BEACON
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Training Acknowledgment

Employee Name: Tyshai McClain Policy/Procedure/Topic: Visitor Policy

Trained By: Kelly Krutsch Date Trained: _____

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.

Tyshai McClain — 11/20/21
Employee Signature — Date

Kelly Krutsch — 11-20-21
Home Manager Signature — Date

Copy to Employee
Copy to Employee Personnel File/HR

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Training Acknowledgment

Employee Name: Tasha LeMar Policy/Procedure/Topic: Visitor Policy

Trained By: Kelly Krutsch Date Trained: 11-16-21

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

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Tasha LeMar — 11-16-21
Employee Signature — Date

Kelly Krutsch — 11-16-21
Home Manager Signature — Date

Copy to Employee
Copy to Employee Personnel File/HR

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Training Acknowledgment

Employee Name: Candice Wilson Policy/Procedure/Topic: Visitor Policy

Trained By: Kelly Krutsch Date Trained: 11/16/21

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Candice Wilson
Employee Signature

11/16/21
Date

Kelly Krutsch
Home Manager Signature

11-16-21
Date

Copy to Employee
Copy to Employee Personnel File/HR

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Training Acknowledgment

Employee Name: Jennifer Bono Policy/Procedure/Topic: Visitor Policy

Trained By: Kelly Krutsch Date Trained: 11-16-21

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Jennifer Bono
Employee Signature

11-16-21
Date

Kelly Krutsch
Home Manager Signature

11-16-21
Date

Copy to Employee
Copy to Employee Personnel File/HR

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Training Acknowledgment

Employee Name: Robert Hunt Policy/Procedure/Topic: Visitor Policy

Trained By: Kelly Krutsch Date Trained: _____

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Employee Signature — Date: 11/16/21

Home Manager Signature — Date: 11-16-21

Copy to Employee
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Training Acknowledgment

Employee Name: Taylor Veil Policy/Procedure/Topic: Visitor Policy

Trained By: Kelly Krutsch Date Trained: 11.16.21

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Taylor Veil
Employee Signature

11.16.21
Date

Kelly Krutsch
Home Manager Signature

11.16.21
Date

Copy to Employee
Copy to Employee Personnel File/HR

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Training Acknowledgment

Employee Name: Nichole Patrick Policy/Procedure/Topic: Visitor Policy

Trained By: Kelly Krutsch Date Trained: 11-16-21

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Nichole Patrick
Employee Signature

11-16-21
Date

Kelly Krutsch
Home Manager Signature

11-16-21
Date

Copy to Employee
Copy to Employee Personnel File/HR