



## Training Acknowledgment

Employee Name: Dayna Dishman Policy/Procedure/Topic: Resident Security Policy <sup>EC-012</sup>  
Trained By: Kristin Slatt Date Trained: 10/28/21

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.

Dayna Dishman  
Employee Signature

10/28/21  
Date

Kristin Slatt  
Home Manager Signature

10/28/21  
Date

Copy to Employee  
Copy to Employee Personnel File/HR



# BEACON Specialized Living

## Training Acknowledgment

Employee Name: Dayna Dishman CT-003 Policy/Procedure/Topic: Resident Security Policy  
 Trained By: Krista R Slatt Date Trained: 10/28/21

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.

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Dayna Dishman  
Employee Signature

10/28/21  
Date

Krista R Slatt  
Home Manager Signature

10/28/21  
Date

Copy to Employee  
Copy to Employee Personnel File/HR



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**Training Acknowledgment**

Employee Name: Dayna Dishman Policy/Procedure/Topic: 1:1 Staffing Duties policy  
Trained By: Krista R. Stank Date Trained: 10/28/21

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.

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Dayna Dishman  
Employee Signature

10/28/21  
Date

Krista R. Stank  
Home Manager Signature

10/28/21  
Date

Copy to Employee  
Copy to Employee Personnel File/HR



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### Training Acknowledgment

Employee Name: Dayna Dishman Policy/Procedure/Topic: Behavior Plan Policy  
Trained By: Krista Wilcox Date Trained: 10/28/21

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.

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Dayna Dishman  
Employee Signature

10/28/21  
Date

Krista R. Starks  
Home Manager Signature

10/28/21  
Date

Copy to Employee  
Copy to Employee Personnel File/HR