

STAFF ORIENTATION AND ANNUAL TRAINING PLAN - PERSON SPECIFIC

Staff name: NOVIE ANNE
Date of background study submission: 1/1/22
Ongoing annual training period: 2/1/2022-2/1/2023
Date of first supervised contact: 3/2/2022
Date of hire: 2/1/2022
Date of background study clearance: 2/9/22
Date of first unsupervised contact: 3/11/2022

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 Stasiewicz

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:	3/2/2022	3/2/2022 verbal	0.5 hours	Toni Stepaniak
Understanding of what constitutes a healthy diet according to data from the CDC and the skills necessary to prepare that diet	3/2/2022	3/2/2022 verbal	0.5 hours	Toni Stepaniak
Skills necessary to provide appropriate support in instrumental activities of daily living (IADLs) per 256B.0659-specify:	3/2/2022	3/2/2022 verbal	0.5 hours	Toni Stepaniak
PR, if required by the CSSP or CSSP Addendum	N/A	N/A	N/A	N/A

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	3/2/22	3/2/22 verbal	0.2 hours	Toni Stepaniuk
Individual Abuse Prevention Plan to achieve and demonstrate an understanding of the person as a unique individual and how to implement those plans	3/2/22	3/2/22 verbal	0.2 hours	Toni Stepaniuk
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	3/2/22	3/2/22 verbal	0.2 hours	Toni Stepaniuk
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	3/2/22	3/2/22 verbal and practical	0.2 hours	Toni Stepaniuk
Mental health crisis response, de-escalation techniques, and suicide intervention when providing direct support to a person with a serious mental illness	2/2/22	2/2/22 verbal and practical	2.83 hours	Logan Nurse
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 Stepaniuk

3/2/21
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: NOVA ANNE
Date of background study submission: 2/1/22
Date of background study clearance: 2/9/22
Ongoing annual training period: 2/1/2022-2/1/2023
Date of first supervised contact: 3/2/2022
Date of first unsupervised contact: 3/11/2022

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: Katherine Haws

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:	3/2/2022	3/2/2022 verbal	0.5 hours	Toni Stepanick
Understanding of what constitutes a healthy diet according to data from the CDC and the skills necessary to prepare that diet	3/2/2022	3/2/2022 verbal	0.5 hours	Toni Stepanick
Skills necessary to provide appropriate support in instrumental activities of daily living (IADLs) per 256B.0659-specify:	3/2/2022	3/2/2022 verbal	0.5 hours	Toni Stepanick
PR, if required by the CSSP or CSSP addendum	N/A	N/A	N/A	N/A

<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>	3/2/22	3/2/22 verbal	0.2 hours	Tori Stepaniak
<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>	3/2/22	3/2/22 verbal	0.2 hours	Tori Stepaniak
<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>	3/2/22	3/2/22 verbal	0.2 hours	Tori Stepaniak
<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>	3/2/22	3/2/22 verbal and physical	0.2 hours	Tori Stepaniak
<p>Mental health crisis response, de-escalation techniques, and suicide intervention when providing direct support to a person with a serious mental illness</p>	2/2/22	2/2/22 verbal and physical	2.83 hours	Logan Nurse
<p>Other topics as determined necessary according to the person's Coordinated Service and Support Plan or identified by the company:</p> <p>Topic:</p> <p>Topic:</p> <p>Topic:</p>	N/A	N/A	N/A	Tori Stepaniak

3/2/21
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: *NOVA Anne* **Date of hire:** *2/11/2022*
date of background study submission: *2/11/22* **Date of background study clearance:** *2/19/22*
ongoing annual training period: *2/1/2022-2/1/2023*
date of first supervised contact: *3/2/2022* **Date of first unsupervised contact:** *3/11/2022*

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: *Sarah 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:	<i>3/2/2022</i>	<i>3/2/2022</i> <i>verbal</i>	<i>0.5</i> <i>hours</i>	<i>Tom</i> <i>Stepanick</i>
Understanding of what constitutes a healthy diet according to data from the CDC and the skills necessary to prepare that diet	<i>3/2/2022</i>	<i>3/2/2022</i> <i>verbal</i>	<i>0.5</i> <i>hours</i>	<i>Tom</i> <i>Stepanick</i>
skills necessary to provide appropriate support in instrumental activities of daily living (IADLs) per 256B.0659-specify:	<i>3/2/2022</i>	<i>3/2/2022</i> <i>verbal</i>	<i>0.5</i> <i>hours</i>	<i>Tom</i> <i>Stepanick</i>
PR, if required by the CSSP or CSSP addendum	<i>N/A</i>	<i>N/A</i>	<i>N/A</i>	<i>N/A</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>	3/2/22	3/2/22 verbal	0.2 hours	Toni Stepaniak
<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>	3/2/22	3/2/22 verbal	0.2 hours	Toni Stepaniak
<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>	3/2/22	3/2/22 verbal	0.2 hours	Toni Stepaniak
<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>	3/2/22	3/2/22 verbal and physical	0.2 hours	Toni Stepaniak
<p>Mental health crisis response, de-escalation techniques, and suicide intervention when providing direct support to a person with a serious mental illness</p>	2/2/22	2/2/22 verbal and physical	2.83 hours	Logan Nurse
<p>Other topics as determined necessary according to the person's Coordinated Service and Support Plan or identified by the company:</p>	N/A	N/A	N/A	Toni Stepaniak

DPF-025
 I understand the information I received and my responsibilities for their implementation in the care of persons served by this program.
 Staff signature: _____ Date: 3/2/22