**DEPARTMENT OF HEALTH SERVICES STATE OF WISCONSIN**

Division of Quality Assurance

F-00261 (06/10)

**PERSONAL CARE AGENCY**

**PERSONNEL RECORD REVIEW**

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| --- | --- | --- | --- |
| Survey Date      | Name – Agency      | Approval Number      | Name – Surveyor      |
|  |
| **Position** (RN, PCW) | **Name** | **Direct / Contract** | **References** | **License or****Certification** | **TB and Other****Communicable****Disease Screen** | **Performance Evaluation** | **Background Check** | **Orientation** |
| 105.17(1n)(b) or (c) | 105.17(2)(a)1 (RN only) | 105.17(1r)(b)1. & 2. | 105.17(1n)(a)1. | 105.17(1n)(a)3. | 105.17(1n)(a)2.a-g |
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|  **COMMENTS:** |
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