# **Personnel Record Checklist for Adult Day Services**

REQUIREMENTS FOR USE OF THIS SAMPLE DOCUMENT: Adult Day Services license holders are responsible for modifying this sample for use in their program. At a minimum, you must fill in the blanks on this form. You may modify the format and content to meet standards used by your program. This sample meets compliance with current licensing requirements as of **July 1, 2017**. Providers remain responsible for reading, understanding and ensuring that this document conforms to current licensing requirements. DELETE THIS HIGHLIGHTED SECTION TO BEGIN MODIFYING THIS FORM.

Staff person name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Hire: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

| **A center shall maintain personnel files. A personnel file for each employee must include:** | **Date Obtained/ Completed** |
| --- | --- |
| * the employee's job description; |  |
| * an employment application or resume indicating that the employee meets the requirements in part [9555.9680](https://www.revisor.mn.gov/rules/?id=9555.9680), subpart 2; |  |
| * documentation that the employee has completed the orientation to the center required in part [9555.9690](https://www.revisor.mn.gov/rules/?id=9555.9690), subpart 3; |  |
| * documentation of an annual performance evaluation; |  |
| * documentation of completion of the annual in service training required in part [9555.9690](https://www.revisor.mn.gov/rules/?id=9555.9690), subpart 4; and |  |
| * documentation, when applicable, that the employee has completed the cardiopulmonary resuscitation and airway obstruction treatment training required in part [9555.9690](https://www.revisor.mn.gov/rules/?id=9555.9690), subpart 2, item C. |  |
| * FOR EMPLOYEES RESPONSIBLE FOR MEDICATION ASSISANCE (other than a physician, registered pharmacist, registered nurse, or licensed practical nurse) a certificate verifying successful completion of a trained medication aid program for unlicensed personnel approved by the Minnesota Department of Health or documentation of training provided by a registered nurse to provide medication assistance in accordance with part [9555.9710](https://www.revisor.mn.gov/rules/?id=9555.9710), subpart 3. |  |
| **A center shall maintain a personnel file for each consultant whose services the center purchases either by contracting directly with the individual or by contracting for the person's services with another organization. The file shall include:** |  |
| * a copy of a signed contract or letter of appointment specifying conditions and terms of employment; and |  |
| * documentation that the person under contract meets any licensure, registration, or certification requirements required to perform the services specified in the contract. |  |
| **The license holder shall maintain documentation of the center director’s qualifications. The center director must meet both the requirements in items A and B or only the requirement in item C:** |  |
| 1. Licensure by the state of Minnesota as a licensed practical nurse or completion of at least two years of postsecondary education from an accredited college, university, technical college, or correspondence school; and      1. Completion of two years of paid or volunteer experience in planning or delivering health or social services including experience in supervision and administration. |  |
| 1. Completion of four years of paid or volunteer experience in planning or delivering health or social services including two years of experience in supervision and administration. |  |