

**St. Clair County Community Mental Health Authority
Training/Requirement Reporting Form
Group/Specialized AFC Homes**

Staff Name: _____ Service: _____
 Agency/Program: _____ Hire Date: _____
 Position: _____ Termination Date: _____

TRAINING REQUIREMENT	Frequency	Target Audience	Compliant	Date(s) Completed
Cardio-Pulmonary Resuscitation (CPR)	Certification must be current at all times	All staff who provide CLS, skill building, or respite services; ABA Technicians; other staff as identified by Supervisor.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Note: _____	Previous _____ Current _____
Children's Diagnostic & Treatment Specific Training	Annual	Child Mental Health professionals must have 24 Hours annually of specialized training specifically related to the diagnosis and/or treatment of children. This is also required for staff providing services in children's Residential Homes, staff providing CLS/Respite for children, and Home-Based Aides in Children's Programs.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Note: _____	Previous _____ Current _____
Corporate Compliance	Initial & Annual	All Staff	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Note: _____	Previous _____ Current _____
Cultural Diversity	Initial & Every Two Years	All Staff	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Note: _____	Previous _____ Current _____
First Aid	Certification must be current at all times	All staff who provide CLS, skill building, or respite services; ABA Technicians; other staff as identified by Supervisor.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Note: _____	Previous _____ Current _____
HIPAA	Initial & Every Two Years	All Staff	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Note: _____	Previous _____ Current _____
Individual Specific IPOS Training	Initial, Any time there is a change in IPOS, & Annual	All Direct Service Staff	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Note: _____	Previous _____ Current _____

TRAINING REQUIREMENT	Frequency	Target Audience	Compliant	Date(s) Completed
Medication	Initial & Annual	Medication training is required under many circumstances, including AFC licensing rules, accreditation requirements, or if medication assistance is identified as a need within the Individual Plan of Service (IPOS). Additionally, medication training may be included as part of a corrective action plan. It is the contract agency's responsibility to comply with all regulatory body rules and requirements and the individual's IPOS. Evidence of applicable medication training must be available if requested by	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Note: _____	Previous _____ Current _____
Nonviolent Crisis Intervention (CPI)	Initial & Every Two Years	All staff who provide direct service to individuals with challenging behaviors, as assigned by agency/supervisor. Minimally this includes homes housing individuals served by "Residential II" (Hayes, Roehl, Springborn, Wells, Colorado, Stone Creek, Abbottsford, private home).	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Note: _____	Previous _____ Current _____
Person Centered Planning 101	Initial & Every Two Years	All Staff	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Note: _____	Previous _____ Current _____
Positive Behavior Supports and Prevention Strategies	Initial & Every Two Years	All staff who work directly with individuals receiving services.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Note: _____	Previous _____ Current _____
Recipient Rights	Within 30 Days of Hire & Annual	All Staff	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Note: _____	Previous _____ Current _____
Universal Precautions/ Bloodborne Pathogens/ Infection Control	Initial & Annual	All Staff	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Note: _____	Previous _____ Current _____

TRAINING REQUIREMENT **Frequency** **Target Audience** **Compliant** **Date(s) Completed**

Initial = Within 90 Days of Hire

Note: There is a 30 day grace period for recertifications and re-trainings.

PERSONNEL REQUIREMENT **Frequency** **Compliant** **Date(s) Completed**

Criminal Background Check
e.g. ICHAT, fingerprinting, Mich Doc, etc. After Offer of Employment but Before Date of Hire/Annual Yes No N/A _____

Driver's License/State ID
Age Verification: 18+ years Before Providing Service Yes No N/A _____

Driver's License Check
Verify Current DL and Driving Record only for Staff Who Regularly Transports Before Providing Service/Annual Yes No N/A _____

Recipient Rights Background Check
Office of RR Authorization To Disclose Employee Information and Release of Liability form
New Hires Only After Offer of Employment but Before Date of Hire Yes No N/A _____

TB Testing/Screening
Reporting Required for SED Waiver Providers Only Before Providing Services Yes No N/A _____

Contract Manager: _____ Date: _____

Other Comments: _____

