



BEACON
Specialized Living

Training Acknowledgment

Employee Name: Pandice Wilson Policy/Procedure/Topic: Bed Checks
Trained By: Kelley Date Trained: 10-12-21

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.

Pandice Wilson
Employee Signature

10/12/21
Date

Kelley Krutick
Home Manager Signature

10/12/21
Date

Copy to Employee
Copy to Employee Personnel File/HR



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Training Acknowledgment

Employee Name: Robert Hunt Policy/Procedure/Topic: Bed Checks

Trained By: Kelley Date Trained: 10-12-21

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Robert Hunt
Employee Signature

10/12/21
Date

Kelley Krutcho
Home Manager Signature

10/12/21
Date

Copy to Employee
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Training Acknowledgment



Employee Name: Taylor Vein Policy/Procedure/Topic: Bed checks

Trained By: Kelly Krutsch Date Trained: 10-12-21

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Taylor Vein
Employee Signature

10-12-21
Date

Kelly Krutsch
Home Manager Signature

10-12-21
Date

Copy to Employee
Copy to Employee Personnel File/HR



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Specialized Living

Training Acknowledgment

Employee Name: Tysha McClain Policy/Procedure/Topic: Bed check

Trained By: Kelly Date Trained: 10/12/21

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Tysha McClain
Employee Signature

10/12/21
Date

Kelly Krutzel
Home Manager Signature

10/12/21
Date

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Training Acknowledgment

Employee Name: Jennifer Bones Policy/Procedure/Topic: Deed checks

Trained By: 10-12-21 Date Trained: Kelly

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Jennifer Bones
Employee Signature

10-12-21
Date

Kelly Knutsen
Home Manager Signature

10-12-21
Date

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Training Acknowledgment

Employee Name: Tasha LeMar Policy/Procedure/Topic: Bed checks

Trained By: Kelly Krutsch Date Trained: 10-12-21

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Tasha LeMar
Employee Signature

10-12-21
Date

Kelly Krutsch
Home Manager Signature

10-12-21
Date

Copy to Employee
Copy to Employee Personnel File/HR