

STAFF ORIENTATION AND ANNUAL TRAINING PLAN - PERSON SPECIFIC

Staff name: Naimo Matan
Date of background study submission: 6.3.22
Date of background study clearance: 6-3-22
Ongoing annual training period: 4/27/22 - 2/23
Date of first supervised contact: 6-12-22
Date of first unsupervised contact: 6-14-22

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

Name of person served: *Katie 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:	8/17/22	Verbal	6 hrs	Jubent Jobs
* Understanding of what constitutes a healthy diet according to data from the CDC and the skills necessary to prepare that diet	8/17/22	Verbal	6 hrs	Jubent Jobs
* Skills necessary to provide appropriate support in instrumental activities of daily living (IADLs) per 256B.0659-specify:	8/17/22	Verbal	6 hrs	Jubent Jobs
CPR, if required by the CSSP or CSSP Addendum	NA	NA	NA	NA

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	8/12/22	Verbal	6 hrs	Zibon Abib Pulxius
Individual Abuse Prevention Plan to achieve and demonstrate an understanding of the person as a unique individual and how to implement those plans	8/12/22	Public	6 hrs	Zibon Abib Pulxius
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	8/12/22	Verbal Public	6 hrs	Zibon Abib Pulxius
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	8/12/22	Verbal Public	6 hrs	Zibon Abib Pulxius
Mental health crisis response, de-escalation techniques, and suicide intervention when providing direct support to a person with a serious mental illness	8/12/22	Verbal Public	6 hrs	Zibon Abib Pulxius
Other topics as determined necessary according to the person's Coordinated Service and Support Plan or identified by the company: Topic: Topic: Topic:	NA	NA	NA	NA

Staff signature: Zibon Abib Date: 8-12-22

*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: Naima Matan
Date of background study submission: 8.3.22
Ongoing annual training period: Aug 2022 - 2023
Date of first supervised contact: 4-12-22
Date of first unsupervised contact: 8-16-22
Date of hire: 8.3.22
Date of background study clearance: 8.3.22
Date of first unsupervised contact: 8-16-22

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: 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:	8/12/22	Verbal	6 hrs	Zibeen Abbas Fulltime
*Understanding of what constitutes a healthy diet according to data from the CDC and the skills necessary to prepare that diet	8/12/22	Verbal	6 hrs	Zibeen Abbas Fulltime
*Skills necessary to provide appropriate support in instrumental activities of daily living (IADLs) per 256B.0659-specify:	8/12/22	Verbal	6 hrs	Zibeen Abbas Fulltime
CPR, if required by the CSSP or CSSP Addendum	NA	NA	NA	NA

<p>CSPP, CSPP 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>	8/12/22	Verbal	6 hrs	Jibon Abb Dwyer
<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>	8/12/22	Verbal	6 hrs	Jibon Abb Pulxun
<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>	8/12/22	Verbal	6 hrs	Jibon Abb Pulxun
<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>	8/12/22	Verbal Physicial	6 hrs	Jibon Abb Pulxun
<p>Mental health crisis response, de-escalation techniques, and suicide intervention when providing direct support to a person with a serious mental illness</p>	8/10/22	Verbal Physicial	6 hrs	Jibon Abb Pulxun
<p>Other topics as determined necessary according to the person's Coordinated Service and Support Plan or identified by the company:</p> <p>Topic: Topic: Topic:</p>	NA	NA	NA	NA

Staff signature: JAM Date: 8-12-22

*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: *Naima Muter*
Date of background study submission: *8-3-22*
Ongoing annual training period: *Aug 2022 - 2023*
Date of first supervised contact: *8-18-22*
Date of hire: *8-3-22*
Date of background study clearance: *6-3-22*
Date of first unsupervised contact: *8-18-22*

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: <i>Jennifer Stasiewicz</i>				
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>8/17/22</i>	<i>verbal</i>	<i>6 hrs</i>	<i>Zubur Abib funktions</i>
*Understanding of what constitutes a healthy diet according to data from the CDC and the skills necessary to prepare that diet	<i>8/17/22</i>	<i>verbal</i>	<i>6 hrs</i>	<i>Zubur Abib funktions</i>
*Skills necessary to provide appropriate support in instrumental activities of daily living (IADLs) per 256B.0659-specify:	<i>8/17/22</i>	<i>verbal</i>	<i>6 hrs</i>	<i>Zubur Abib funktions</i>
CPR, if required by the CSSP or CSSP Addendum	<i>8/17/22</i>	<i>NA</i>	<i>NP</i>	<i>Bowler signatur</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>	<p>8/12/22</p>	<p>Verbal</p>	<p>6 hrs</p>	<p>Zubayr Abbas PUNJAB</p>
<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>	<p>8/12/22</p>	<p>Verbal</p>	<p>6 hrs</p>	<p>Zubayr Abbas PUNJAB</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>8/12/22</p>	<p>Verbal PUNJAB</p>	<p>6 hrs</p>	<p>Zubayr Abbas PUNJAB</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>8/12/22</p>	<p>Verbal PUNJAB</p>	<p>6 hrs</p>	<p>Zubayr Abbas</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>8/12/22</p>	<p>Verbal PUNJAB</p>	<p>6 hrs</p>	<p>Zubayr Abbas PUNJAB</p>
<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>	<p>NA</p>	<p>NA</p>	<p>NA</p>	<p>NA</p>

Staff signature: ABN Date: 8/12/22

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