

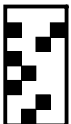
Day Program Monitoring Tool

Review Date _____

Administrative Review-Personnel

Reviewer Initials _____

Administrative Review of Personnel File (Review 10% Sample)		Standard	Yes	No	N/A	Standard Gained	Weight	Comments
28	If employed in a SE program; does the employee have the following additional trainings:							
29	Employment Specialist- Introduction (Elizabeth M. Boggs Center) OR Regional Rehabilitation Continuing Education Program (RRCEP) Orientation	IV.2.3.A-5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	s	
30	Employment Specialist- Advanced (Elizabeth M. Boggs Center) OR Regional Rehabilitation Continuing Education Program (RRCEP)- Job Coach 1	IV.2.3.A-5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	s	
31	Regional Rehabilitation Continuing Education Program (RRCEP)- Job Coach 2	IV.2.3.A-5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	s	
32	Documentation of the completion of 1 Annual Professional Development Trainings (Employee's with less than 1 year work experience =N/A)	IV.2.4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	m	
33	Documentation of the completion of 2 Annual Professional Development Trainings (Employee's with less than 1 year work experience =N/A)	IV.2.4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	m	
34	Other Training							
35	Dated records of completion of specialized trainings including signatures of the trainer and trainee. (Compare to individual records for appropriateness of trainings, i.e.; specialized diets, wheelchair accommodations etc.) (N/A for SE individuals)	9.12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	m	
36	Universal Precautions & Blood bourn Pathogens Training	8.11:7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	s	
37	Annual review of Personal Rights document	9.13:1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	m	
38	Annual review of Emergency Procedures	8.11:3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	m	
39	Annual review of Life Threatening Emergencies	8.11:4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c	
40	Annual review of Medication Policies and Procedures (N/A for SE employees)	9.13:3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c	
41	Additional Documentation							
42	Copies of current driver's licenses (Employees who do not drive vehicles which transport service recipients =N/A)	10.1:16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c	
43	Documentation of employees driving record (Employees who do not drive vehicles which transport service recipients =N/A)	8.5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c	
44	Employee performance evaluation	10.2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	s	



36932

Program ID _____

_____ of _____ Files Reviewed