

Beacon Specialized Living
Training Summary Form

I. **Employee:** Shane Thompson **Topic:** Child Foster Care **Credit Hours:** 1 hr

II. **Description of Training Content:**

III. **Training Procedures:**

Training Format

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

Instructional Methods

Written: _____
Oral Presentation and Dialogue _____
Guided Observation _____
Guided Practice _____
Other: _____

Demonstrated Competency

Knowledge Testing (Quiz) _____
Observed Skill Assessment _____
Other: Star training _____

IV. **Date(s):** 8/22/20 **Trainer/Position:** Max King DC
Time(s): _____ **Trainer Signature:** _____
(M/D/Y) (AM or PM)

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

Employee Signature: Shane Thompson

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: Shane Thompson DATE OF QUIZ: 8-27-20

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 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: facilitate child school attendance & enroll
4. What is the name of the Owakihi Inc. policy that identifies procedures for addressing complaints and grievances? grievance policy
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: 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) DC/PM
 - 2) Dakota 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

8/27/20