

STAFF ORIENTATION AND ANNUAL TRAINING PLAN - PERSON SPECIFIC

Staff name: *Sarejo Omar*

Date of background study submission: *5.11.21*

Ongoing annual training period: *May 2021 - May 2022*

Date of first supervised contact: *6.9.21*

Date of hire: *5.10.21*

Date of background study clearance: *6.17.21*

Date of first unsupervised contact: *6.11.21*

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 asterisk (*) if identified in the *Coordinated Service and Support Plan*.

Name of person served: *Kathrine 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:	<i>6.9.21</i>	<i>6.9.21</i> <i>verbal</i>	<i>1 hour</i>	<i>Tori Shepaniak</i>
*Understanding of what constitutes a healthy diet according to data from the CDC and the skills necessary to prepare that diet	<i>6.9.21</i>	<i>6.9.21</i> <i>verbal</i>	<i>1 hour</i>	<i>Tori Shepaniak</i>
*Skills necessary to provide appropriate support in instrumental activities of daily living (IADLs) per 256B.0659-specify:	<i>6.9.21</i>	<i>6.9.21</i> <i>verbal</i>	<i>1 hour</i>	<i>Tori Shepaniak</i>
CPR, if required by the CSSP or CSSP Addendum	<i>5.11.21</i>	<i>5.11.21</i> <i>verbal</i>	<i>1 hour</i>	<i>Tori Shepaniak</i>

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	6.9.21	6.9.21	0.5	Toni Stepaniak
Individual Abuse Prevention Plan to achieve and demonstrate an understanding of the person as a unique individual and how to implement those plans	6.9.21	6.9.21	0.5	Toni 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	6.9.21	6.9.21	0.5	Toni Stepaniak
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	6.9.21	6.9.21	0.5	Toni Stepaniak
Mental health crisis response, de-escalation techniques, and suicide intervention when providing direct support to a person with a serious mental illness	6.11.21	6.11.21	3.35	Brandon Benson
Other topics as determined necessary according to the person's Coordinated Service and Support Plan or identified by the company:	N/A	N/A	N/A	Toni Stepaniak

Staff signature Toni Stepaniak

Date 6.9.21

*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: *Sara Jo Druar*

Date of hire: *5.10.21*

Date of background study submission: *5.11.21*

Date of background study clearance: *6.17.21*

Ongoing annual training period: *May 2021 - May 2022*

Date of first supervised contact: *6.9.21*

Date of first unsupervised contact: *6.11.21*

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 asterisk (*) if identified in the *Coordinated Service and Support Plan*.

Name of person served: *Jennifer Spasivnik*

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:	<i>6.9.21</i>	<i>6.9.21</i> <i>verbal</i>	<i>1 hour</i>	<i>Tori Shepaniak</i>
* Understanding of what constitutes a healthy diet according to data from the CDC and the skills necessary to prepare that diet	<i>6.9.21</i>	<i>6.9.21</i> <i>verbal</i>	<i>1 hour</i>	<i>Tori Shepaniak</i>
* Skills necessary to provide appropriate support in instrumental activities of daily living (IADLs) per 256B.0659-specify:	<i>6.9.21</i>	<i>6.9.21</i> <i>verbal</i>	<i>1 hour</i>	<i>Tori Shepaniak</i>
CPR, if required by the CSSP or CSSP Addendum	<i>5.11.21</i>	<i>5.11.21</i> <i>verbal</i>	<i>1 hour</i>	<i>Tori Shepaniak</i>

<p><i>CSSP, CSSP Addendum, and Self-Management Assessment</i> 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>0.5 hours</p>	<p>Toi Stepaniak</p>
<p><i>Individual Abuse Prevention Plan</i> to achieve and demonstrate an understanding of the person as a unique individual and how to implement those plans</p>	<p>6.9.21</p>	<p>6.9.21 verbal</p>	<p>0.5 hours</p>	<p>Toi Stepaniak</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>6.9.21</p>	<p>6.9.21 verbal and physical</p>	<p>0.5 hours</p>	<p>Toi Stepaniak</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>6.9.21</p>	<p>6.9.21 verbal and physical</p>	<p>0.5 hours</p>	<p>Toi Stepaniak</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>6.11.21</p>	<p>6.11.21 verbal and physical</p>	<p>3.35 hours</p>	<p>Brandon Benson</p>
<p>Other topics as determined necessary according to the person's <i>Coordinated Service and Support Plan</i> or identified by the company:</p>	<p>N/A</p>	<p>N/A</p>	<p>N/A</p>	<p>Toi Stepaniak</p>
<p>Topic: <i>Sarah Duan</i></p>			<p>Date <i>6.9.21</i></p>	
<p>Topic: <i>Toi Stepaniak</i></p>				
<p>Topic: <i>Toi Stepaniak</i></p>				
<p>Topic: <i>Toi Stepaniak</i></p>				

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

Date *6.9.21*

Staff signature *Toi Stepaniak*

STAFF ORIENTATION AND ANNUAL TRAINING PLAN - PERSON SPECIFIC

Staff name: *Sarejo Druar*

Date of hire: *5.10.21*

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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 identified in the *Coordinated Service and Support Plan*.

Name of person served: *Surah Peirnes*

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:	<i>6.9.21</i>	<i>6.9.21</i> <i>verbal</i>	<i>1 hour</i>	<i>Tori Shepaniak</i>
*Understanding of what constitutes a healthy diet according to data from the CDC and the skills necessary to prepare that diet	<i>6.9.21</i>	<i>6.9.21</i> <i>verbal</i>	<i>1 hour</i>	<i>Tori Shepaniak</i>
*Skills necessary to provide appropriate support in instrumental activities of daily living (IADLs) per 256B.0659-specify:	<i>6.9.21</i>	<i>6.9.21</i> <i>verbal</i>	<i>1 hour</i>	<i>Tori Shepaniak</i>
CPR, if required by the CSSP or CSSP Addendum	<i>5.10.21</i>	<i>5.11.21</i> <i>verbal</i>	<i>1 hour</i>	<i>Tori Shepaniak</i>

<i>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</i>	6.9.21	6.9.21 verbal	0.5 hours	Toni Stepaniak
<i>Individual Abuse Prevention Plan to achieve and demonstrate an understanding of the person as a unique individual and how to implement those plans</i>	6.9.21	6.9.21 verbal	0.5 hours	Toni Stepaniak
<i>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</i>	6.9.21	6.9.21 verbal and physical	0.5 hours	Toni Stepaniak
<i>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</i>	6.9.21	6.9.21 verbal and physical	0.5 hours	Toni Stepaniak
<i>Mental health crisis response, de-escalation techniques, and suicide intervention when providing direct support to a person with a serious mental illness</i>	6.14.21	6.14.21 verbal and physical	3.35 hours	Brandon Benson
<i>Other topics as determined necessary according to the person's Coordinated Service and Support Plan or identified by the company:</i>	N/A	N/A	N/A	Toni Stepaniak

Sarahs-Duan

Staff signature Toni Stepaniak

Date 6.9.21

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