

**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.

<b>AMDC:</b> _____	<b>DATE:</b> _____	<b>SURVEYOR:</b> _____	
	<b>MATRIX#</b>	<b>MATRIX#</b>	<b>MATRIX#</b>
	<b>NAME:</b>	<b>NAME:</b>	<b>NAME:</b>
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	YES NO N/A
CURRENT FIRST AID CERTIFICATION:	YES NO N/A	YES NO N/A	YES NO N/A
EMERGENCY CONTACT PERSON:	YES NO N/A	YES NO N/A	YES NO N/A
REQUIRED EDUCATION:	YES NO	YES NO	YES NO
	COMMENTS	COMMENTS	COMMENTS
APPROPRIATE EMPLOYMENT HISTORY:	YES NO	YES NO	YES NO
	COMMENTS	COMMENTS	COMMENTS
REFERENCE CHECKS:	YES NO	YES NO	YES NO
CRIMINAL BACKGROUND CHECK:	YES NO	YES NO	YES NO
DOCUMENTATION* INDIVIDUAL IS FREE FROM:			
TB:	YES NO	YES NO	YES NO
MEASLES:	YES NO	YES NO	YES NO
MUMPS:	YES NO	YES NO	YES NO
RUEBELLA:	YES NO	YES NO	YES NO
VARICELLA:	YES NO	YES NO	YES NO
ANNUAL INFLUENZA VACCINE OFFERED:	YES NO	YES NO	YES NO
PERFORMANCE EVALUATIONS COMPLETED:	YES NO N/A	YES NO N/A	YES NO N/A

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