

STAFF ORIENTATION AND ANNUAL TRAINING PLAN - PERSON SPECIFIC

Staff name: NIMO ElbGALWA
 Date of background study submission: 8-17-23

Ongoing annual training period: Aug 2023 - Aug 2024

Date of first supervised contact: 9-14-23

Date of hire: 8-17-23
 Date of background study clearance: 8-18-23
 Date of first unsupervised contact: 9-22-23

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 *Coordinated Service and Support Plan*.

Name of person served: Seralyn Boehlwa

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	9-14	9-14 Physical	5hr	Taylor Holawa Program Lead
Care of teeth, gums, and oral prosthetic devices Other activities of daily living (ADLs) per 256B.0659-specific:	9-14	9-14 Verbal	5hr	Taylor Holawa Physixios Inc
Understanding of what constitutes a healthy diet according to data from the CDC and the skills necessary to prepare that diet	9-14	9-14 Read	5hr	Taylor Holawa Physixios Inc
Skills necessary to provide appropriate support in instrumental activities of daily living (IADLs) per 256B.0659-specific:	9-14	9-14 Read	5hr	Taylor Holawa Physixios Inc
CPR, 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>	9.14	9.14 Read	5hr	Taylor Holewa Program Lead Physix Inc.
<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>	9.14	9.14 Read	5hr	Taylor Holewa Physix 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>	9.18	9.18 physical verbal	1hr	Taylor Holewa Physix 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
<p>Mental health crisis response, de-escalation techniques, and suicide intervention when providing direct support to a person with a serious mental illness</p>	9.6.23	9.6.23 verbal physical	3.18hr	Christina Anderson Physix Inc
<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	N/A
<p>Topic: Topic: Topic:</p>				
<p>Staff signature</p>	<p>Date 09-13-2023</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: NIMRO TORCMAWA

Date of background study submission: 8.17.23

Ongoing annual training period: Aug 2023 - Aug 2024

Date of first supervised contact: 9.14.23

Date of hire: 8.17.23

Date of background study clearance: 8.18.23

Date of first unsupervised contact: 9.22.23

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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: Ariel Koenig

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	9.14	9.14 Physical	.5hr	Taylor Holwerda Program Lead
Care of teeth, gums, and oral prosthetic devices Other activities of daily living (ADLs) per 256B.0659-specific:	9.14	9.14 Verbal	.5hr	Taylor Holwerda Physixios Inc
Understanding of what constitutes a healthy diet according to data from the CDC and the skills necessary to prepare that diet	9.14	9.14 Verbal	.5hr	Taylor Holwerda Physixios Inc
* Skills necessary to provide appropriate support in instrumental activities of daily living (IADLs) per 256B.0659-specific:	9.14	9.14 Read	.5hr	Taylor Holwerda Physixios Inc
CPR, 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>	9.14	9.14 Read.	5hr	Taylor Holena Program Lead Physicians Inc.
<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>	9.14	9.14 Read	5hr	Taylor Holena Physicians 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>	9.18	9.18 Physical Verbal	1hr	Taylor Holena Physicians 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
<p>Mental health crisis response, de-escalation techniques, and suicide intervention when providing direct support to a person with a serious mental illness</p>	9.16.23	9.16.23 Verbal Physical	3.18hr	Christina Anderson Physicians Inc
<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	N/A
<p>Topic: Topic: Topic:</p>	N/A	N/A	N/A	N/A

Staff signature _____

Date 09-13-2023

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STAFF ORIENTATION AND ANNUAL TRAINING PLAN - PERSON SPECIFIC

Staff name: **NW10 Iboromim**
 Date of background study submission: **8-17-23**
 Ongoing annual training period: **Aug 2023 - Aug 2024**
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Date of hire: **8-17-23**
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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:

Christine Kraemer

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:	9.14	9.14 Physical read	5hr	Taylor Holcwa Program Lead Phyxios Inc.
Understanding of what constitutes a healthy diet according to data from the CDC and the skills necessary to prepare that diet	9.14	9.14 Verbal	5hr	Taylor Holcwa Phyxios Inc.
*Skills necessary to provide appropriate support in instrumental activities of daily living (IADLs) per 256B.0659-specify:	9.14	9.14 Read	5hr	Taylor Holcwa Phyxios Inc.
CPR, 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>	9.14	9.14 Read.	5hr	Taylor Holawa Program Lead Physix Inc.
<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>	9.14	9.14 Read	5hr	Taylor Holawa Physix 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>	9.18	9.18 Physical verbal	1hr	Taylor Holawa Physix 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
<p>Emotional health crisis response, de-escalation techniques, and suicide intervention when providing direct support to a person with a serious mental illness</p>	9.6.23	9.6.23 verbal Physical	3.18hr	Christina Anderson Physix Inc
<p>Other topics as determined necessary according to the person's <i>Coordinated Service and Support Plan</i> or identified by the company:</p> <p>Topic: N/A Topic: N/A Topic: N/A</p>	N/A	N/A	N/A	N/A

Staff signature _____

Date 09-13-2023

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