

Beacon Specialized Living  
Training Summary Form

I. Employee: Samantha G Topic: Covid-19 Emergency Preparedness Plan Credit Hours: 1 hour

II. Description of Training Content:

**New Hire Orientation:** This five hour course discusses the following topics: Beacon Mission and Values, Employee Handbook, Beacon Policies and Procedures, Vulnerable Adult Act, Maltreatment of Minors, Beacon VAA & MOMA Reporting Procedures, Incident Reporting, Staff Responsibilities to Individual Rights, HIPAA, Individual Rights, Universal Precautions, and Introduction to Person Centered Services.

III. Training Procedures:

| <u>Training Format</u>                               | <u>Instructional Methods</u>   | <u>Demonstrated Competency</u>        |
|--|--------------------------------|---------------------------------------|
| <input checked="" type="checkbox"/> Self Study       | Written: _____                 | Knowledge Testing (Quiz)              |
| <input type="checkbox"/> Individualized Training     | Oral Presentation and Dialogue | Observed Skill Assessment             |
| <input type="checkbox"/> Team Meeting                | Guided Observation             | Other: <u>Fill in the blank guide</u> |
| <input checked="" type="checkbox"/> Beacon Inservice | Guided Practice                |                                       |
| <input type="checkbox"/> Other: _____                | Other: _____                   |                                       |

IV. Date(s): 7/16/2020 Trainer/Position: DC  
Time(s): 10am-11am (M/D/Y) Trainer Signature: [Signature]  
(AM or PM)

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

Employee Signature: Samantha Grembowicz

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.