

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 | 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 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 _____ |
| 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 | _____ |
|---|---|---|-------|

| | | | |
|--|--------------------------|---|-------|
| 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: _____
