

# CareGivers America

## Annual Quality Review Checklist

DCW Name: \_\_\_\_\_ Evaluation Date: \_\_\_\_\_

**Annual Appointmate Reminders**

- Magistrate Docket Check
- Fraud Checks (*performed in CSU monthly*)
- PPD
- Annual Evaluation Form & Raise Determination Worksheet
- Chart Audit (*complete below*)
- Training Class and Form  
*(Required DOH & Waiver Training Form)*
- If working on shared private duty (MST) case, send updated credentials (DL, auto ins, registration, inspection, CNA) and annual eval forms to 570-585-0962 ATTN: private duty.*

**Update File/AMate with below information:**

Car Insurance:       Yes    No    N/A

Car Registration:    Yes    No    N/A

Car Inspection:       Yes    No    N/A

Driver's License:     Yes    No    N/A

CNA License:          Yes    No    N/A

**Annual Chart Review Audit**

- |   |                              |                             |                              |
|---|------------------------------|-----------------------------|------------------------------|
| Face To Face Interview, signed  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 2 <u>Satisfactory</u> Reference Checks  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Provisional Hire - On Site and Verbal Review within 30 days is documented       | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Initial Criminal Background within 30 days                                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Initial Child Abuse within 30 days  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| FBI Check performed for out of state hires or Individuals working with children | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Initial and Annual PPDs performed   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Initial competency test performed   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Initial Required DOH/Waiver Training Form                                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Annual competency verified (test or training)                                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| All Supervisory Visits with Satisfaction Surveys                                | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Evidence of MF-PACCT exists   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Follow up on complaints/incidents is documented                                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

Notes: \_\_\_\_\_

*By signing this form, I assume responsibility for the review and annual update of this direct care worker's chart. I will only be held responsible for those items shown above. Failure to perform a thorough/accurate review as indicated above may affect my office's potential for bonuses.*

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**EMPLOYEE HANDBOOK ACKNOWLEDGEMENT**

By signing below, I acknowledge:

- a. I have been granted access to the most recently revised Handbook & agree to abide by the policies within.
- b. I have reviewed and received training according to the CGA Skills Training Manual.
- c. I acknowledge that the Handbook/Skills Training Manual contains training information, including but not limited to: *Prevention of abuse, fraud, and exploitation of consumers, Work availability, Reporting critical incidents, Government-issued policies and procedures, Quality management plan, Consumer complaint resolution, Grounds for termination.*
- d. I have read and reviewed the TB Education.
- e. I will consult my supervisor with any questions/concerns regarding any of the above material.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_