## SAN GABRIEL/POMONA REGIONAL CENTER STAFF REVIEW FOR RESIDENTIAL FACILITIES

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FACILITY NAME						VENDOR NUMBER			DATE OF REVIEW			
TYPE OF VISIT  ANNUAL Q.A. EVALUATION COMPLAINT OTHER						REVIEWER						
RECORD REVIEW												
STAFF NAME	JOB TITLE	DATE EMPLOYE	D	JOB APPLICAT (18+)	TION	GERPRINT	*HEALTH REPORT	*T.B. TEST	*FIRST AID		DRIVER-S LICENSE (exp. date)	
TRAINING REVIEW  Level 4 Facilities Only												
	ON-SITE	ON THE JOB		ERT (35 hrs)	CONTINUING			6 mo.	PART/	COMMENTS		
STAFF NAME	(w/in 40hrs of hire)	(as needed for IPPs)	1 <sup>ST</sup>	2 <sup>ND</sup>	EDUCATION	(# of mos)	6 mo. of h	ire	60 days	COMINIE	COMINENTS	
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	E OF VISIT  ANNUAL  Q.A. EVALUATI  CORD REVIEW  STAFF NAME	E OF VISIT  ANNUAL  Q.A. EVALUATION  CORD REVIEW  STAFF NAME  JOB TITLE  JITLE  INING REVIEW  ON-SITE ORIENTATION	STAFE NAME  OF VISIT  ANNUAL  Q.A. EVALUATION  COMPLAINT  OT  CORD REVIEW  STAFF NAME  JOB TITLE  EMPLOYE  MON-SITE ON-SITE ON THE JOB TRAINING	SORD REVIEW  STAFF NAME  JOB TITLE  EMPLOYED  STAFF NAME  ON-SITE ORD REVIEW  DEPT COMPLAINT OTHER  OTHER  OTHER  DEP COMPLAINT OTHER  OT	E OF VISIT  ANNUAL  Q.A. EVALUATION  COMPLAINT  OTHER  CORD REVIEW  STAFF NAME  JOB APPLICAT (18+)  INING REVIEW  ON-SITE ON THE JOB TRAINING TRAIN	E OF VISIT  ANNUAL  Q.A. EVALUATION  COMPLAINT  OTHER  STAFF NAME  JOB TITLE  EMPLOYED  APPLICATION (18+)  SENT  JOB APPLICATION (18+)  SENT  CONTINUING CONTINU	REVIEWER    OF VISIT	E OF VISIT  ANNUAL  Q.A. EVALUATION  COMPLAINT  OTHER  STAFF NAME  JOB TITLE  BMPLOYED  APPLICATION (18+)  SENT  CLEARED  NORD  THE JOB DSP CERT (35 firs)  ON-SITE ON THE JOB DSP CERT (35 firs) ON-SITE DSP CERT (35 firs) ON	E OF VISIT  ANNUAL  Q.A. EVALUATION  COMPLAINT  OTHER  STAFF NAME  JOB TITLE  MPLOYED  APPLICATION (184)  SENT  CLEARED  THEALTH REPORT  TEST  TEST  LEVEL 4 Facilities OF  ON-SITE ORIENTATION  ON-SITE ORIENTATION  TRAINING  CONTINUING CONTINU	E OF VISIT  ANNUAL  Q.A. EVALUATION  COMPLAINT  OTHER  STAFF NAME  JOB TITLE  BMPLOYED  APPLICATION (184)  FINGERPRINT  THEALTH T.B. TEST AD  FINGERPRINT  THEALTH T.B. TEST AD  FINGERPRINT  THEALTH T.B. TEST AD  SENT CLEARED  FINGERPRINT  THEALTH T.B. TEST AD  SENT CLEARED  FINGERPRINT  THEALTH T.B. TEST AD  SENT CLEARED  FINGERPRINT  THEALTH T.B. TEST AD  DEPTITE  ON-SITE ON-SIT	E OF VISIT  ANNUAL  Q.A. EVALUATION  COMPLAINT  OTHER  JOB TITLE  DATE EMPLOYED  APPLICATION (184)  FINGERPRINT SENT CLEARED  FINGERPRINT TEST AID  COMPLAINT  TEST AID  COMPLAINT  CPR  TEST AID  COMPLAINT  COMPLAINT  COMPLAINT  THEALTH TEST AID  COMPLAINT  TEST AID  COMPLAINT  COMPLAINT  THEALTH TEST AID  COMPLAINT  COMPLAINT  THEALTH TEST AID  COMPLAINT  COMPLAINT  THEALTH TEST AID  COMPLAINT  COMPLAINT  COMPLAINT  COMMITTE ON THE JOB DEPLY TATION  THEALTH	

<sup>\* =</sup> list applicable dates