



Training Acknowledgment

Employee Name: Jennifer Bones Policy/Procedure/Topic: Infectio Prevention/Contr

Trained By: Kelly Krutsch Date Trained: 01/26/22

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.

Jennifer Bones
Employee Signature

1-26-22
Date

Home Manager Signature

Date

Copy to Employee
Copy to Employee Personnel File/HR



Training Acknowledgment

Employee Name: Wichole Patrick Policy/Procedure/Topic: Infectio Prevention/Contr
Trained By: Kelly Krutsch Date Trained: 01/26/22

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Wichole Patrick
Employee Signature

1-26-22
Date

Home Manager Signature

Date

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Training Acknowledgment

Employee Name: cienna clore Policy/Procedure/Topic: Infectio Prevention/Contr

Trained By: Kelly Krutsch Date Trained: 01/26/22

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Cienna Clore
Employee Signature

1.26.22
Date

Home Manager Signature

Date

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BEACON
Specialized Living

Training Acknowledgment

Employee Name: Robert Hunt Policy/Procedure/Topic: Infectio Prevention/Contr

Trained By: Kelly Krutsch Date Trained: 01/26/22

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Employee Signature

1/26/22
Date

Home Manager Signature

Date

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Training Acknowledgment

Employee Name: Taylor Vain Policy/Procedure/Topic: Infectio Prevention/Contr
Trained By: Kelly Krutsch Date Trained: 01/26/22

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Taylor Vain
Employee Signature

1-26-22
Date

Home Manager Signature

1-26-22
Date

Copy to Employee
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Training Acknowledgment

Employee Name: Tasha Lemar Policy/Procedure/Topic: Infectio Prevention/Contr
Trained By: Kelly Krutsch Date Trained: 01/26/22

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Tasha Lemar
Employee Signature

1-26-22
Date

Home Manager Signature

Date

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Copy to Employee Personnel File/HR



Training Acknowledgment

Employee Name: Erinne Simmons Policy/Procedure/Topic: Infectio Prevention/Contr
Trained By: Kelly Krutsch Date Trained: 01/26/22

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Erinne Simmons
Employee Signature

01/26/2022
Date

Home Manager Signature

Date

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