



## STAFF REVIEW FOR RESIDENTIAL FACILITIES

|   |               |                |
|---|---------------|----------------|
| FACILITY NAME   | VENDOR NUMBER | DATE OF REVIEW |
| TYPE OF VISIT<br><input type="checkbox"/> ANNUAL <input type="checkbox"/> Q.A. EVALUATION <input type="checkbox"/> COMPLAINT <input type="checkbox"/> OTHER _____ | REVIEWER      |                |

### RECORD REVIEW

|   | STAFF NAME | JOB TITLE | DATE EMPLOYED | JOB APPLICATION (18+) | FINGERPRINT |         | *HEALTH REPORT | *T.B. TEST | *FIRST AID | * CPR | DRIVER'S LICENSE (exp. date) |
|---|------------|-----------|---------------|-----------------------|-------------|---------|----------------|------------|------------|-------|------------------------------|
|   |            |           |               |                       | SENT        | CLEARED |                |            |            |       |                              |
| 1 |            |           |               |                       |             |         |                |            |            |       |                              |
| 2 |            |           |               |                       |             |         |                |            |            |       |                              |
| 3 |            |           |               |                       |             |         |                |            |            |       |                              |
| 4 |            |           |               |                       |             |         |                |            |            |       |                              |
| 5 |            |           |               |                       |             |         |                |            |            |       |                              |
| 6 |            |           |               |                       |             |         |                |            |            |       |                              |
| 7 |            |           |               |                       |             |         |                |            |            |       |                              |

### TRAINING REVIEW

**Level 4 Facilities Only**

|   | STAFF NAME | ON-SITE ORIENTATION (w/in 40hrs of hire) | ON THE JOB TRAINING (as needed for IPPs) | DSP CERT (35 hrs) |                 | CONTINUING EDUCATION | DD exp. (# of mos) | if less than 6 mo. exp. / 12hrs w/n 6 mo. of hire | PART/ CPI w/in 60 days | COMMENTS |
|---|------------|--|--|-------------------|-----------------|----------------------|--------------------|---|------------------------|----------|
|   |            |  |  | 1 <sup>ST</sup>   | 2 <sup>ND</sup> |                      |                    |   |                        |          |
| 1 |            |  |  |                   |                 |                      |                    |   |                        |          |
| 2 |            |  |  |                   |                 |                      |                    |   |                        |          |
| 3 |            |  |  |                   |                 |                      |                    |   |                        |          |
| 4 |            |  |  |                   |                 |                      |                    |   |                        |          |
| 5 |            |  |  |                   |                 |                      |                    |   |                        |          |
| 6 |            |  |  |                   |                 |                      |                    |   |                        |          |
| 7 |            |  |  |                   |                 |                      |                    |   |                        |          |

\* = list applicable dates