**Staff Annual Training Record**

Employee name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| Date of hire |  |
| Date background study initiated |  |
| Date background study notice received |  |
| Date of first supervised direct contact with persons in this program |  |
| Date of first unsupervised direct contact with persons served by the program |  |

This program ensures competency in the following areas as required in the 245D HCBS Standards, section [245D.09](https://www.revisor.mn.gov/statutes/?id=245D.09).

**Annual training requirements** – The following training topics must be provided on an annual basis.

|  |  |  |  |
| --- | --- | --- | --- |
| **Subject/Area:** | **Date of Training** | **Hours of Training** | **Name of Instructor** |
| Laws governing maltreatment reporting and service planning for children and vulnerable adults, and staff responsibilities related to protecting persons from maltreatment and reporting maltreatment. This orientation must be provided **within 72 hours** of first providing direct contact services.  • Vulnerable adults maltreatment reporting and internal review \_\_\_\_\_ laws \_\_\_\_\_ policies  • Maltreatment of minors reporting and internal review \_\_\_\_\_ laws \_\_\_\_\_ policies   * Program abuse and prevention plan \_\_\_\_\_ laws \_\_\_\_\_ policies |  |  |  |
| Data privacy requirements according to sections 13.01 to 13.10 and 13.46, the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA), and staff responsibilities related to complying with data privacy practices |  |  |  |
| Service recipient rights and staff responsibilities related to ensuring the exercise and protection of those rights |  |  |  |
| Principles of person-centered service planning and delivery and how they apply to direct support service provided by the staff person |  |  |  |
| The safe and correct use of manual restraint on an emergency basis according to the requirements in sections [[245D.061](https://www.revisor.mn.gov/statutes?id=245D.061)] and what constitutes the use of restraints, time out, and seclusion, including chemical restraint. |  |  |  |
| Staff responsibilities related to prohibited procedures under section [[245D.06](https://www.revisor.mn.gov/statutes?id=245D.06)] subdivision 5, why such procedures are not effective for reducing or eliminating symptoms or undesired behavior, and why such procedures are not safe. |  |  |  |
| Other topics as determined necessary in the person’s coordinated service and support plan by the case manager or other areas identified by the license holder: |  |  |  |
| First aid training: certification: Yes \_\_ No \_\_ expiration date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |
| CPR training: certification: Yes \_\_ No \_\_ expiration date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |
| Annual Refresher Training on applicable topics required from the Positive Supports Rule [[9544.0090, subpart 3](https://www.revisor.mn.gov/rules/9544.0090/)] |  | Minimum  of 4 hours |  |

**Performance evaluations**: [use this section to summarize a performance evaluation that will be located elsewhere in the employee personnel file]

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Competent to perform all assigned job duties:** | **Performance improvement plan required:** | **Timeline for completion of performance involvement plan:** | **Supervisor**  **signature** | **Employee Signature** |
| **Date of Evaluation:** | □ yes □ no | □ yes □ no |  |  |  |
| **Date of Evaluation:** | □ yes □ no | □ yes □ no |  |  |  |
| **Date of Evaluation:** | □ yes □ no | □ yes □ no |  |  |  |

By signing here, I verify that the above training has been provided to me.

Employee signature Date