

Owakih, Inc.
Training Summary Form

I. Employee: Macy Howfenberg Topic: CHILD FOSTER CARE 410 Credit Hours: 5

II. Description of Training Content:

Review and instruction on Minnesota Rules, Chapter 2960, Parts 2960.3000 – 2960.3340 for Child Foster Care with applicability to position at Owakih Inc.

III. Training Procedures

<u>Training Format</u>	<u>Instructional Methods</u>	<u>Competency Evaluations</u>
<input type="checkbox"/> Self Study	<input checked="" type="checkbox"/> Written: CFC statute	<input checked="" type="checkbox"/> Knowledge Testing (Quiz)
<input type="checkbox"/> Individualized Training	<input type="checkbox"/> Oral Presentation and Dialogue	<input type="checkbox"/> Observed Skill Assessment
<input type="checkbox"/> Team Meeting	<input type="checkbox"/> Guided Observation	Other: _____
<input type="checkbox"/> Owakih Inservice	<input type="checkbox"/> Guided Practice	
Other: _____	Other: _____	

IV. Date(s): 4/8/20 (M/D/Y) Trainer/Position: _____
Time(s): 15-10:30a (AM or PM) Trainer Signature: _____

I acknowledge that I have received and read Minnesota Rules Chapter 2960 (Umbrella Rule/Licensing Standards). I understand the Discipline Policy that prohibits corporal punishment.

Employee Signature: Macy Howfenberg Date: 4-8-2020

Training hours need to be recorded by employee on corresponding timecard for reimbursement and training documentation purposes. Employees are encouraged to keep a copy of this verification for their personal records.

Training Module 410 Quiz CHILD FOSTER CARE

EMPLOYEE NAME: Marcy KautenbergDATE OF QUIZ: 4-8-2020

Directions: Upon completion, please return the completed quiz and attached Training Summary Form to your Designated Coordinator (DC) or Designated Manager (DM) for review and approval.

1. The DHS Child Foster Care Rule defines a "foster child" as a person who is under 18 years of age.
2. According to the DHS Child Foster Care License Holder Qualifications, employees must be at least 21 years old to work. TRUE FALSE
3. "Cooperation Required" (subpart 5 in part 2960.3080) - Identify at least one area of responsibility for the license holder/Owakihi Inc. that pertains to developing and implementing the child's case plan: Must provide basic services to child
4. What is the name of the Owakihi Inc. policy that identifies procedures for addressing complaints and grievances? Employee Grievance Policy and Procedures
5. Place an X next to the Staff Training Requirements that are required for child foster care:
 - emergency procedures
 - cultural diversity
 - pet care
 - data practices
6. a. Please identify any questions that you have at this time regarding child foster care:

- b. Based on the information you have reviewed, what further instruction do you need in this training topic to be competent in performing your job responsibilities?

- c. Identify 2 agency resources that you can use for more information and/or consultation:

1) State of NJ webpage 2) Contact County

KNOWLEDGE TESTING BY TRAINER

- Note the question(s) answered incorrectly, and the action taken to assure that the employee understands the correct response(s) _____
- _____
- _____
- The employee identified above has demonstrated competency in completion of the quiz questions.

Signature of DC or DM

Date

Owakini, Inc.
Training Summary Form

I. **Employee:** Macy Howard Ferguson **Topic:** CHILD FOSTER CARE 410 **Credit Hours:** -5

II. **Description of Training Content:**

Review and instruction on Minnesota Rules, Chapter 2960, Parts 2960.3000 – 2960.3340 for Child Foster Care with applicability to position at Owakini Inc.

III. **Training Procedures**

<u>Training Format</u>	<u>Instructional Methods</u>	<u>Competency Evaluations</u>
<input type="checkbox"/> Self Study	<input checked="" type="checkbox"/> Written: CFC statute	<input checked="" type="checkbox"/> Knowledge Testing (Quiz)
<input type="checkbox"/> Individualized Training	<input type="checkbox"/> Oral Presentation and Dialogue	<input type="checkbox"/> Observed Skill Assessment
<input type="checkbox"/> Team Meeting	<input type="checkbox"/> Guided Observation	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Owakini Inservice	<input type="checkbox"/> Guided Practice	
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	

IV. **Date(s):** 4/8/20 **Trainer/Position:** _____
(M/D/Y)
Time(s): 10-10:30a **Trainer Signature:** _____
(AM or PM)

I acknowledge that I have received and read Minnesota Rules Chapter 2960 (Umbrella Rule/Licensing Standards). I understand the Discipline Policy that prohibits corporal punishment.

Employee Signature: Macy Howard Ferguson **Date:** 4-8-2020

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