

**CHILDREN, YOUTH AND FAMILIES DEPARTMENT
FAMILY SERVICES • COMMUNITY AND BEHAVIORAL HEALTH SERVICES BUREAU • LCA**

PERSONNEL RECORD REVIEW ♦ DAY TREATMENT SERVICES [ref 7.20.11 NMAC, 3/29/02] Updated: 7/13/2004

Agency: _____ Date: _____ Reviewer (init): _____ First Unsupv. Date (sched.): _____

Staff Name: _____ DOH/T: _____ Position: _____ Unit (if appl): _____

Certification Requirement	Licensing: only as indicated	C	P	D	N A	N R
16.G. (1)(h) Appropriate original CRC present? Y N If present, date cleared:	(See Lic 27.4)					
16.G. (1)(h) If uncleared, attestation letter present, signed, dated, timely	(Lic. 29.1.9.1)					
(8.8.3.10.B) Fingerprint cards submitted within 5 days of start. Date sent:	(Lic. 31.2)					
(8.8.3.10.B.4) 3 yrs Empl. hx., incl. <input type="checkbox"/> employers; <input type="checkbox"/> dates; <input type="checkbox"/> reasons for leaving/expl. of gaps	(Lic.27.4)					
16.G. (1)(f) + CRC regs: 3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> empl. ref. checks; <input type="checkbox"/> 3 wks prior to hire; <input type="checkbox"/> past 3 yrs. covered	(Lic.27.4, 29.1.5)					
<i>CRC/Bkgd notes:</i>						
16.G. (1)(k) Current certificate stating that the employee is free from TB	(See Lic. 29.1.8)					
16.C, 16.G. (1)(d) Evidence of current professional licensure (if required)						
Licensing only: Drivers lic. on file (if appl.)	(See Lic.35.4)					
16.G. (1)(i) Application or resume (per agency policy)						
16.G. (1)(b) Employee's name, current address, telephone number and emergency contact(s)	(See Lic. 29.1.2)					
16.G. (1)(c) Job title and description						
16.G. (1)(e) Date first employed and dates of transfers or changes in position						
16.G. (1)(j), 16.F. (2) Annual written performance review, w/ supervisor. Date:						
16.D Orientation: <input type="checkbox"/> Initial and <input type="checkbox"/> ongoing orientation is documented in the personnel record						
16.D (1) Orientation incl. agency's <input type="checkbox"/> goals, <input type="checkbox"/> services, <input type="checkbox"/> policies/ procedures, <input type="checkbox"/> employee responsibilities						
16.D (2) Orientation incl. establishment and maintenance of appropriate relationships & boundaries w/ clients						
<i>Training codes: 0 = no hours documented; E = exempt per Clin. Dir.; L = present but late; <input type="checkbox"/> = present; hrs. incl. elsewhere.</i>						
16.G. (1) (g) Current <input type="checkbox"/> CPR and <input type="checkbox"/> First Aid certificates present;	(See Lic. 27.6)					
Licensing survey: Training incl. fire extinguishers & procedures	(See Lic. 59.1)					
27.B (1) Direct service staff possess a high school diploma or G.E.D.						
27.B (1) Direct service staff receive min. 20 hrs. of pre-service training (below); Total pre-service hrs:						
<input type="checkbox"/> Crisis mgt/intervention Hrs: _____; <input type="checkbox"/> Bx Mgt. Hrs: _____;						
<input type="checkbox"/> Agency emergency proc. Hrs: _____; incl <input type="checkbox"/> CPR & <input type="checkbox"/> First Aid Hrs: _____ + _____.						
<i>Other hrs/comments:</i>						
27.B (1) ... & 20 add'l hrs (below)						
<input type="checkbox"/> Etiology/sx of emotional/neurobiological disorders Hrs: _____; <input type="checkbox"/> Fam. systems Hrs: _____;						
<input type="checkbox"/> Ethnic/cultural considerations of clients Hrs: _____; <input type="checkbox"/> Action/potential side efx of meds Hrs: _____;						
<input type="checkbox"/> Communication/problem solving Hrs: _____; <input type="checkbox"/> Child/adolescent dev Hrs: _____.						
<i>Other hrs/comments:</i>						
2 nd 20 hrs: completed within 90 days of hire						
16.E.(3) No sole care of clients until min. trng complete: Date complete: _____ 1st Unsupv. Date (sched.): _____						
16.E.(1) Training provided re <input type="checkbox"/> knowledge/skills/abilities; <input type="checkbox"/> cultural awareness /appreciation of clients						
16.E.(4) Direct service staff receive ongoing training related to the age and/or emotional development of clients						
16.G. (1)(a) Doc of orientation/training incl: <input type="checkbox"/> dates, <input type="checkbox"/> hours, <input type="checkbox"/> names (trainer & trainee), written confirmation						
16.G. (1) Personnel Record: <input type="checkbox"/> Readily accessible to LCA; <input type="checkbox"/> Complete						

Key: C: **Compliant** or substantially compliant in this record. P: **Partially** compliant and partially non-compliant in this record.
D: **Significant Deficiency** noted. N/A: This standard **not applicable** to this record. N/R: Standard **not reviewed/evaluated** in this record.
Use "" to indicate item missing/deficient; "" if present. Check here if add'l info is noted on back of sheet. →