

Department of Behavioral Health and Developmental Services

## PERSONNEL RECORD REVIEW FORM Office of Licensing

PROVIDER:		leensing	LICENSE #:			٦	
SERVICE:			SPECIALIST:			-	
DATE: Scheduled Inspe						-	
<u></u>							
	COMMENTS:	Name/Record Number					
	DATE OF HIRE:						
§ 390.C	Separate File for Health Information						
§ 400	Separate File for Background and Registry Check						
§ 400	Criminal Background Check: State						
§ 400	Criminal Background Check: FBI						
§ 400	Central Registry Check						
§ 400.D	Prior to beginning duties						
§ 400.E.1	Provider will maintain disclosure statement						
§ 400.E.2	Provider will maintain Documentation that material was submitted & departmental transmittal results						
§ 410.A.1	Job Description includes job title						
§ 410.A.2	Job Description includes duties & responsibilities						
§ 410.A.3	Job Description includes title of supervisor						
§ 410.A.4	Job Description includes minimum KSA						
§ 420.A	Qualified for Job:						
§ 420.B	Verification of Prof. Credentials						
§ 430	Personnel Record:						
§ 430.A.1	Identifying information						
§ 430.A.2	Education & training history						
§ 430.A.3	Employment history						
§ 430.A.4	Verification of Credentials						
§ 430.A.5	Job-related references and verification of						
-	employment history.						
§ 430.A.6	Results of Criminal/Registry						
§ 430.A.7	Performance Evaluations						
§ 430.A.8	Disciplinary actions (if any)						Γ
§ 430.A.9	Licensing org./HR adverse actions (if any						Γ
§ 430.A.10	Record of Employee Participation in dev.						Γ
	activities/orientation					$\mid$	L
§ 440	Orientation of Staff –15 business days						
§ 440.1	Orientation: Objectives & Philosophy						

DBf									
	COMMENTS:	Name/Record Number							
	DATE OF HIRE:								
§ 440.2	Orientation: Confidentiality								
§ 440.3	Orientation: Human Rights								
§ 440.4	Orientation: Personnel policies								
§ 440.5	Orientation: Emergency preparedness								
§ 440.6	Orientation: Person-centeredness								
§ 440.7	Orientation: Infection control								
§ 440.8	Orientation: Other applicable policies								
§ 450	Staff Training & Development:								<u> </u>
§ 460	Emergency Medical or First Aid Training								
§ 460	CPR								1
§ 470	Written policy of staff kept informed of Policy changes								
§ 480.A	Written policy for Performance evaluations								
§ 480.B	Performance evaluation include developmental needs								
§ 480.C	Performance evaluation at least annually for each employee or contractor								
§ 510.A	Initial TB screening w/in 30 days					_			
§ 510.B § 530.B.1	Annual TB (SA - OP & Residential.): ER preparedness training: alerting personnel & sounding alarms								
§ 530.B.2	ER preparedness training: implementing evacuation procedures						1		
§ 530.B.3	ER preparedness training: using, maintaining & operating equipment								
§ 530.B.4	ER preparedness training: Accessing ER medical information								
§ 530.B.5	ER preparedness training: utilizing community supports								
§770.B&C -780.3	Medication Management Training:								
§ 800.B	Behavior Management Training								