

## STAFF REVIEW FOR RESIDENTIAL FACILITIES

FACILITY NAME								VENDOR NUMBER				DATE OF REVIEW		
ТҮРІ	E OF VISIT	ION COMPLAINT OTHER					REVIEWER							
REC	RECORD REVIEW													
STAFF NAME		JOB TITLE	DATE EMPLOYE	:n	JOB APPLICATION		FINGERPRINT		*HEALTH REPORT	*T.B. TEST		* CPR	DRIVER-S LICENSE	
	OTALL NAME		21111 2012	.5	(18+)		SENT	CLEARED	NEI OKI	1201		(exp. date)		
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3														
4														
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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 CE	RT (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	CPI w/in COMMENTS		
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		ON-SITE	ON THE JOB TRAINING (as needed for IPPs)	20: 02:1: (00:::0)		CONTINUING	DD exp.	ii less tilali 0 iilo.	FARI/	
	STAFF NAME	ORIENTATION (w/in 40hrs of hire)		1 <sup>ST</sup>	2 <sup>ND</sup>	EDUCATION	(# of mos)	exp. / 12hrs w/n 6 mo. of hire	CPI w/in 60 days	COMMENTS
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<sup>\*=</sup> list applicable dates