

**PERSONNEL FILES
RESIDENTIAL CARE AND PLACEMENT PROGRAMS**

**Instructions: Place a check mark in the box to indicate that the required information is in the record.
Use "NA" to indicate "Not Applicable". A blank section indicates non-compliance.**

Licensee Name: _____

Program Name: _____

Checklist Completed By/Date: _____

Indicate Staff Person Initials, Position and Date of Hire						
Resume/Application: [3.04(6)(f)1 or 5.04(5)(i)1]						
Copies of Licenses Held [3.04(6)(f)2, 5.04(5)(i)2]						
Documentation of Phone References [3.04(6)(f)3, 5.04(5)(i)3]						
BRC Receipt – (Main File) [3.04(6)(f)4, 14.07(2)]						
BRC Consent – (Main File) (14.07(1))						
BRC Photo ID – (Main File) [14.00, T/A Paper]						
BRC-written rationale for hire if discretionary (segregated file) (14.11(1))						
BRC – All Confidential material kept segregated and secure [14.00 -T/A Paper]						
Annual Evaluation Completion Date [3.04(6)(f)6, 5.04(5)(i)4] (Restraint & Training Summary Addressed)	Year- Year- Year-	Year Year Year	Year Year Year	Year Year Year	Year Year Year	Year Year Year
Documentation of any Disciplinary Action or Investigations [3.04(6)(f)7, 5.05(5)(i)6]						
Documentation of Total # of Training Hours Each Calendar Year [3.04(6)(f)5, 5.04(5)(i)5]	Year- Year- Year-	Year Year Year	Year Year Year	Year Year Year	Year Year Year	Year Year Year
Date Orientation Training Completed: (3.04(7)(a)(1))						
Orientation included all topics required (refer to orientation checklist) (3.04(7)(a)(1))						

Prevention and use of restraint training – 16 hrs (initial) (3.04(7)(a)(1)(a))						
Effective De-escalation and safe restraint training – 8 hrs (refresher) (3.04(7)(g)(1))	Year Year Year	Year Year Year	Year Year Year	Year Year Year	Year Year Year	Year Year Year
Effective De-escalation and safe restraint Post Tests (3.04(7)(g)(1))	Year Year Year	Year Year Year	Year Year Year	Year Year Year	Year Year Year	Year Year Year
CPR Current + within 6 Months of hire (3.04(7)(b)(3))						
First Aid Current and within 6 Months of hire (3.04(7)(b)(3))						
Certification Cards (CPR, First Aid, Restraint, other) [3.04(6)(f)2, 5.04(5)(i)2]						
All Records: Signed and Dated:						