Beacon Specialized Living

Training Summary Form

I. Employee: ELIZABETH PORTMAN **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 Owakihi's internal policies and procedures regarding data privacy including individual privacy rights (i.e. Notice of Privacy Practices) and security procedures.

III. Training Procedures

Training Format

_____ Self Study
_____ Individualized Training
_____ Supervisory Meeting
_____ Team Meeting
_____ Owakihi Inservice

Instructional Methods

Place X below for instructional methods used

_____ *On-line Data Privacy (StarSvcs)
_____ Written: Policies
_____ Oral Presentation and Dialogue

Competency Evaluations

_____ Quiz (On-line certificate includes quiz)
_____ Sign-offs:
-Computer & Info. Usage Agreeement and
-Network Security
_____ Observed Skill Assessment

IV. Training Dates and Times

If applicable: Star Services on-line Data Privacy Practices

PART I
Date(s): _____ (M/D/Y) Times: _____ to _____ (AM or PM) *(On-line = 0.5 hour learning credit)*

All Staff (Mandatory): Policy review & discussion

PART II
Date(s): _____ (M/D/Y) Times: _____ (AM or PM) to _____ (AM or PM) Location: _____

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

Credit Hours: _____

I. Employee: ELIZABETH PORTMAN

MALTREATMENT 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:

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

IV. Training Dates and Times:

A. Star Services on-line Mandated Reporting: _____ Date: _____ (M/D/Y) Times: _____ to _____

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

Trainer Signature: _____ **Employee Signature:** _____

Vulnerable Adults and Child Protection

Beacon Specialized Living

Training Summary Form

I. **Employee:** ELIZABETH PORTMAN 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	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):** ___ (M/D/Y) Trainer/Position: ___

Time(s): ___ (AM or PM) Trainer Signature: ___

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

Employee 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.

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Beacon Specialized Living

Training Summary Form

I. **Employee:** ELIZABETH PORTMAN 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 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: ___	X Knowledge Testing (Quiz)
___ Individualized Training	X Oral Presentation and Dialogue	___ Observed Skill Assessment
___ Team Meeting	___ Guided Observation	___ Other:
X Beacon Inservice	___ Guided Practice	
___ Other: ___	___ Other: ___	

IV. **Date(s):** ___ (M/D/Y) Trainer/Position: ___

Time(s): ___ (AM or PM) Trainer Signature: ___

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

Employee 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.

BEACON Specialized Living

Name: ELIZABETH PORTMAN

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? MY JOB IS TO SUPPORT JOE, NOT MAKE DECISIONS FOR HIM.

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

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Specialized Living

Name: ELIZABETH PORTMAN

If **NO**, why?

_____

_____

_____

If **YES**, then what could/should you do?

a. Contact the house supervisor or on-call person and let them know about the situation, they will determine if it is abuse and contact (or not contact) the Common Entry Point. If they don't contact them I will get a letter and I can choose to contact the CEP myself.
b. Contact the staff person and ask them what happened before you report this to the supervisor.
c. Contact the Common Entry Point to report the situation.
d. Document it in the staff notebook, but don't report it to anyone.

6. Michael has been playing his Xbox all afternoon. You've asked him three times to clean his room and he has refused. What should you do? (Circle all appropriate responses).
   a. Unplug the Xbox and lock it in the staff office until he cleans his room.
   b. Nothing, it's his apartment and he can decide when he'd like to clean it. (APPROPRIATE DEPENDING)
   c. Encourage him to clean his room and offer choices of how he could do it. BETTER
   d. Offer to help him clean his room and then you could play Xbox together for a little bit. BEST

BEACON Specialized Living

Name: ELIZABETH PORTMAN

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. WASH HANDS W/ SOAP & WATER FOR 20 SECONDS MINIMUM
   b. WEAR PPE (GLOVES) WHEN HANDLING POTENTIALLY CONTAMINATED MATERIALS
   c. DISPOSE OF ANY USED NEEDLES, ETC CAREFULLY IN A SHARPS CONTAINER

10. True or False. [illegible] 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.

12/15/2020

Employee Signature Date