

STAFF ORIENTATION AND ANNUAL TRAINING PLAN - PERSON SPECIFIC

Staff name: Kadia Hornem Date of hire: 4.13.21
 Date of background study submission: 4.13.21 Date of background study clearance: 4.16.21
 Ongoing annual training period: April May 2021-2022
 Date of first supervised contact: 4.22.21 Date of first unsupervised contact: 5/5/21

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: 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-specificity:	4.22.21	4.22.21 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	4.22.21	4.22.21 Verbal	.1hr	Christina Anderson
*Skills necessary to provide appropriate support in instrumental activities of daily living (IADLs) per 256B.0659-specificity:	4.22.21	4.22.21 Verbal	.1hr	Christina Anderson
CPR, if required by the CSSP or CSSP Addendum	4.22.21	4.22.21 Verbal	.1hr	Christina Anderson

<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>	4.72.21	4.72.21 Verbal	.1hr	Christina Anderson
<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>	4.72.21	4.72.21 Verbal	.1hr	Christina Anderson
<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>	6.9.21	6.9.21 Verbal Physical	.5hr	Christina Anderson
<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>	4.72.21	4.72.21 Verbal Physical	.1hr	Christina Anderson
<p>Mental health crisis response, de-escalation techniques, and suicide intervention when providing direct support to a person with a serious mental illness</p>	6.7.21	6.7.21 Verbal/ Physical	4hr	Christina Anders
<p>Other topics as determined necessary according to the person's <i>Coordinated Service and Support Plan</i> or identified by the company:</p>	N/A	N/A	N/A	N/A
<p>Topic:</p>				
<p>Topic:</p>				
<p>Topic:</p>				

Staff signature _____

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: *Kadia Komen*
Date of background study submission: *4.13.21*
Ongoing annual training period: *April May 2021-2022*
Date of first supervised contact: *4.22.21*
Date of first unsupervised contact: *5/5/21*
Date of hire: *4.13.21*
Date of background study clearance: *4.16.21*

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: *And 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: <div style="margin-left: 40px;"> Hair care Bathing Care of teeth, gums, and oral prosthetic devices Other activities of daily living (ADLs) per 256B.0659-specify: </div>	<i>4.22.21</i>	<i>4.22.21 Verbal</i>	<i>1hr</i>	<i>Christina Anderson</i>
*Understanding of what constitutes a healthy diet according to data from the CDC and the skills necessary to prepare that diet	<i>4.22.21</i>	<i>4.22.21 Verbal</i>	<i>1hr</i>	<i>Christina Anderson</i>
*Skills necessary to provide appropriate support in instrumental activities of daily living (IADLs) per 256B.0659-specify:	<i>4.22.21</i>	<i>4.22.21 Verbal</i>	<i>1hr</i>	<i>Christina Anderson</i>
CPR, if required by the CSSP or CSSP Addendum	<i>4.22.21</i>	<i>4.22.21 Verbal</i>	<i>1hr</i>	<i>Christina Anderson</i>

<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>	4.22.21	4.22.21 Verbal	1hr	Christine Anderson
<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>	4.22.21	4.22.21 Verbal	1hr	Christina Anderson
<p>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</p>	6.9.21	6.9.21 Verbal Physical	.5hr	Christina Anderson
<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>	N/A	N/A	N/A	N/A
<p>Mental health crisis response, de-escalation techniques, and suicide intervention when providing direct support to a person with a serious mental illness</p>	6.2.21	6.2.21 Verbal/ Physical	4hr	Christina Anderson
<p>Other topics as determined necessary according to the person's Coordinated Service and Support Plan or identified by the company: Topic: Topic: Topic:</p>	N/A	N/A	N/A	N/A

Staff signature

Date

*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: Kadica Hornem Date of hire: 4.13.21
Date of background study submission: 4.13.21 Date of background study clearance: 4.16.21
Ongoing annual training period: April May 2021-2022
Date of first supervised contact: 4.22.21 Date of first unsupervised contact: 5/5/21

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: Jerry Betnin

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: <div style="margin-left: 40px;"> Hair care Bathing Care of teeth, gums, and oral prosthetic devices Other activities of daily living (ADLs) per 256B.0659-specify: </div>	4.22.21	4.22.21 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	4.22.21	4.22.21 Verbal	1hr	Christina Anderson
*Skills necessary to provide appropriate support in instrumental activities of daily living (IADLs) per 256B.0659-specify:	4.22.21	4.22.21 Verbal	1hr	Christina Anderson
CPR, if required by the CSSP or CSSP Addendum	4.22.21	4.22.21 Verbal	1hr	Christina Anderson

<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>	4.72.21	4.72.21 Verbal	1hr	Christine Anderson
	4.72.21	4.72.21 Verbal	1hr	Christina Anderson
<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>	6.9.21	6.9.21 Verbal Physical	5hr	Christina Anderson
<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>	N/A	N/A	N/A	N/A
<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>	6.2.21	6.2.21 Verbal/ Physical	4hr	Christina Anders
<p>Mental health crisis response, de-escalation techniques, and suicide intervention when providing direct support to a person with a serious mental illness</p>	N/A	N/A	N/A	N/A
<p>Other topics as determined necessary according to the person's <i>Coordinated Service and Support Plan</i> or identified by the company:</p>	N/A	N/A	N/A	N/A
<p>Topic: Topic: Topic:</p>				

Kella

Staff signature

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.

DPF-025

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