	5.7.21	0.5	hours	Toni Stepaniak
	5.7.21	5.7.21	0.5	hours	Toni Stepaniak
	5.11.21	5.11.21	3.47	hours	Brandon Jensen
	N/A	N/A	N/A		Toni Stepaniak

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