



## Training Acknowledgment

Employee Name: Jamara White Policy/Procedure/Topic: Home Tablet

Trained By: Kaitlyn C. Date Trained: 3/25/21

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

Date

3/25/21

Date

3/25/21

Copy to Employee  
Copy to Employee Personnel File/HR

## Question / Answer on Computer and Internet Access Policy

### 1. What are tablets to be used for:

- ✓ • **Beacon Clinician:** Case Management, Therapy, BTP monitoring, other
- ✓ • Friday Events (Lauren Thompkins)
- ✓ • Compliance
- ✓ • Home Audits

### 2. Where do you plan to keep the tablet *med room*

- Is it accessible when the home manager and assistant are not in the home? *yes*
- Is it accessible for night staff? *yes*
- Is it accessible for weekend staff? *yes*

### 3. When will this be charged?

- At least over night every night *every night*

### 4. Who is going to inservice the rest of your staff

- Home manager *me*

### 5. Is the resident allowed to use the tablet in private? *yes*

- Yes – home manager may want to have the resident use the office and the manager steps out if there is concern that the resident will not return the tablet