|  |  |
| --- | --- |
|  | The Community Partnership for the Prevention of Homelessness Staff Training Transcript – Security Contractors |

Please use this form to track and manage the TCP required training completion for your staff. This form may be requested by TCP staff for contract monitoring and at contract close out review. If you have any questions regarding this form, please contact Jessica Clingerman via email at JClingerman@commuity-partnership.org.

### Staff Information

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of Staff: |  |  | Date of Hire: |  |
| Contract Number of Staff Assignment: |  |  | Contract Period of Transcript:  |  |
|  |  |  |  |

### Staff Trainings

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Training | Completed Y/N? | Date of completion | Certificate Received Y/N? | Date Certificate Received? | Mandatory Staff | Time Frame |
| ADA and Reasonable Accommodation |  |  |  |  | All Staff |  |
| Boundaries and Confidentiality |  |  |  |  | All Staff |  |
| Conflict Resolution & Non-coercive Approaches to Conflict Management |  |  |  |  | All Staff |  |
| Creating Safe Spaces for LGBT Youth |  |  |  |  | All Staff |  |
| Crisis Intervention & Non-Violent Crisis Intervention |  |  |  |  | All Staff |  |
| Cultural Competency |  |  |  |  | All Staff |  |
| Customer Service |  |  |  |  | All Staff |  |
| Emergency Preparedness |  |  |  |  | All Staff |  |
| Language Access |  |  |  |  | All Staff |  |
| Mandated Reporting for Children and Adults/Seniors  |  |  |  |  | All Staff  | Within first 30 days of contract |
| Medical Hypothermia Overview |  |  |  |  | All Staff  |  |
| Naloxone Training |  |  |  |  | All Staff  |  |
| Responding to Synthetic Drug Ingestion |  |  |  |  | All Staff |  |
| Trauma Informed Care |  |  |  |  | All Staff | Within first 120 days of contract |
| Unusual Incident Reporting (UIR) |  |  |  |  | All Staff |  |
| Welcoming and Affirming LGBTQ+ People |  |  |  |  | All Staff |  |

### Acknowledgment

**By signing below, I verify that the staff person identified on this form has completed the trainings as noted on this transcript.**

|  |  |
| --- | --- |
|  |  |
| **Signature** | **Date** |