

STAFF ORIENTATION AND ANNUAL TRAINING PLAN - PERSON SPECIFIC

Staff name: Madina Hussain

Date of hire: 6.14.21

Date of background study submission: 12/30/2021

Date of background study clearance: 1/11/2022

Ongoing annual training period: Dec 2021 - Dec 2022

Date of first unsupervised contact: 1/14/22

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: Katherine HAWES

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-specific:	<u>1/14/22</u>	<u>Verbal</u>	<u>0.5 hours</u>	<u>Toni Stepaniak</u>
*Understanding of what constitutes a healthy diet according to data from the CDC and the skills necessary to prepare that diet	<u>1/14/22</u>	<u>Verbal</u>	<u>0.5 hours</u>	<u>Toni Stepaniak</u>
*Skills necessary to provide appropriate support in instrumental activities of daily living (IADLs) per 256B.0659-specific:	<u>1/14/22</u>	<u>Verbal</u>	<u>0.5 hours</u>	<u>Toni Stepaniak</u>
CPR, if required by the CSSP or CSSP Addendum	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>

<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>	1/14/22	Verbal	D.S 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>	1/14/22	Verbal	D.S hours	Toni 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>	1/14/22	verbal + physical	D.S 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>	1/14/22	verbal + physical	D.S 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>	1/14/22	physical + verbal	2.43 hours	Nicholas Tran
<p>Other topics as determined necessary according to the person's Coordinated Service and Support Plan or identified by the company:</p>	NA	NA	NA	NA
<p>Topic: _____ Topic: _____ Topic: _____</p>				
<p>Staff signature _____</p>	<p>Date 1/14/2022</p>			

*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: Abdinnur Hussein

Date of background study submission: 12/30/2021

Ongoing annual training period: Dec 2021 - Dec 2022

Date of first supervised contact: 1/14/22

Date of hire: 6.14.21

Date of background study clearance: 1/11/2022

Date of first unsupervised contact: 1/20/22

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: Sarrah 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:	1/14/22	Verbal	0.5 hours	Tori Stepaniak
*Understanding of what constitutes a healthy diet according to data from the CDC and the skills necessary to prepare that diet	1/14/22	Verbal	0.5 hours	Tori Stepaniak
*Skills necessary to provide appropriate support in instrumental activities of daily living (IADLs) per 256B.0659-specify: CPR, if required by the CSSP or CSSP Addendum	1/14/22	Verbal	0.5 hours	Tori Stepaniak
	NA	NA	NA	NA

<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>	1/14/22	Verbal	D.S 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>	1/14/22	Verbal	D.S hours	Tori Stepaniak
<p>Medication set up or medic action administration training when staff set up or administer medications. Training also includes specific medication set up or administration procedures for the person</p>	1/14/22	verbal & physical	D.S 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>	1/14/22	verbal & physical	D.S 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>	1/14/22	physical & verbal	2.43 hours	Nicholas Tran
<p>Other topics as determined necessary according to the person's Coordinated Service and Support Plan or identified by the company:</p>	NA	NA	NA	NA
<p>Topic: Topic: Topic:</p>				
<p>Staff signature</p>			1/14/2022	

*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: Robin Hussain

Date of hire: 6.14.21

Date of background study submission: 12/30/2021

Date of background study clearance: 1/11/2022

Ongoing annual training period: Dec 2021 - Dec 2022

Date of first unsupervised contact: 1/20/22

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 Stasiwicz

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:	<u>1/14/22</u>	<u>Verbal</u>	<u>0.5 hours</u>	<u>Toni Stepaniak</u>
* Understanding of what constitutes a healthy diet according to data from the CDC and the skills necessary to prepare that diet	<u>1/14/22</u>	<u>Verbal</u>	<u>0.5 hours</u>	<u>Toni Stepaniak</u>
* Skills necessary to provide appropriate support in instrumental activities of daily living (IADLs) per 256B.0659-specify: CPR, if required by the CSSP or CSSP Addendum	<u>1/14/22</u>	<u>Verbal</u>	<u>0.5 hours</u>	<u>Toni Stepaniak</u>
	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>

<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>			D.S 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>	1/14/22	Verbal	D.S hours	Tori Stepaniak
<p>Medication set up or medic action administration training when staff set up or administer medications. Training also includes specific medication set up or administration procedures for the person</p>	1/14/22	verbal & physical	D.S 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>	1/14/22	verbal & physical	D.S 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>	1/14/22	physical & verbal	2.93 hours	Nicholas Tran
<p>Other topics as determined necessary according to the person's Coordinated Service and Support Plan or identified by the company:</p>	NA	NA	NA	NA
<p>Topic: Topic:</p>				
<p>Staff signature</p>	<p>1/14/2022</p>			

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