

**St. Clair County Community Mental Health Authority**  
**Training/Requirement Reporting Form**  
**Blue Water Area Transportation**

Staff Name: \_\_\_\_\_ Service: \_\_\_\_\_  
 Agency/Program: \_\_\_\_\_ Hire Date: \_\_\_\_\_  
 Position: \_\_\_\_\_ Termination Date: \_\_\_\_\_

TRAINING REQUIREMENT	Frequency	Target Audience	Compliant	Date(s) Completed
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 at Hayes, Roehl, Springborn, Wells, Colorado, Stone Creek, Abbottsford, Lincoln, Scott, Oak, private home.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Previous
			Note: _____	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	Previous
			Note: _____	Current
Recipient Rights	Within 30 Days of Hire & Annual	All Staff	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Previous
			Note: _____	Current

Initial = Within 90 Days of Hire

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

Contract Manager: \_\_\_\_\_ Date: \_\_\_\_\_

Other Comments: \_\_\_\_\_