

Training Summary Form

I. Employee: Barbelle Reed

Topic: ADULT FOSTER CARE 415

Credit Hours: 1 1/2

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 Owakahi Inc.

III. Training Procedures

Training Format

- Self Study
- Individualized Training
- Team Meeting
- Owakahi 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):

(M/D/Y)

08/26/2028

Trainer/Position:

DM

Time(s):

(AM or PM)

Trainer Signature:

[Signature]

I understand the information I 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 415 Quiz ADULT FOSTER CARE

EMPLOYEE NAME: Randell Reed DATE OF QUIZ: 8/20/20

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 Adult Foster Care Rule defines an "adult" as a person who is at least 18 years of age.
 TRUE FALSE
- 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:
 - Ability to manage activities of daily living.
 - Physical Health, including impairments of mobility, sight, hearing, and speech.
 - Intellectual functioning and mental health, including impairments of judgment.
- "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:
 - Toileting
 - Bathing
- What are the two key documents used to minimize the risk of abuse to persons served in foster care settings:
 - Program Abuse Prevention Plan (PAPP)
 - Individual Abuse Prevention Plan (IAPP)
- Please identify any questions that you have at this time regarding adult foster care: None
 - 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
 - Identify 2 agency resources that you can use for more information and/or consultation:
 - 1) Supervisor
 - 2) Nurse

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: [Signature] Date: 8/20