

100%

EMPLOYEE NAME: Shadia Abdulbader DATE OF QUIZ: 6/18/20

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. 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:

- physical health
- need supervision
- need protection

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:

- ~~privacy~~ privacy for lists from others
- respect of individual and culture identity

4. What are the two key documents used to minimize the risk of abuse to persons served in foster care settings:

- program Abuse Prevention Plan (PAP)
- individual Abuse Prevention Plan (IAPP)

5. a. Please identify any questions that you have at this time regarding adult foster care: N/A

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? N/A

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

- 1) DC
- 2) DM

KNOWLEDGE TESTING BY TRAINER

> Note the question(s) answered incorrectly, and the action taken to assure that the employee understands the correct response(s) N/A

> The employee identified above has demonstrated competency in completion of the quiz

Signature of DC or DM [Signature]
Date 6/18/20

Owakihi, Inc.
Training Summary Form

Credit Hours: _____

Topic: **ADULT FOSTER CARE 415**

I. Employee: Shadia Abdulwacker

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

☒ Self Study
☐ Individualized Training
☐ Team Meeting
☐ Owakihi Inservice
☐ Other: _____

Instructional Methods

☒ Written: AFC Statute
☐ Oral Presentation and Dialogue
☐ Guided Observation
☐ Guided Practice
☐ Other: _____

Competency Evaluations

☒ Knowledge Testing (Quiz)
☐ Observed Skill Assessment
☐ Other: _____

IV. Date(s): _____

6/18/20

(M/D/Y)

Time(s): _____

(AM or PM)

Trainer/Position: _____

Trainer Signature: _____

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

Employee Signature: _____

Shadia

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.