

**CHILDREN, YOUTH AND FAMILIES DEPARTMENT
FAMILY SERVICES • COMMUNITY AND BEHAVIORAL HEALTH SERVICES BUREAU • LCA**

PERSONNEL RECORD REVIEW: BMS [ref 7.20.11 NMAC, 3/29/02] (updated 7/13/2004)

Agency: _____ Date: _____ Reviewer (init): _____ First Unsupv. Date: _____

Staff Name: _____ DOT/T: _____ Position: _____

ref. 7.20.11.28 BMS; 7.20.11.16 PERSONNEL	C	P	D	N A	N R
16.G. (1)(h) Appropriate original CRC present? Y N <i>If present, date cleared:</i>					
16.G. (1)(h) If uncleared, attestation letter present, signed, dated, timely					
(8.8.3.10.B) Fingerprint cards submitted within 5 days of start. <i>Date sent:</i>					
(8.8.3.10.B.4) 3 yrs Empl. hx., incl. <input type="checkbox"/> employers; <input type="checkbox"/> dates; <input type="checkbox"/> reasons for leaving/expl. of gaps					
16.G. (1)(f) + CRC regs: 3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> empl. ref. checks; <input type="checkbox"/> 3 wks prior to hire; <input type="checkbox"/> past 3 yrs. covered					
<i>CRC/Background notes:</i>					
16.G. (1)(k) Current certificate stating that the employee is free from TB					
16.C, 16.G (1)(d) Evidence of current professional licensure (if required)					
16.G. (1)(i) Application or resume (per agency policy)					
16.G. (1)(b) Employee's name, current address, telephone number and emergency contact(s)					
16.G. (1)(c) Job title and description					
16.G. (1)(e) Date first employed and dates of transfers or changes in position					
16.G. (1)(j), 16.F (2) Annual written performance review, w/ supervisor. <i>Date:</i>					
16.D Orientation: <input type="checkbox"/> initial and <input type="checkbox"/> ongoing orientation is documented in the personnel record					
16.D.(1) Orientation incl. agency's <input type="checkbox"/> goals, <input type="checkbox"/> services, <input type="checkbox"/> policies/ procedures, <input type="checkbox"/> employee responsibilities					
16.D.(2) Orientation incl. establishment and maintenance of appropriate relationships & boundaries w/ clients					
28.B (1) (a) The BMS is at least 21 years of age					
Training comment codes: Ø = no hours documented; E = Exempt per Clinical. Director.; L = present but Late					
16.G (1) (g) Current certificates (pre-service): <input type="checkbox"/> CPR <i>date:</i> _____ <i>hrs:</i> _____ <input type="checkbox"/> First Aid <i>date:</i> _____ <i>hrs:</i> _____					
28.B (2) BMS receives 20 hours of documented pre-service training, incl.: 20 hrs provided					
(a) Crisis management/intervention; <i>hrs:</i>					
(b) Behavior management; <i>hrs:</i>					
(c) Emergency procedures, which include current CPR and first aid certificates. <i>hrs:</i>					
28.B (3) Within 90 days, BMS receives additional 20 hrs, incl.: add'l 20 hrs provided					
<input type="checkbox"/> (a) Etiology/sx of emotional disturbances/neurobiological disorders <i>hrs:</i> _____ <input type="checkbox"/> (b) Fam. systems <i>hrs:</i> _____					
<input type="checkbox"/> (c) Basic communication & problem solving skills <i>hrs:</i> _____ <input type="checkbox"/> (d) Child/adolescent development <i>hrs:</i> _____					
<input type="checkbox"/> (e) Issues related to ethnic/cultural interests of clients <i>hrs:</i> _____ <input type="checkbox"/> (f) Action/side effects of medications. <i>hrs:</i> _____					
<i>Other hrs:</i> _____ <i>Total pre-service hrs:</i> _____					
16.E (3) No sole care of clients until min. trng complete: <i>Date complete:</i> _____ <i>1st Unsupv. Date:</i> _____					
16.G (1)(a) Doc of orientation/training incl: <input type="checkbox"/> dates, <input type="checkbox"/> hours, <input type="checkbox"/> names (trainer & trainee), <input type="checkbox"/> written confirmation					
16.G (1) Personnel Record: <input type="checkbox"/> Readily accessible to LCA; <input type="checkbox"/> Complete					
Key: C: Compliant or substantially compliant in this record. P: Partially compliant and partially non-compliant in this record. D: Significant Deficiency noted. N/A: This standard not applicable to this record. N/R: Standard not reviewed/evaluated in this record. Indicate item missing/deficient; "T" if present. <input type="checkbox"/> Check here if add'l info is noted on back of sheet. →					