



Training Acknowledgment

Employee Name: Stephen Bailey Policy/Procedure/Topic: Staff Meeting(See Below)
Trained By: Jana Goss Date Trained: 7/20/20

I acknowledge that I have received training on the above topic, along with supporting policies, forms and procedures.

I understand that it is my responsibility to adhere to the requirements of the training fully, and if I do not understand my responsibility or need clarification, I will seek immediate assistance from a Home Manager in order to act in accordance with state policy, procedures and company expectations.

I understand that this Training Acknowledgment will become part of my permanent employment record, and that failure to apply the principles I was taught in my training will result disciplinary action, up to and including my termination of employment for failure to follow company policy.

Employee Signature
Home Manager Signature

7/20/20

Date

7/20/20

Date

Copy to Employee
Copy to Employee Personnel File/HR

- Dress Code
Documentation - DSP and Medication Administration
Reporting Chain of Command
Recordings, Films, or Other Images Policy
Injections Policy
Cell Phone Policy
Hazardous Materials Policy
Bereavement Policy
Level System
Attendance and Work Schedule Policy
One-to-one Staffing
Resident Storage Policy
Confidentiality, Abuse, Neglect, and Mandatory Reporting Requirements
Resident Security Policy