



Training Acknowledgment

Employee Name: Diante Taylor Policy/Procedure/Topic: Tablet
Trained By: Jan Weir Date Trained: 3/30/21

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

[Handwritten Signature]
Home Manager Signature

Date

3/30/21
Date

Copy to Employee
Copy to Employee Personnel File/HR

Deante
Battle Creek

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?
 - ✓ • Is it accessible for night staff?
 - ✓ • Is it accessible for weekend staff?

3. When will this be charged? *daily*

- ✓ • At least over night every night

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

- ✓ • Home manager

5. Is the resident allowed to use the tablet in private? *NO*

- ✓ • 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