|  |  |
| --- | --- |
|  | The Community Partnership for the Prevention of HomelessnessStaff Training Transcript – Low Barrier Shelter |

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. Certificates of completion may also be requested by TCP staff. Should TCP staff request certificates of completion, only trainings with an accompanying certificate will be considered. If you have any questions regarding this form, please contact the training team via email at training@community-partnership.org.

|  |
| --- |
| Staff Information |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of Staff: |  |  | Date of Hire: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Contract Number of Staff Assignment: |  | Contract Period of Transcript: |  | Staff Title: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Position Description (check all applicable): | Client-Facing Staff  Administrative Staff |  | Case Manager  Client-Facing Specialist | Executive Director  Financial Staff | Program Director/Manager |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Active License(check all applicable DC licenses): | N/A | Certified Addictions Counselor (CAC I or CAC II) |  | Licensed Social Worker (LSW) (including LSWA, LGSW, LISW, and LICSW) |  | Licensed Professional Counselor (LPC) |

|  |
| --- |
| General Information |

**Information on Licensure Exemptions:**

* If you have any of the listed licenses, review the “mandatory staff” column in the transcript for possible exemptions that may apply to you. Check off the box in the “licensure exemption” column, if applicable.
* If the “Licensure Exemption” column is black and does not contain a checkbox, there are no exemptions offered for that training topic.
* You may be requested to provide proof of active licensure. If your license lapses and is not active at the end of the contract period, you cannot claim any training exemptions.
* Licensure Exemptions only apply to active licenses in the District of Columbia. For example, if you are a licensed social worker in Maryland and not DC, you may not claim any training exemptions for your license.

**Information on Training Titles:**

* The left-most column of the “Staff Trainings” section is “Training Topics,” and to the right of it is “Training Title.” The training title is the name of the training you’ve taken. It will be the name on the training registration page, the TCP Course Catalogue (on TCP’s website: community-partnership.org/for-providers/training/), and the TCP training calendar. The training topics are the content areas covered in the training. You can find the training topic listed on the TCP Course Catalogue and the TCP training calendar next to the training title. The training title and covered training topics should also be listed on your certificate of completion for the training.
* Some training titles will cover more than one training topic, so you should list the same training title next to the covered training topics. Some training topics will be covered in more than one training. In this instance, you could list multiple training titles you’ve attended for a single training topic, but listing one is sufficient.
* If you have any questions, you can contact the TCP Training Team via email at [training@community-partnership.org](mailto:training@community-partnership.org)

|  |
| --- |
| Staff Trainings |

|  |  |  |
| --- | --- | --- |
| Key: | \*Required every contract period or once every 18 months, whichever comes first | § Topics requiring training every other contract period, or every 24 months, whichever comes first, after initial completion |
| † Trainings required once or when a specific certification expires, after initial completion | *italics* Any topic written in italics is not mandatory |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ANNUAL TOPICS\*  \* Training is required for each topic every contract period, or once every 18 months, whichever comes first | | | | | |
| Training Topic | **Training Title** | **Date of completion** | **Mandatory Staff** | **Time Frame for Completion** | **Licensure Exemption**  *Only to be used by individuals with an active license listed above* |
| ADA and Reasonable Accommodation |  |  | All client facing staff and ADA Liaison | 90 days of hire and then annually\* |  |
| Cultural Competency |  |  | All client facing staff, security. | \* |  |
| Domestic Violence |  |  | All client facing staff | \* |  |
| Emergency Preparedness |  |  | Executive directors and any staff involved in creating the emergency preparedness plan | \* |  |
| Fair Housing |  |  | Program managers, case managers, housing specialists | \* |  |
| Language Access |  |  | All staff, administrative, executive, financial, security, and maintenance | 90 days of hire and then annually\* |  |
| LGBTQ+ Cultural Competency |  |  | All client-facing staff | \* |  |
| Mandated reporting for Children and Adults/Seniors |  |  | Consistent with District Requirement | 90 days of hire and then annually\* |  |
| Medical Hypothermia |  |  | All LBS/Hypo staff, maintenance and security | \* |  |
| Synthetic Drug Usage |  |  | All LBS/Hypo staff, maintenance and security. *Actively licensed* ***CACs*** *exempt.* | \* |  |
| Trauma Informed Care |  |  | All client facing staff. *Active licenses noted above exempt.* | 90 days of hire and then annually\* |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| BI-ANNUAL TOPICS§  § After initial completion, training is required for each topic every other contract period or once every 24 months, whichever comes first | | | | | |
| Training Topic | **Training Title** | **Date of completion** | **Mandatory Staff** | **Time Frame for Completion** | **Licensure Exemption**  *Only to be used by individuals with an active license listed above* |
| Boundaries and Confidentiality |  |  | All client facing staff. *Active licenses noted above exempt.* | § |  |
| *Housing Based Case Management* |  |  | Program managers, case managers, and client facing specialists. *Active licenses noted above exempt.* | § |  |
| Housing First |  |  | All client facing staff. *Active licenses noted above exempt.* | § |  |
| Homeless Services Reform Act (HSRA) 2005 Overview |  |  | All client facing staff | § |  |
| Non-coercive approaches to conflict management |  |  | All client facing staff. *Active licenses noted above exempt.* | § |  |
| Non-violent Crisis Intervention |  |  | All client facing staff. *Active licenses noted above exempt.* | § |  |
| Suicide Risk Assessment and Prevention |  |  | All client facing staff. *Active licenses noted above exempt.* | § |  |
| Understanding the Office of Administrative Reviews/Hearings |  |  | All client facing staff | § |  |
| Unusual Incident Reports |  |  | Program managers, case managers, client facing specialists | 90 days of hire and then every other year § |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| CERTIFICATIONS AND SYSTEMS TRAININGS†  †Trainings required once or when a specific certification expires, after initial completion. | | | | | |
| Training Topic | **Date of Completion** | **If Applicable:** Date of certification expiration | **Mandatory Staff** | **Time Frame** | **Licensure Exemption**  *Only to be used by individuals with an active license listed above* |
| VI-SPDAT/TAY VI-SPDAT and CAHP Overview |  |  | All providers who participate in CAHP and complete or supervise case management tasks. (Requirements vary by program and position) | 90 days of hire**†** |  |
| HMIS |  |  | All HMIS users | 90 days of hire**†** |  |
| CPR/First Aid |  |  | All client-facing staff | **†** |  |
| HIPAA |  |  | All staff, administrative, executive, and financial staff | 90 days of hire**†** |  |
| Narcan |  |  | All LBS/Hypo staff, maintenance and security | **†** |  |

|  |
| --- |
| 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** |