

Owakahi, Inc.
Training Summary Form

I. Employee: Yvonne Strong Topic: ALCOHOL AND DRUG USE 417 Credit Hours: .5

II. Description of Training Content:

Review and instruction on the Owakahi Inc. policy for alcohol and drug use and applicability to employees, volunteers, and subcontractors.

III. Training Procedures

Training Format

- Self Study
- Individualized Training
- Team Meeting
- Owakahi Inservice
- Other: _____

Instructional Methods

- Written: Alcohol & Drug Use Policy
- Oral Presentation and Dialogue
- Guided Observation
- Guided Practice
- Other: _____

Competency Evaluations

- Knowledge Testing (Quiz)
- Observed Skill Assessment
- Other: _____

IV. Date(s): 10/1/20 (M/D/Y) Trainer/Position: James West / DC

Time(s): 10:00 am (AM or PM) Trainer Signature: [Signature]

I understand the information I received and my responsibilities for implementation with this company and persons served.

Employee Signature: [Signature]

Training hours need to be recorded by employee on corresponding timecard for reimbursement and training documentation purposes. Employees are encouraged to keep a copy of this verification for their personal records.

Training Module 417 Quiz ALCOHOL AND DRUG USE

EMPLOYEE NAME: Yvonne Strong DATE OF QUIZ: 6-1-20

Directions: Upon completion, please return the completed quiz and attached Training Summary Form to your Designated Coordinator (DC) or Designated Manager (DM) for review and approval.

- Owakihi's Alcohol and Drug Use Policy encompasses the use of alcohol, prescription drugs, chemicals, and illegal drugs. _____ Yes No
- You are finishing your shift with a service recipient. The next staff who is scheduled to work shows up visibly intoxicated. How would you handle this situation? Call the Supervisor and let the person know that they can't be on premises and ask them to leave til the Supervisor gets there or stay for next shift.
- According to Owakihi's policy, being under the influence of alcohol or drugs while working will result in corrective action up to and including termination.
- Identify your responsibilities if a service recipient is believed to be under the influence of illegal drugs, is believed to be under the influence of alcohol under the legal age of consumption, or is believed to be a victim of potential alcohol poisoning: will immediately take necessary action up to and including contact of medical ^{professionals}, 911 and law enforcement.
- Any employee convicted of criminal drug use or activity must notify the Program's Designated Coordinator or Designated Manager no later than 5 days after the conviction.
- Please identify any questions that you have regarding alcohol and drug use at Owakihi Inc.:

 - Based on the information you have reviewed, what further instruction do you need in this training topic to be competent in performing your job responsibilities?
If needed ask Home manager
 - Identify 2 agency resources that you can use for more information and/or consultation:
1) D/c (James West) 2) D/m (Tyler J.)

KNOWLEDGE TESTING BY TRAINER

- Note the question(s) answered incorrectly, and the action taken to assure that the employee understands the correct response(s) _____
- The employee identified above has demonstrated competency in completion of the quiz questions.

Signature of DC or DM

Date 6-1-20
6/1/20