

**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 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 _____
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 _____

Initial = Within 90 Days of Hire

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

Contract Manager: _____ Date: _____

Other Comments: _____