

**Beacon Specialized Living
Training Summary Form**

Credit Hours: _____

I. Employee: Cordens Brady **MALTEMENT REPORTING AND INTERNAL REVIEW 101**
 = Maltreatment of Vulnerable Adults Reporting and Internal Review Policy and Procedures
 = Maltreatment of Minors Mandated Reporting and Internal Review Policy and Procedures

II. Description of Training Content:
 Review and instruction with the mandated reporter regarding the protection of vulnerable adults and minors from maltreatment and reporting incidents of alleged or suspected maltreatment. Explanation of the definitions and reporting requirements in MN Statutes 626.557 and 626.5572 (Vulnerable Adults), 626.556 (Maltreatment of Minors), and applicable requirements of MN Statutes 245A.65 and 245A.66 (Human Services Licensing Act). Review and instruction on the Beacon Specialized Living policies and procedures related to employee roles and responsibilities for protecting persons served and implementing Beacon's maltreatment reporting policies and procedures for vulnerable adults and children. (Maltreatment of Vulnerable Adults Reporting and Internal Review Policy; Maltreatment of Minors and Mandated Reporting and Internal Review Policy; and Funds and Property Policy).

III. Training Procedures:

<u>Training Format</u>	<u>Instructional Methods</u>	<u>Competency Evaluation</u>
Individualized Training _____	Written: Policies & procedures _____	X Knowledge Testing (Quiz) _____
Supervisory Meeting _____	On-line instruction _____	Observed Skill Assessment _____
Team Meeting _____	Oral Presentation and Dialogue _____	Other: _____
X Beacon Inservice _____	Guided Practice _____	
Other: _____	Other: Distribution of reporting card _____	

IV. Training Dates and Times:
 A. Star Services on-line Mandated Reporting: Date: 9/26/2020 Times: 10:00a to 2:00p
 M/D/Y M/D/Y

B. Beacon Specialized Living policies (3) review and instruction Date: _____ Times: _____ to _____
 M/D/Y M/D/Y

Trainer Signature:  **Employee Signature:** 

Vulnerable Adults and Child Protection

**Beacon Specialized Living
Training Summary Form**

I. **Employee:** Carew Bradley **Topic:** DATA PRIVACY PRACTICES 135 **Credit Hours:** _____

II. **Description of Training Content**
 Information regarding state and federal privacy regulations governing services for people with disabilities. Meets general training requirements on Minnesota Data Privacy and HIPAA. Review and instruction on Owakini's internal policies and procedures regarding data privacy including individual privacy rights (i.e. Notice of Privacy Practices) and security procedures.

III. **Training Procedures**

<u>Training Format</u>	<u>Instructional Methods</u>	<u>Competency Evaluations</u>
Self Study	<i>Place X below for instructional methods used</i>	Quiz (On-line certificate includes quiz)
Individualized Training	*On-line Data Privacy (StarSyvs)	Sign-offs: -Computer & Info. Usage Agreement and -Network Security
Supervisory Meeting	Written Policies	Observed Skill Assessment
Team Meeting		
Owakini Inservice	Oral Presentation and Dialogue	

IV. **Training Dates and Times**

If applicable: Star Services on-line Data Privacy Practices

PART I	Date(s): _____	Times: _____ to _____	AM or PM	(On-line = 0.5 hour learning credit)
PART II	Date(s): _____	Times: _____ to _____	AM or PM	Location: _____

All Staff (Mandatory): Policy review & discussion

Trainer Signature:  **Employee Signature:** 

*1) On-line training requirement: Follow-up discussion with Beacon Support Coordinator or HR representative for internal policies review.
 2) On-line training requirement: Trainer must confirm that on-line training was completed by employee PRIOR to internal policies review.
 Employee records training hours on timecard for reimbursement and training documentation purposes. Keep copy of verification.

Beacon Specialized Living
Training Summary Form

I. **Employee:** Cardens Bradley **Topic:** Covid-19 Emergency Preparedness Plan **Credit Hours:** 1 hour

II. **Description of Training Content:**

Review of the current Covid -- 19 Emergency response and preparedness plan and current safety precautions and practices.

III. **Training Procedures:**

Training Format

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

Instructional Methods

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

Demonstrated Competency

- Knowledge Testing (Quiz)
- Observed Skill Assessment
- Other: Fill in the blank guide

IV. **Date(s):** 9-20-20

Trainer/Position:

District Director

Time(s):

9:00 AM - 10:00 AM
(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.

