Owakihi, Inc.

Training Summary Form

I. **Employee:** Macy Kaufenberg Topic: **ADULT FOSTER CARE 415** Credit Hours: 15

II. **Description of Training Content:**

Review and instruction on Minnesota Rules, Chapter 9555, Parts 9555.5105 – 9555.6265 for Adult Foster Care with applicability to position at Owakihi Inc.

III. **Training Procedures**

Training Format	Instructional Methods	Competency Evaluations
____ Self Study	X Written: AFC Statute	X Knowledge Testing (Quiz)
____ Individualized Training	____ Oral Presentation and Dialogue	____ Observed Skill Assessment
____ Team Meeting	____ Guided Observation	____ Other:
____ Owakihi Inserviсe	____ Guided Practice	
____ Other:	____ Other:	

IV. **Date(s):** 4/8/20 (M/D/Y) Trainer/Position: ____

Time(s): 9-9:30a (AM or PM) Trainer Signature: ____

I understand the information I received and my responsibilities for implementation with this company and persons served.

Employee Signature: Macy Kaufenberg

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 415 Quiz
ADULT FOSTER CARE

EMPLOYEE NAME: Macy Kautzberg **DATE 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 Adult Foster Care Rule defines an "adult" as a person who is at least 18 years of age.
   X TRUE _____ FALSE

2. An assessment is coordinated by the adult's social worker to determine the level of need for foster care. List three areas in which information is gathered:
   a. ability to manage activities of daily living
   b. physical health
   c. intellectual functioning & mental health

3. "Resident's Rights" (part 9555.6255) identifies one of the rights as the right to personal privacy. Please identify two daily living activities in which staff can be respectful of personal privacy:
   a. right to use telephone
   b. right to send / recieve mail

4. What are the two key documents used to minimize the risk of abuse to persons served in foster care settings:
   a. Program Abuse Prevention Plan (PAPP)
   b. Individual Abuse Prevention Plan (IAPP)

5. a. Please identify any questions that you have at this time regarding adult 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 MN website 2) County Human Services

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**