

Agency: \_\_\_\_\_ Date: \_\_\_\_\_ Reviewer (init): \_\_\_\_\_ First Unsupv. Date (sched.): \_\_\_\_\_

Staff Name:	DOH/T:	Position:	Unit (if appl):	C	P	D	NA	NR
<b>Certification Requirement</b>				<b>Licensing: only as indicated</b>				
16.G. (1)(h) Appropriate original <b>CRC present?</b> <input type="checkbox"/> Y <input type="checkbox"/> N If present, <b>date cleared:</b> _____ (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"/> <b>empl. ref. checks</b> ; <input type="checkbox"/> 3 wks prior to hire; <input type="checkbox"/> past 3 yrs. covered _____ (Lic.27.4, 29.1.5)								
CRC/Bkgd notes:								
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. <b>Orientation:</b> <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								
See 30.E (4): Written statement by clinical director exempts this person from certain training <b>Y N</b> (indicate below)								
<b>Training codes:</b> <b>0</b> = no hours documented; <b>E</b> = exempt per Clin. Dir.; <b>L</b> = present but late; <b>T</b> = present; hrs. incl. elsewhere.								
16.G. (1)(g) Current <input type="checkbox"/> CPR and <input type="checkbox"/> First aid certificates present; _____ (See Lic. 27.6)								
<b>Licensing survey:</b> Training incl. fire extinguishers & procedures _____ (See Lic. 59.1)								
30.E (1) <b>Direct service staff</b> receive min. 20 hrs. of pre-service training (below); <b>Total pre-service hrs:</b>								
<input type="checkbox"/> Crisis mgt/intervention <b>Hrs:</b> _____; <input type="checkbox"/> Bx Mgt. <b>Hrs:</b> _____; <input type="checkbox"/> Restraint/seclusion <b>Hrs:</b> _____.								
<input type="checkbox"/> Agency emergency proc. <b>Hrs:</b> _____; incl <input type="checkbox"/> CPR & <input type="checkbox"/> First Aid <b>Hrs:</b> _____ + _____.								
Other hrs/comments:								
30.E (1) Pre-service training completed before unsupv work 1st Unsupv. Date (sched.): _____								
30.E (2) Direct service staff possess a high school diploma or G.E.D. . . .								
30.E (2) . . . & <input type="checkbox"/> 2 yrs. exp. w/ population; <b>or</b> <input type="checkbox"/> 2 yrs. college in hum. svcs. field; <b>or</b> need 20 add'l hrs (below)								
30.E (2) (c) <input type="checkbox"/> Etiology/sx of emotional/neurobiological disorders <b>Hrs:</b> _____; <input type="checkbox"/> Fam. systems <b>Hrs:</b> _____;								
<input type="checkbox"/> Ethnic/cultural considerations of clients <b>Hrs:</b> _____; <input type="checkbox"/> Action/potential side efx of meds <b>Hrs:</b> _____;								
<input type="checkbox"/> Communication/problem solving <b>Hrs:</b> _____; <input type="checkbox"/> Child/adolescent dev <b>Hrs:</b> _____.								
Other hrs/comments:								
30.E (3) 2 <sup>nd</sup> 20 hrs (if req'd): <input type="checkbox"/> Total 'pre + post' hrs $\geq$ 40; <input type="checkbox"/> 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 "X" to indicate item missing/deficient; "T" if present.                      **Q Check here if add'l info is noted on back of sheet.**