

INSTRUCTIONS FOR SS-60B
FOSTER PARENT TRAINING ATTENDANCE RECORD

PURPOSE:

To maintain individual records of foster parent training and an automated statewide system of record keeping on foster parent training history.

NUMBER OF COPIES AND DISTRIBUTION:

This form is to be completed for each foster parent training session. The original will be entered into the Training Attendance Record System (TARS) at the county level. The county which hosts the training is responsible for entering the information into the system. Each county should establish procedures for retaining the original of the form for comparison with the TARS quarterly report. If foster parents from outside the host county attended the session, a copy of the training attendance form should be forwarded to the foster parent's county of residence so that training hours may be entered.

Twenty (20) trainees can be entered on one form. If more than twenty (20) people attend a training session, additional forms are completed with all the information entered on the top portion of the form.

GENERAL INSTRUCTIONS:

The individual(s) conducting the training session will complete the top portion of the form. Participants at the session will complete the bottom portion for Name, Parent Indicator, Social Security Number, and County of Residence. County offices will complete the portion on Departmental Vendor Number (DVN) of each participant. All entries on the form should be printed.

INSTRUCTIONS FOR COMPLETION:

The individual(s) conducting the session will complete the following portions of each form for each session:

COURSE TITLE: Select the course title from the SS-60B Code Sheet or identify the specific topic of the course if the session is not sponsored by the Children's Division. If the course is not sponsored by the CD, an outline which also identifies the agency or organization which sponsored the course should be sent to the Professional Development and Training Unit, PO Box 88, Jefferson City, MO 65103. Any training that is to be entered under a course title of Other Approved Training (Pre-Service or In-Service) must have approval from the Regional Office *prior* to the foster parent attending the training. An outline of the training session, which also identifies the agency or organization providing the training, should be provided to the Regional Office.

COURSE CODE: Select the course code corresponding to the appropriate course title. If the training does not have an established course code, enter the course code (ending in 99) which identifies the general topic of the course. The course codes ending in 99 are for "Other Approved Training" (Pre-Service and In-Service). All course codes ending in 99 – "Other Approved Training" needs to

have **prior** Regional Office approval to determine if the credit hours for that particular training will be approved.

INSTRUCTOR(S): Indicate the name(s) of the individual(s) conducting the session, including agency staff member, teaching foster parent, or other approved resource person. Up to three last names can be entered.

COURSE DATE: Indicate the date on which the training session is held. If one topic is covered on two (2) consecutive days, enter the date the training session began.

NUMBER OF HOURS: Indicate the number of hours scheduled for each session. Only whole numbers or half hours may be used (e.g. 2 or 2.5). If more than one course (topic) is being covered in a session, additional forms should be completed.

The remaining information is completed by each participant at the session:

NAME: Please print complete name by entering the last name first, then entering the first name.

PARENT INDICATOR: The following codes should be used for each participant:

- 1 – Father
- 2 – Mother
- 3 – Other Adult Household Member

SOCIAL SECURITY NUMBER: Enter the Social Security Number of the individual on this line. If a participant does not have a Social Security Number, enter all zeroes.

COUNTY OF RESIDENCE: Enter the FIPS county code for the county in which the foster parent resides (see SS-60B Code Sheet). The trainer should provide the correct county code to the individuals being trained or the county office may enter the correct code prior to entering the information into TARS.

The county office will complete the following information before entering the form:

DEPARTMENTAL VENDOR NUMBER (DVN): Enter the nine-digit DVN assigned to the vendor. This number must be accurate to ensure training credit.

If individuals who do not have a DVN assigned attend a training session (the decision has not yet been made to file an application), the message "Not an applicant" should be entered in the DVN column. When the individuals make the decision to file an application and a DVN is assigned, a SS-60B form should be completed with the same information and entered into the TARS system to ensure proper credit for the training.

FORMS RETENTION: The SS-60B form should be retained on file until a comparison can be done with the TARS quarterly report to ensure that training hours for all participants are accurate and complete. The form can then be destroyed once this is completed.