

**TRAINING SINGLE DATED SIGNATURE PAGE**

**Name of client: Alan Benson**

**Date training occurred: 3/27/2025**

Today's training covered (check all that apply):

<input type="checkbox"/> IAPP Updates	<input type="checkbox"/> SMA Updates	<input checked="" type="checkbox"/> Support Plan Addendum Updates
<input type="checkbox"/> Behavioral Plan Updates	<input type="checkbox"/> Positive Supports Updates	<input type="checkbox"/> Site Team Meeting
<input type="checkbox"/> Rights Restriction Updates	<input type="checkbox"/> Health and Safety Training	<input type="checkbox"/> MAR Retraining
<input type="checkbox"/> Seizure protocol	<input checked="" type="checkbox"/> Elopement protocol	<input type="checkbox"/> ADL's/required supports.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Other:

The necessary updates are highlighted below, and pertain to the staff training that occurred (if not included here, ensure the accurate documents have been reviewed):

Support Plan Addendum and Elopement Protocol have been updated. They previously stated that staff were to keep Alan "within sight or sound." The **Elopement Protocol** has been updated with the following language:

Enhanced staffing and continuous supervision: Staff will keep Alan within sight or sound at all times. If Alan requires privacy (ex. using the restroom), staff must keep eyes on the door to prevent elopement from the room.

**Support Plan Addendum** (presence of staff section) was updated with the following:

Staff members will provide 1:1 supervision during awake hours and 2:1 awake supervision during Alan's overnight and sleep hours. Staff members will keep Alan within sight or sound at all times. If Alan requires privacy (ex. using the restroom), staff must keep eyes on the door to prevent elopement from the room. During sleep hours staff must keep eyes on the exit doors to prevent elopement from the room.

**Acknowledgement:**

By having my dated signature on this form, I am indicating that I have reviewed and been trained on the documents listed above that have a checkmark in the box. With my dated signature, I am also acknowledging and agreeing to the responsibilities this places on me as the employee working directly with the individual(s) served.

PRINTED NAME	SIGNATURES	DATE
Staff Name: khalilu kromah	Staff Signature:  <small>Signed by: D784F66AF0B446F...</small>	Date: 3/27/2025
Supervisor Name: Kirsten Bernard	Supervisor Signature:  <small>Signed by: 74299D9EF9354DF...</small>	Date: 3/28/2025