BEACON
Specialized Living

Training Acknowledgment

Employee Name: Kristina Simmons Policy/Procedure/Topic: See Below

Trained By: Jacqueline Wilson Date Trained: 03/17/2021

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 — Date: 3/23/21

Jacqueline Wilson
Home Manager Signature — Date: 03/22/2021

Copy to Employee
Copy to Employee Personnel File/HR

- Documentation register + florbooks completed by Monday
- Sign EOC Monthly
- Sign Relapse PCP
- Cleaning responsibilities
- Training + Survey completed by the End of the Month
- Behavior Plans
- Checking in
- Read and initial memo daily