

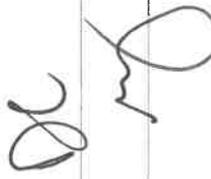
Beacon Specialized Living
Training Summary Form

I. **Employee:** Abu Mohamed **Topic:** Child foster Care **Credit Hours:** 1 hr

II. **Description of Training Content:**

III. **Training Procedures:**

Training Format	Instructional Methods	Demonstrated Competency
Self Study	Written: _____	Knowledge Testing (Quiz)
Individualized Training	Oral Presentation and Dialogue	Observed Skill Assessment
Team Meeting	Guided Observation	Other: Star training
Owakihi Inservice	Guided Practice	_____
Other: _____	Other: _____	_____

IV. **Date(s):** 8/23/20 **Trainer/Position:** Max King
Time(s): _____ **Trainer Signature:** 

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

Employee Signature: 

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: Hani Mohamed DATE OF QUIZ: 8/23/20

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.

- The DHS Child Foster Care Rule defines a "foster child" as a person who is under 18 years of age.
- According to the DHS Child Foster Care License Holder Qualifications, employees must be at least 21 years old to work. TRUE X FALSE
- "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: Facilitate child school attendance and enrollment
- What is the name of the Owakihi Inc. policy that identifies procedures for addressing complaints and grievances? Grievance Policy
- Place an X next to the Staff Training Requirements that are required for child foster care:
 - emergency procedures
 - cultural diversity
 - X pet care
 - data practices
- a. Please identify any questions that you have at this time regarding child 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?
- c. Identify 2 agency resources that you can use for more information and/or consultation:
 - 1) DAKOTA County
 - 2) DC/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)
- The employee identified above has demonstrated competency in completion of the quiz questions.

Signature of DC or DM 

Date 8/23/20