

AMDC EMPLOYEE RECORD REVIEW

PLEASE NOTE: This form requires documentation/records that minimally will be reviewed during the survey process. The surveyor may request additional documentation/records as needed to complete the survey process in accordance with 10.12.04.07 B. Records and Reports.(1) A licensee shall maintain records and make reports as required by the Department.(2) The records and reports shall be open to inspection by the Department or any agency designated by the Department.(3) On request, a licensee shall immediately provide copies of records and reports, policies and procedures, including medical records of current participants, participants discharged within the last 6 months, personnel records of current staff, and those records and reports relating to quality assurance activities to the Department or any agency designated by the Department.(4) All other records and reports may be stored off-site, but shall be available to the Department within 24 hours of request.(5) If requested, the Department shall reimburse the licensee for the reasonable costs of copying the records and reports. (6) Surveyors are required to complete a 50% random review of staff records.

AMDC:	DATE:	SURVEYOR:				
		MATRIX#	MATRIX#	MATRIX#		
		NAME:	NAME:	NAME:		
ADDRESS:						
PHONE:						
SEX:						
DOB:						
HIRE DATE:						
POSITION TITLE(FT/PT)						
LICENSE/CERTIFICATION#: (If having a license/certification is a condition of employment)						
OFFICIAL DRIVING RECORD (If driving is a condition of employment)						
CURRENT CPR CERTIFICATION:	YES	NO	N/A	YES	NO	N/A
CURRENT FIRST AID CERTIFICATION:	YES	NO	N/A	YES	NO	N/A
EMERGENCY CONTACT PERSON:	YES	NO	N/A	YES	NO	N/A
REQUIRED EDUCATION:	YES	NO		YES	NO	
		COMMENTS		COMMENTS		COMMENTS
APPROPRIATE EMPLOYMENT HISTORY:	YES	NO		YES	NO	
		COMMENTS		COMMENTS		COMMENTS
REFERENCE CHECKS:	YES	NO		YES	NO	
CRIMINAL BACKGROUND CHECK:	YES	NO		YES	NO	
DOCUMENTATION* INDIVIDUAL IS FREE FROM:						
TB:	YES	NO		YES	NO	
MEASLES:	YES	NO		YES	NO	
MUMPS:	YES	NO		YES	NO	
RUEBELLA:	YES	NO		YES	NO	
VARICELLA:	YES	NO		YES	NO	
ANNUAL INFLUENZA VACCINE OFFERED:	YES	NO		YES	NO	
PERFORMANCE EVALUATIONS COMPLETED:	YES	NO	N/A	YES	NO	N/A

*As evidenced by physician's statement; positive disease histories affirmed by employee's statement; antibody serology or titer; skin tests or statement of vaccinations, affirmed by the employee's signatures

