

STAFF ORIENTATION AND ANNUAL TRAINING PLAN - PERSON SPECIFIC

Name: Dayvonne Ragans

Date of hire: 12/23/19

Background study submission: 12/23/19

Date of background study clearance: 12/25/19

Annual training period:

First supervised contact: 1/12/21

Date of first unsupervised contact: 1/12/21

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 reviewed, 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.

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

Name of person served: JD

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
Safe and safe techniques in personal and grooming including: Hair care Bathing Care of teeth, gums, and oral prosthetic devices Activities of daily living (ADLs) per 256B.0659-specify:	<u>1/12/21</u>	<u>Verbal</u>	<u>0.5 hr</u>	<u>Shantell Dietmer</u>
Understanding of what constitutes a healthy diet according to data from the CDC and the necessary to prepare that diet	<u>1/12/21</u>	<u>Verbal</u>	<u>0.5 hr</u>	<u>Shantell Dietmer</u>
Necessary to provide appropriate instrumental activities of daily living (ADLs) per 256B.0659-specify:	<u>1/12/21</u>	<u>Verbal</u>	<u>0.5 hr</u>	<u>Shantell Dietmer</u>
Required by the CSSP or CSSP	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>

CSSP Addendum, and Self-Management Assessment to achieve and demonstrate an understanding of the person as an individual and how to implement plans. Include outcomes, behavior plans, and document specific to the person	1/12/21	Verbal	1 hr	Shantell Dietzman
Individual Abuse Prevention Plan to achieve demonstrate an understanding of the person as a unique individual and how to implement those plans	1/12/21	Verbal	1 hr	Shantell Dietzman
Medication set up or medication administration training when staff set up or administer medications. Training also includes medication set up or administration instructions for the person	5/27/21	Verbal	1 hr	Shantell Dietzman
First aid and correct operation of medical equipment used by the person to sustain life or for a medical condition that could be life threatening. This training must be provided by a licensed health care professional or manufacturer's representative	N/A	N/A	N/A	Client does not use medical equipment
Health crisis response, de-escalation techniques, and suicide intervention when giving direct support to a person with a mental illness	5/31/18 1/29/21	Physical	4.23	Braneen Jensen
Services as determined necessary according to the person's <i>Coordinated Service Support Plan</i> or identified by the provider: Behavior	1/12/21	Verbal	0.5	Shantell Dietzman

Date 02/02/21

Signature: *Shantell Dietzman*

I stand 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: Claydon Daganoff
 Date of hire: 12/23/19
 Date of background study clearance: 12/25/19
 Date of first supervised contact: 1/12/21
 Date of first unsupervised contact: 1/28/21
 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
 sed, 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
 served to whom the staff person will be providing direct contact services.
 ig topics for community residential services (settings): training and competency evaluations must include the following topics, marked with an asterick (*) if
 ed in the *Coordinated Service and Support Plan*. TN
 of person served:

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 and grooming including: Hair care Bathing Care of teeth, gums, and oral prosthetic devices Activities of daily living (ADLs) per 256B.0659-specify:	1/28/21	Verbal	0.5 hr	Shansteel Dietmen
standing of what constitutes a healthy ording to data from the CDC and the ecessary to prepare that diet	1/28/21	Verbal	0.5 hr	Shansteel Dietmen
necessary to provide appropriate in instrumental activities of daily ADLs) per 256B.0659-specify:	1/28/21	Verbal	0.5 hr	Shansteel Dietmen
required by the CSSP or CSSP	N/A	N/A	N/A	N/A

CSPP Addendum, and Self- Management Assessment to achieve and demonstrate an understanding of the person as a unique individual and how to implement plans. Include outcomes, behavior plans, any document specific to the person	1/12/21	verbal	1 hr	Shanteel Dietman
Individual Abuse Prevention Plan to achieve demonstrate an understanding of the person as a unique individual and how to implement those plans	1/12/21	verbal	1 hr	Shanteel Dietman
Education set up or medication administration training when staff set up or administer medications. Training also includes medication set up or administration procedures for the person	5/27/21	verbal	1 hr	Shantell Dietman
Life and correct operation of medical equipment used by the person to sustain life or monitor a medical condition that could be life threatening. This training must be provided by a licensed health care professional or manufacturer's representative	N/A	N/A verbal	N/A	client does not use medical equipment Shantell Dietman
Health crisis response, de-escalation techniques, and suicide intervention when providing direct support to a person with a mental illness	5/31/18 1/29/21	Physical	4.23	Braneon Jensen
Topics as determined necessary pertaining to the person's Coordinated Service Support Plan or identified by the provider: Foot diabetes diabetes diabetes	1/12/21	verbal	0.5	Shanteel Dietman

Date 02/02/21

Signature: *Shantell Dietman*

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