



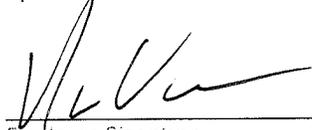
Training Acknowledgment

Employee Name: Naomi Vacheco Policy/Procedure/Topic: Personnel Security
Trained By: Ashley Pearson Date Trained: 10.22.2020

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

10-22-20
Date

Ashley Pearson
Home Manager Signature

10/22/2020
Date

Copy to Employee
Copy to Employee Personnel File/HR



Training Acknowledgment

Employee Name: Naomi Voorhes Policy/Procedure/Topic: Smoking Policy
Trained By: Ashley Pearson Date Trained: 10.22.2020

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A handwritten signature in black ink, appearing to be "Naomi Voorhes", written over a horizontal line.

Employee Signature

A handwritten date "10.22.20" in black ink, written over a horizontal line.

Date

A handwritten signature in black ink, reading "Ashley Pearson", written over a horizontal line.

Home Manager Signature

A handwritten date "10/22/2020" in black ink, written over a horizontal line.

Date

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Copy to Employee Personnel File/HR



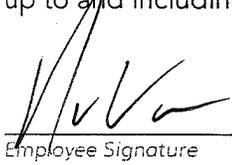
Training Acknowledgment

Employee Name: Naomi Voohees Policy/Procedure/Topic: Suicide Assessment & Screening
Trained By: Ashley Pearson Date Trained: 10.22.2020

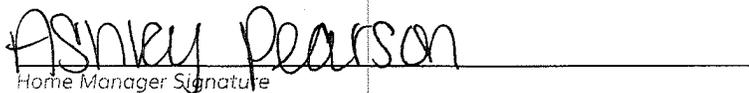
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Employee Signature

10.22.20
Date


Home Manager Signature

10/22/2020
Date

Copy to Employee
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BEACON
Specialized Living

Training Acknowledgment

Employee Name: Naomi Voorhes Policy/Procedure/Topic: Emergency Preparedness
Trained By: Ashley Pearson Date Trained: 10.22.2020

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Employee Signature

10-22-20

Date

Home Manager Signature

10/22/2020

Date

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BEACON
Specialized Living

Training Acknowledgment

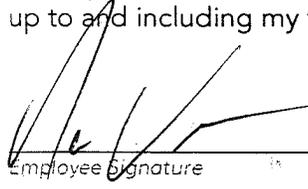
Employee Name: Naumi Von hees Policy/Procedure/Topic: Blood borne Pathogen ^{Post} Expos

Trained By: Ashley Pearson Date Trained: 10.22.2020

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Employee Signature

10-22-20
Date

Ashley Pearson
Home Manager Signature

10/22/2020
Date

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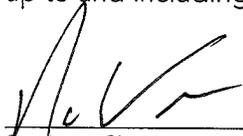
Training Acknowledgment

Employee Name: Naomi Voorhes Policy/Procedure/Topic: Attendance and Work Schedule
Trained By: Ashley Pearson Date Trained: 10.22.2020

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Employee Signature

10.22.20
Date

Ashley Pearson
Home Manager Signature

10/22/2020
Date

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Training Acknowledgment

Employee Name: Naomi Voorhees Policy/Procedure/Topic: Bed Check Policy
Trained By: Ashley Pearson Date Trained: 10.22.2020

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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Employee Signature

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Date

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Home Manager Signature

A handwritten date "10/22/2020" in black ink, written over a horizontal line.

Date

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Training Acknowledgment

Employee Name: Audri Voorhes Policy/Procedure/Topic: Cellular Phones
Trained By: Ashley Pearson Date Trained: 10.22.2020

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A handwritten signature in black ink, appearing to read "McV", written over a horizontal line.

Employee Signature

10.22.20

Date

A handwritten signature in black ink, reading "Ashley Pearson", written over a horizontal line.

Home Manager Signature

10/22/2020

Date

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