

Training Module 410 Quiz

CHILD FOSTER CARE

EMPLOYEE NAME: Abubakar Ashro DATE OF QUIZ: 9-4-20

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: The license holder must cooperate with the licensing agency's attempt to determine the outcomes of a child's foster care placement.
4. What is the name of the Owakihi Inc. policy that identifies procedures for addressing complaints and grievances? _____
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: _____
- 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) Adoption agencies
 - 2) DHS

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

Training Summary Form

I. **Employee:** Abubakar Ashuro Topic: CHILD FOSTER CARE 410 Credit Hours: _____

II. **Description of Training Content:**

Review and instruction on Minnesota Rules, Chapter 2960, Parts 2960.3000 – 2960.3340 for Child Foster Care with applicability to position at Owakihi Inc.

III. **Training Procedures**

<u>Training Format</u>	<u>Instructional Methods</u>	<u>BEACON</u> Specialized Living	<u>Competency Evaluations</u>
Self Study _____	X _____	Written: <u>CFC statute</u>	X _____ Knowledge Testing (Quiz)
Individualized Training _____	_____	Oral Presentation and Dialogue	_____ Observed Skill Assessment
Team Meeting _____	_____	Guided Observation	_____ Other: _____
Owakihi Inservice _____	_____	Guided Practice	
Other: _____	_____	Other: _____	

IV. **Date(s):** 9/14/20 Trainer/Position: _____
Time(s): _____ Trainer Signature: [Signature]
 (AM or PM)

I acknowledge that I have received and read Minnesota Rules Chapter 2960 (Umbrella Rule/Licensing Standards). I understand the Discipline Policy that prohibits corporal punishment.

Employee Signature: [Signature] Date: 9-14-20

Training hours need to be recorded by employee on corresponding timecard for reimbursement and training documentation purposes.