# RESIDENTIAL CARE EMPLOYEE RECORDS

State Form 53877 (R3 / 4-21)
INDIANA STATE DEPARTMENT OF HEALTH / DIVISION OF LONG-TERM CARE

| Name of facility | |
| --- | --- |
| Facility number | Date *(month, day, year)* |

*FACILITY COMPLETES COLUMNS A, B, AND C.  MAKE ADDITIONAL COPIES AS NEEDED.  Include all contractual consultants.*

| A. FULL NAME | B. JOB TITLE | C. START DATE (mm/dd/yyyy) | D. LICENSE OR CERT. | E. PRE-EMPLOYMENT SCREENING | | F. HEALTH SCREEN | G. TB TEST | | | | H. ORIENT. | | I. JOB DESC. | J. TRAINING NEW HIRE / ANNUAL | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| | | | | Criminal | References | | 1st Step | 2nd Step | Chest X-ray | Annual Risk Assessment | General | Specific | | Resident Rights | Dementia |
| 1. | Administrator | | | | | | | | | | | | | | |
| 2. | Licensed Nurse | | | | | | | | | | | | | | |
| 3. | Beautician | | | | | | | | | | | | | | |
| 4. | Pharmacist | | | | | | | | | | | | | | |
| 5. | Dementia Care Director | | | | | | | | | | | | | | |
| 6. | Registered Dietician | | | | | | | | | | | | | | |
| 7. | Activity Director | | | | | | | | | | | | | | |
| 8. | | | | | | | | | | | | | | | |
| 9. | | | | | | | | | | | | | | | |
| 10. | | | | | | | | | | | | | | | |
| 11. | | | | | | | | | | | | | | | |
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| 13. | | | | | | | | | | | | | | | |
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| 19. | | | | | | | | | | | | | | | |
| 20. | | | | | | | | | | | | | | | |
| 21. | | | | | | | | | | | | | | | |
| 22. | | | | | | | | | | | | | | | |

# RESIDENTIAL CARE EMPLOYEE RECORDS *(continued)*

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*FACILITY COMPLETES COLUMNS A, B, AND C.  MAKE ADDITIONAL COPIES AS NEEDED.  Include all contractual consultants.*

| A. FULL NAME | B. JOB TITLE | C. START DATE (mm/dd/yyyy) | D. LICENSE OR CERT. | E. PRE-EMPLOYMENT SCREENING | | F. HEALTH SCREEN | G. TB TEST | | | | H. ORIENT. | | I. JOB DESC. | J. TRAINING NEW HIRE / ANNUAL | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | Criminal | References | | 1st Step | 2nd Step | Chest X-ray | Annual Risk Assessment | General | Specific | | Resident Rights | Dementia |
| 23. | | | | | | | | | | | | | | | |
| 24. | | | | | | | | | | | | | | | |
| 25. | | | | | | | | | | | | | | | |
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| 28. | | | | | | | | | | | | | | | |
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| 31. | | | | | | | | | | | | | | | |
| 32. | | | | | | | | | | | | | | | |
| 33. | | | | | | | | | | | | | | | |
| 34. | | | | | | | | | | | | | | | |
| 35. | | | | | | | | | | | | | | | |

| CPR CERTIFIED | | | | | | | |
|---|---|---|---|---|---|---|---|
| Week of: | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
| First Shift | | | | | | | |
| Second Shift | | | | | | | |
| Third Shift | | | | | | | |

| FIRST AID CERTIFIED | | | | | | | |
|---|---|---|---|---|---|---|---|
| Week of: | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
| First Shift | | | | | | | |
| Second Shift | | | | | | | |
| Third Shift | | | | | | | |