Beacon Specialized Living

Training Summary Form

I. **Employee:** DIVINAH MARIGIRI 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 Responsibilites to Individual Rights, HIPAA, Individual Rights, Universal Precautions, and Introduction to Person Centered Services.

III. **Training Procedures:**

Training Format		Instructional Methods		Demonstrated Competency	
X	Self Study	____	Written: ____	____	Knowledge Testing (Quiz)
____	Individualized Training	X	Oral Presentation and Dialogue	____	Observed Skill Assessment
____	Team Meeting	____	Guided Observation	X	Other: Fill in the blank guide
X	Beacon Inservice	____	Guided Practice		
____	Other: ____	____	Other: ____		

IV. **Date(s):** 7/16/2020 (M/D/Y) Trainer/Position: DSP.

Time(s): 1:00AM - 1:30AM. (~~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.