Summary of Personnel Information - Adult Day Care

Program name _____

Program license number _____

Form completed by (name) _____

Visit Date _____

Date _____

NON PUBLIC

List all staff persons in alphabetical order Last First MI	Current working position	Month, day & year employed	1st date of direct contact w/ participants	Month, day and year training completed					Staff In-Service Training Requirements		DHS Use		
				Orientation	First Aid	CPR	Mandated Reporter Training	Alzheimers Training if applicable	Training hours required	Training hours completed	Direct Contact date	BGS	submission date

Divided boxes should contain training hours from the previous two years.

11/1/2015