

Alpha

### STAFF ORIENTATION AND ANNUAL TRAINING PLAN - PERSON SPECIFIC

Staff name: Naima Baruel

Date of background study submission: 6/1/23

Ongoing annual training period: JAN

Date of first supervised contact: 7/17/23

Date of hire: 06/01/23

Date of background study clearance: 6/1/23

Date of first unsupervised contact: 7/24/23

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 Support Plan.

Name of person served: Mathew KAZZ

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:	<u>7/19/23</u>	<u>7/19/23</u> <u>Verbal</u>	<u>5 hours</u>	<u>Benjamin Watson CPD</u> <u>PHYSIS INC.</u>
*Understanding of what constitutes a healthy diet according to data from the CDC and the skills necessary to prepare that diet	<u>7/19/23</u>	<u>7/19/23</u> <u>Verbal</u>	<u>5 hours</u>	<u>Benjamin Watson CPD</u> <u>PHYSIS INC.</u>
*Skills necessary to provide appropriate support in instrumental activities of daily living (IADLs) per 256B.0659-specificity:	<u>7/19/23</u>	<u>7/19/23</u> <u>Verbal</u>	<u>5 hours</u>	<u>Benjamin Watson CPD</u> <u>PHYSIS INC.</u>
CPR, if required by the Support Plan or Support Plan Addendum	<u>See Previous DPF</u>	<u>See Previous DPF</u>	<u>See Previous DPF</u>	<u>See Previous DPF</u>

<p><i>Support Plan, Support Plan 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>	7/19/23	7/19/23	Verbal	5 hours	Benjamin Larson (PLD) Physics INC.
<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>	7/19/23	7/19/23	Verbal	5 hours	Benjamin Larson (PLD) Physics INC.
<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>	7/19/23	7/19/23	Verbal/Physical	5 hours	Benjamin Larson (PLD) Physics INC.
<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	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>	5/7/23	5/7/23	Physical	2 hours	Nick Tran Physics INC.
<p>Other topics as determined necessary according to the person's <i>Support Plan</i> or identified by the company:</p>	N/A	N/A	N/A	N/A	N/A
<p>Topic: Topic: Topic:</p>	N/A	N/A	N/A	N/A	N/A

NOEL WEAVER  
Staff signature

7/13/23  
Date

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

Alpha

**STAFF ORIENTATION AND ANNUAL TRAINING PLAN - PERSON SPECIFIC**

Staff name: Naivna Bernard Date of hire: 6/1/23  
 Date of background study submission: 6/1/23 Date of background study clearance: 6/1/23  
 Ongoing annual training period: JUNE Date of first unsupervised contact: 7/24/24  
 Date of first supervised contact: 7/17/23

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 Support Plan.

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:	7/19/23	7/19/23 verbal	0.5 hours	Benjamin Larson (PDL) Phyxis INC.
*Understanding of what constitutes a healthy diet according to data from the CDC and the skills necessary to prepare that diet	7/19/23	7/19/23 verbal	0.5 hours	Benjamin Larson (PDL) Phyxis INC.
*Skills necessary to provide appropriate support in instrumental activities of daily living (IADLs) per 256B.0659-specify:	7/19/23	7/19/23	0.5 hour	Benjamin Larson (PDL) Phyxis INC.
CPR, if required by the Support Plan or Support Plan Addendum	See Previous DPF	See Previous DPF	See Previous DPF	See Previous DPF

<p><i>Support Plan, Support Plan 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</i></p>	7/19/23	7/19/23	Verbal	2.5 hours	Benjamin Larson (CPL) Phyllis INC.
<p><i>Individual Abuse Prevention Plan to achieve and demonstrate an understanding of the person as a unique individual and how to implement those plans</i></p>	7/19/23	7/19/23	Verbal	1.5 hours	Benjamin Larson (CPL) Phyllis INC.
<p><i>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</i></p>	7/19/23	7/19/23	Verbal/Physical	1.5 hours	Benjamin Larson (CPL) Phyllis INC.
<p><i>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</i></p>	N/A	N/A	N/A	N/A	N/A
<p><i>Mental health crisis response, de-escalation techniques, and suicide intervention when providing direct support to a person with a serious mental illness</i></p>	6/27/23	6/27/23	Physical	2 hours	Nick Tran Phyllis INC
<p><i>Other topics as determined necessary according to the person's Support Plan or identified by the company:</i></p>	N/A	N/A	N/A	N/A	N/A
<p>Topic: Topic: Topic:</p>	N/A	N/A	N/A	N/A	N/A

Staff signature 

Date 7/13/23

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