Name: Cordero Brady

New Hire Orientation Quiz

1. What should you do if you are going to miss work?
 - a. Nothing, there is enough coverage there – they won't miss me.
 - b. Send a text to my supervisor and let them know I won't be there.
 - c. Call my supervisor or on-call person to let them know I won't be there and find out how they would like for me to proceed.

2. If you have a question about your employment at Beacon where are the places that you would be able to find and reference the Employee Handbook? (circle all that apply)
 - a. O:Drive (Beacon Network)
 - b. Program Site
 - c. The Administrative office
 - d. My personal copy I have been offered
 - e. ADP

3. If you have a question about a policy or procedure what should you do? (circle all that apply)
 - a. Ask your supervisor
 - b. Reference the Policies and Procedures Manual (available online or at the site)
 - c. Do what I think is best

4. You are working with Joe when he tells you that he is really frustrated with his current services. He says he doesn't like his staff or his housemates and wants to call his case manager to complain and asks for your help to call. What should you do?
 - a. Do nothing, he's just venting.
 - b. Help him call the case manager.
 - c. Tell him his case manager is busy and probably doesn't want to talk to him.

Why? because he has the right to call.

5. Ramona lives in her own apartment and receives support services from staff 2-3 times/week for a few hours at a time. When you go to work with her on Tuesday she tells you that she had a disagreement with the staff who was working with her on Sunday. She told you that the staff person loaned \$5 from her at Target and when she asked for it back the staff person swore at her, told her she was stupid, and left. Is this abuse as defined by the Vulnerable Adult Act?
 - a. Yes
 - b. No

Name: Cordelia Brady

New Hire Orientation Quiz

1. What should you do if you are going to miss work?
 - a. Nothing, there is enough coverage there – they won't miss me.
 - b. Send a text to my supervisor and let them know I won't be there.
 - c. Call my supervisor or on-call person to let them know I won't be there and find out how they would like for me to proceed.

2. If you have a question about your employment at Beacon where are the places that you would be able to find and reference the Employee Handbook? (circle all that apply)
 - a. O:Drive (Beacon Network)
 - b. Program Site
 - c. The Administrative office
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 - e. ADP

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 - c. Tell him his case manager is busy and probably doesn't want to talk to him.

Why? because he has the right to call.

5. Ramona lives in her own apartment and receives support services from staff 2-3 times/week for a few hours at a time. When you go to work with her on Tuesday she tells you that she had a disagreement with the staff who was working with her on Sunday. She told you that the staff person loaned \$5 from her at Target and when she asked for it back the staff person swore at her, told her she was stupid, and left. Is this abuse as defined by the Vulnerable Adult Act?
 - a. Yes
 - b. No

Name: Cordero Bradley

8. True or False. If you are working with a minor and you suspect that there has been abuse you have the choice as to whether or not you'd like to report this to Child Protection Services.

- a. True
- b. False

9. Based on the Universal Precautions Policy what are three ways you can practice Universal Precautions?

- a. Hands washing
- b. Stay home if your sick
- c. Wearing gloves, separate laundry

10. True or False: Maltreatment of Vulnerable Adults or Minors should be reported immediately but absolutely no later than 24 hours after initial knowledge of the incident.

- a. True
- b. False

Policy Acknowledgement and Orientation Completion Statement

I acknowledge that I have completed New Hire Orientation. I have been trained on company policies and procedures and been offered a copy of Beacon Specialized Living Policies and Procedures. If I have further questions regarding any of the topics I have learned today I know that I can either reference the manuals or ask my supervisor.



Employee Signature

9-26-20

Date

**Beacon Specialized Living
Training Summary Form**

I. **Employee:** Corduro Bradley **Topic:** New Hire Orientation **Credit Hours:** 5 hours

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: _____	<input checked="" type="checkbox"/> Knowledge Testing (Quiz)
_____ Individualized Training	<input checked="" type="checkbox"/> Oral Presentation and Dialogue	_____ Observed Skill Assessment
_____ Team Meeting	_____ Guided Observation	_____ Other: _____
<input checked="" type="checkbox"/> Beacon Inservice	_____ Guided Practice	
_____ Other: _____	_____ Other: _____	

IV. **Date(s):** 9-26-20 **Trainer/Position:** District Director

Time(s): (M) 8:00a **Trainer Signature:** _____
(AM or PM)

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

Employee Signature: _____


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