

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

**PERSONNEL RECORD REVIEW : TREATMENT FOSTER CARE** [ref 7.20.11 NMAC, 3/29/02 Updated: 7/13/2004]

Agency: \_\_\_\_\_ Date: \_\_\_\_\_ Reviewer (init): \_\_\_\_\_ First Unsupv. Date: \_\_\_\_\_

Staff Name: \_\_\_\_\_ DOH/T: \_\_\_\_\_ Position: \_\_\_\_\_

ref. 7.20.11.29 Treatment Foster Care Services; 7.20.11.16 Personnel	C	P	D	N A	N R
<b>16.G. (1)(h)</b> Appropriate original <b>CRC present?</b> Y N If present, <i>date cleared</i> :					
16.G (1)(h) If uncleared, attestation letter present, signed, dated, timely					
<b>8.8.3.10.B</b> Fingerprint cards submitted within 5 days of start. <i>Date sent</i> :					
<b>8.8.3.10.B.4</b> 3 yrs Empl. hx., incl. <input type="checkbox"/> employers; <input type="checkbox"/> dates; <input type="checkbox"/> reasons for leaving/expl. of gaps					
<b>6.G (1) (f) + CRC regs:</b> 3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <b>empl. ref. checks;</b> <input type="checkbox"/> 3 wks prior to hire; <input type="checkbox"/> past 3 yrs. covered					
<i>CRC/Bkgd notes:</i>					
16.G. (1)(k) Current certificate stating that the employee is free from <b>TB</b>					
16.C, 16.G. (1)(d) Evidence of current professional licensure (if required)					
Licensing only: Drivers lic. on file (if appl.)					
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. Date:					
16.D. <b>Orientation:</b> <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					
See 29.B (8) (b): Written statement by clinical dir/supv exempts this person from certain training Y N (indicate below)					
<b>Training comment codes:</b> Ø = no hours documented; E = Exempt per Clin. Dir.; L = present but Late					
16.G. (1)(g); 29.B (8) Current <input type="checkbox"/> CPR and <input type="checkbox"/> <b>First Aid</b> certificates present (pre-service)					
<b>29.B (8) TFC Staff Training:</b>					
(a) Therapists, TCs, other professional staff participate in <b>pre-service training</b> , incl.:					
(i) Child and adolescent development;					
(ii) Prevention and de-escalation of aggressive behavior and the use of therapeutic holds;					
(iii) Crisis management, and intervention;					
(iv) Grief and loss issues for client(s) in foster care;					
(v) Cultural competence & knowledge of the means for providing culturally responsive services;					
(vi) Specific agency policies and procedures including documentation;					
(vii) Recognition of abuse/neglect sx and State abuse/neglect/exploitation reporting requirements;					
(viii) Actions and potential side-effects of medications;					
(x) Behavior management.					
16.E.(3) No sole care of clients until min. trng complete: Date complete: _____ 1st Unsupv. Date: _____					
16.G. (1)(a) Doc of orientation/training incl: <input type="checkbox"/> dates, <input type="checkbox"/> hours, <input type="checkbox"/> names (trainer & trainee), written confirmation					
<b>29.B (8)(c)</b> Prof. staff attend annual/ongoing prof. dev./training relevant to agcy's TFC model & job responsibilities.					
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. Use "E" to indicate item missing/deficient; "T" if present.  **Check here if add'l info is noted on back of sheet.** →