

# St. Clair County Community Mental Health Authority Training/Requirement Reporting Form

## Port of Hopes

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 full time 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 _____
Cultural Diversity/Competency	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 full time 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 _____
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 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		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	_____
DHHS Central Registry	After Offer of Employment but Before Date of Hire/Annual		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	_____
Driver's License/State ID Age Verification: 18+ years	Before Providing Service		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	_____
Driver's License Check Verify Current DL and Driving Record only for Staff Who Regularly Transports	Before Providing Service/Annual		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	_____
Contract Manager: _____			Date: _____	
Other Comments: _____				
_____				
_____				