



**BEACON**  
Specialized Living

Training Acknowledgment

Employee Name: Monica Wheeler Policy/Procedure/Topic: Breaks  
Trained By: Angie Steles Date Trained: 9-1-20

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.

Monica Wheeler

Employee Signature

9-1-20

Date

Angie Steles

Home Manager Signature

9-1-20

Date

Copy to Employee  
Copy to Employee Personnel File/HR



# BEACON Specialized Living

## Training Acknowledgment

Documenting  
competency on menu

Employee Name: Monica Wheeler Policy/Procedure/Topic: following menu  
Trained By: Angie Stiles Date Trained: 9-1-20

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.

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Monica Wheeler  
Employee Signature

9-1-20  
Date

Angie Stiles  
Home Manager Signature

9-1-20  
Date

Copy to Employee  
Copy to Employee Personnel File/HR



Training Acknowledgment

Employee Name: Monica Wheeler Policy/Procedure/Topic: Documentation  
Trained By: Anne Stiles Date Trained: 9-1-20

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.

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Monica Wheeler  
Employee Signature

9-1-20  
Date

Anne Stiles  
Home Manager Signature

9-1-20  
Date

Copy to Employee  
Copy to Employee Personnel File/HR



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Specialized Living

**Training Acknowledgment**

Employee Name: Monica Wheeler Policy/Procedure/Topic: Gossip  
Trained By: Angie Stiles Date Trained: 9-1-20

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.

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Monica Wheeler  
Employee Signature

9-1-20  
Date

Angie Stiles  
Home Manager Signature

9-1-20  
Date

Copy to Employee  
Copy to Employee Personnel File/HR



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Specialized Living

Training Acknowledgment

Employee Name: Monica Wheeler Policy/Procedure/Topic: Resident + BTP  
Trained By: Anne Stiles Date Trained: 9-1-20

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

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Monica Wheeler  
Employee Signature

9-1-20  
Date

Anne Stiles  
Home Manager Signature

9-1-20  
Date

Copy to Employee  
Copy to Employee Personnel File/HR



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Specialized Living

### Training Acknowledgment

Employee Name: Monica Wheeler Policy/Procedure/Topic: Cleaning duties  
Trained By: Anne Stiles Date Trained: 9-1-20

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

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Monica Wheeler  
Employee Signature

9-1-20  
Date

Anne Stiles  
Home Manager Signature

9-1-20  
Date

Copy to Employee  
Copy to Employee Personnel File/HR



## Training Acknowledgment

Employee Name: Monica Wheeler Policy/Procedure/Topic: On-Call Procedure  
Trained By: Angie Stelus Date Trained: 9-1-20

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

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Monica Wheeler  
Employee Signature

9-1-20  
Date

Angie Stelus  
Home Manager Signature

9-1-20  
Date

Copy to Employee  
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**BEACON**  
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Training Acknowledgment

Employee Name: Monica Wheeler Policy/Procedure/Topic: Attendance Work Schedule  
Trained By: Anne Stiles Date Trained: 9-1-20

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Monica Wheeler  
Employee Signature

9-1-20  
Date

Anne Stiles  
Home Manager Signature

9-1-20  
Date

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Specialized Living

### Training Acknowledgment

Employee Name: Monica Wheeler Policy/Procedure/Topic: Cell phone  
Trained By: Angie Stiles Date Trained: 9-1-20

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

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Monica Wheeler  
Employee Signature

9-1-20  
Date

Angie Stiles  
Home Manager Signature

9-1-20  
Date

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Training Acknowledgment

Medication Documentation

Employee Name: Monica Wheeler Policy/Procedure/Topic: Medication Administration

Trained By: Anne Stiles Date Trained: 9-1-20

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.

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Monica Wheeler  
Employee Signature

9-1-20  
Date

Anne Stiles  
Home Manager Signature

9-1-20  
Date

Copy to Employee  
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**BEACON**  
Specialized Living

### Training Acknowledgment

Employee Name: Monica Wheeler Policy/Procedure/Topic: Sleeping on shift  
Trained By: Angie Sutes Date Trained: 9-1-20

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

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Monica Wheeler  
Employee Signature

9-1-20  
Date

Angie Sutes  
Home Manager Signature

9-1-20  
Date

Copy to Employee  
Copy to Employee Personnel File/HR



**BEACON**  
Specialized Living

Training Acknowledgment

Cleaning VAN  
Van  
message

Employee Name: Monica Wheeler Policy/Procedure/Topic: \_\_\_\_\_

Trained By: Anne Stiles Date Trained: 9-1-20

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.

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Monica Wheeler  
Employee Signature

9-1-20  
Date

Anne Stiles  
Home Manager Signature

9-1-20  
Date

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**BEACON**  
Specialized Living

Training Acknowledgment

Employee Name: Monica Wheeler Policy/Procedure/Topic: Screening  
Trained By: Ange Stiles Date Trained: 9-1-20

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

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Monica Wheeler  
Employee Signature

9-1-20  
Date

Ange Stiles  
Home Manager Signature

9-1-20  
Date

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