**DEPARTMENT OF HEALTH SERVICES STATE OF WISCONSIN**

Division of Quality Assurance

F-00261 (06/10)

**PERSONAL CARE AGENCY**

**PERSONNEL RECORD REVIEW**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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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