

# Individual Annual Staff Training Compliance Record

## Instructions

Use this worksheet to document each home care staff member's compliance with annual training, required education, licensure verification, and performance review requirements.

This worksheet is designed to assist providers in tracking staff requirements under [Minnesota Statutes Chapter 144A.4796](#), unless otherwise noted.

Staff providing assisted living services must complete **at least eight (8) hours of training every 12 months** as required by [Minnesota Statute 144A.4796, Subdivision 6](#).

For each training topic:

- Record the time spent (hours and minutes).
- Enter the date completed.
- Specify exact location of documentation (e.g., learning management system [LMS], personnel file, shared drive folder name).

Documentation must be stored in a location that is clearly identified and easily accessible for review.

|                                                    |  |                                       |  |
|----------------------------------------------------|--|---------------------------------------|--|
| <b>Training Compliance<br/>Period (12 months):</b> |  | <b>Date of<br/>Compliance Review:</b> |  |
|----------------------------------------------------|--|---------------------------------------|--|

INDIVIDUAL ANNUAL STAFF TRAINING COMPLIANCE RECORD  
HOME CARE

|                                            |  |                                               |  |
|--------------------------------------------|--|-----------------------------------------------|--|
| <b>Staff Name:</b>                         |  |                                               |  |
| <b>Title / Position:</b>                   |  |                                               |  |
| <b>Performance Review Date:</b>            |  |                                               |  |
| <b>Current Licensure or Certification:</b> |  | <b>License/Certification Expiration Date:</b> |  |

| Topic                                                                                        | Time (HH:mm) | Date Completed | Location of Documentation |
|----------------------------------------------------------------------------------------------|--------------|----------------|---------------------------|
| <b>Foundational Training</b>                                                                 |              |                |                           |
| Home care bill of rights and staff responsibilities                                          |              |                |                           |
| Review of agency's policies and procedures                                                   |              |                |                           |
| Health Insurance Portability and Accountability Act (HIPAA)                                  |              |                |                           |
| <b>Safety and Emergency Preparedness</b>                                                     |              |                |                           |
| Reporting maltreatment of vulnerable adults (Minnesota Adult Abuse Reporting Center [MAARC]) |              |                |                           |
| <b>Infection Control Techniques</b>                                                          |              |                |                           |
| Hand-washing                                                                                 |              |                |                           |
| Personal protective equipment (PPE)                                                          |              |                |                           |
| Appropriate disposal of contaminated materials and equipment                                 |              |                |                           |
| Disinfecting reusable equipment                                                              |              |                |                           |
| Disinfecting environmental surfaces                                                          |              |                |                           |
| Reporting communicable diseases                                                              |              |                |                           |

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| Topic                                                                                                                   | Time<br>(HH:mm) | Date Completed | Location of<br>Documentation |
|-------------------------------------------------------------------------------------------------------------------------|-----------------|----------------|------------------------------|
| <b>Dementia Training</b><br><i>For staff and supervisors working with persons with Alzheimer's or related disorders</i> |                 |                |                              |
| Explanation of Alzheimer's disease and related disorders                                                                |                 |                |                              |
| Problem solving with challenging behaviors                                                                              |                 |                |                              |
| Communication skills                                                                                                    |                 |                |                              |
| <b>Optional/Additional Training</b>                                                                                     |                 |                |                              |
| Hearing loss training (optional)                                                                                        |                 |                |                              |

*This material was prepared by Stratis Health under contract with the Minnesota Department of Health (MDH). Use of this tool is not mandated by MDH, nor does its completion ensure regulatory compliance.*