HCBS Personnel Checklist (RBSCL)

|  | Staff 1 | Staff 2 | Staff 3 | Staff 4 | Staff 5 | Staff 6 |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Staff Name (First \& Last): |  |  |  |  |  |  |
| Staff Date of Hire / Transfer to RBSCL: |  |  |  |  |  |  |
| Date of criminal history check |  |  |  |  |  |  |
| Date of dependent abuse check |  |  |  |  |  |  |
| Date of child abuse check |  |  |  |  |  |  |
| Date of DHS evaluation for any Staff where background check returns a "hit" |  |  |  |  |  |  |
| Date staff receive statement on the agency's abuse reporting requirements |  |  |  |  |  |  |
| Dates of staff evaluations for the period of time from the last on-site certification review to the present year |  |  |  |  |  |  |
| Orientation on agency's purpose, policies, and procedures |  |  |  |  |  |  |
| Training Date: |  |  |  |  |  |  |
| Training Topic: |  |  |  |  |  |  |
| Length of Training: |  |  |  |  |  |  |
| 24 hours of training during the first year of employment |  |  |  |  |  |  |
| Training Date: |  |  |  |  |  |  |
| Training Topic: |  |  |  |  |  |  |
| Length of Training: |  |  |  |  |  |  |
| 12 hours training per year after the first year. Annual training shall include (at a minimum) training on children's mental retardation and developmental disability services and children's mental health issues |  |  |  |  |  |  |
| Training Date: |  |  |  |  |  |  |
| Training Topic: |  |  |  |  |  |  |
| Length of Training: |  |  |  |  |  |  |
| Initial and subsequent training on identification and reporting of child abuse |  |  |  |  |  |  |
| Training Date: |  |  |  |  |  |  |
| Training Topic: |  |  |  |  |  |  |
| Length of Training: |  |  |  |  |  |  |

