

Beacon Specialized Living
Training Summary Form

I. Employee: Max King Topic: Child Foster Care Credit Hours: 1

II. Description of Training Content:

III. Training Procedures:

Training Format

- Self Study
- Individualized Training
- Team Meeting
- Owakhi 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: Director
Time(s): _____ (AM or PM) Trainer Signature: [Signature]

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

Employee Signature: [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: Max King DATE OF QUIZ: 8/22/20

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 X 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's school attendance & enroll in local school

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
 X 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?
 none

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]
Signature of DC or DM

8/22/20
Date