

Beacon Specialized Living
Training Summary Form

I. Employee: Nady Hafield 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:

Training Format

X ☐ Self Study
☐ Individualized Training
☐ Team Meeting
X ☐ Beacon Inservice
☐ Other: _____

Instructional Methods

Written: _____
Oral Presentation and Dialogue
Guided Observation
Guided Practice
Other: _____

Demonstrated Competency

Knowledge Testing (Quiz) _____
Observed Skill Assessment
X ☐ Other: Fill in the blank guide _____

IV. Date(s):

7/14/20
(M/D/Y)

Trainer/Position: DA

Time(s):

630-730
(AM or PM)

Trainer Signature: [Signature]

I understand the information 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.