



Training Acknowledgment

Employee Name: Corey Lee Policy/Procedure/Topic: Cell Phone

Trained By: Kim Howard Date Trained: 10/7/2021

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.

Corey Lee
Employee Signature

10/7/21
Date

Heather Cozart
Home Manager Signature

10/7/21
Date

Copy to Employee
Copy to Employee Personnel File/HR



Training Acknowledgment

Employee Name: Coan, Se Policy/Procedure/Topic: Covid Reporting
Trained By: Kim Howard Date Trained: 10/7/2021

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

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Coan, Se
Employee Signature

10/7/21
Date

Stephanie Coan
Home Manager Signature

10/7/2021
Date

Copy to Employee
Copy to Employee Personnel File/HR



Training Acknowledgment

Employee Name: Coylee Policy/Procedure/Topic: Mask Requirements

Trained By: Kim Howard Date Trained: 10/7/2021

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Coylee
Employee Signature

10/7/21
Date

Therese
Home Manager Signature

10/7/21
Date

Copy to Employee
Copy to Employee Personnel File/HR



Training Acknowledgment

Employee Name: Coen See Policy/Procedure/Topic: Questionares
Trained By: Kim Howard Date Trained: 10/7/2021

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Coen See
Employee Signature

10/7/21
Date

Flepane Co
Home Manager Signature

10/7/2021
Date

Copy to Employee
Copy to Employee Personnel File/HR



Training Acknowledgment

Employee Name: Coan See Policy/Procedure/Topic: Coverage
Trained By: Kim Howard Date Trained: 10/7/2021

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Coan See
Employee Signature

10/7/21
Date

Therese
Home Manager Signature

10/7/21
Date

Copy to Employee
Copy to Employee Personnel File/HR



Training Acknowledgment

Employee Name: Cocusee Policy/Procedure/Topic: Shift Duties

Trained By: Kim Howard Date Trained: 10/7/2021

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

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Cocusee
Employee Signature

10/7/21
Date

Howard
Home Manager Signature

10/7/2021
Date

Copy to Employee
Copy to Employee Personnel File/HR



Training Acknowledgment

Employee Name: Cocuzzi Policy/Procedure/Topic: Professionalism
Trained By: Kim Howard Date Trained: 10/7/2021

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

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Cocuzzi
Employee Signature

10/7/21
Date

Thompson
Home Manager Signature

10/7/21
Date

Copy to Employee
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Training Acknowledgment

Employee Name: Colleen Su Policy/Procedure/Topic: Bed Check Policy
Trained By: Kim Howard Date Trained: 10/7/2021

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

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Colleen Su
Employee Signature

10/7/21
Date

Florianca
Home Manager Signature

10/7/21
Date

Copy to Employee
Copy to Employee Personnel File/HR



Training Acknowledgment

Employee Name: Corey Lee Policy/Procedure/Topic: Med Admin
Trained By: Kim Howard Date Trained: 10/7/2021

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Corey Lee
Employee Signature

10/7/21
Date

Heather
Home Manager Signature

10/7/21
Date

Copy to Employee
Copy to Employee Personnel File/HR



Training Acknowledgment

Employee Name: Carey Lee Policy/Procedure/Topic: Drug and Alcohol Policy
Trained By: Kim Howard Date Trained: 10/7/2021

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

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Carey Lee
Employee Signature

10/7/21
Date

Flora
Home Manager Signature

10/7/21
Date

Copy to Employee
Copy to Employee Personnel File/HR