

## **Personnel and Training Records Review Form**

Name of BIPP program: \_\_\_\_\_ Date of review: \_\_\_\_\_

Name of reviewer: \_\_\_\_\_

Name of Employee: \_\_\_\_\_ Position: \_\_\_\_\_

Date of hire: \_\_\_\_\_

### **GUIDELINE # 5**

Was employee orientation documented? Yes \_\_\_ No \_\_\_ N/A \_\_\_

Was orientation and initial training done within 6-months of hire? Yes \_\_\_ No \_\_\_ N/A \_\_\_

Is a minimum of 40 hours of orientation and initial training documented? Yes \_\_\_ No \_\_\_ N/A \_\_\_

COMMENTS:

### **GUIDELINE # 6 (as required by Guideline # 5)**

Is there documentation in the file that the following topics were addressed during Orientation?

Agency mission, philosophy, program curriculum, and organizational structure? Yes \_\_\_ No \_\_\_ N/A \_\_\_

Agency policies and procedures, including personnel policies and client rights? Yes \_\_\_ No \_\_\_ N/A \_\_\_

Battered women's programs' relationships to the BIPP program? Yes \_\_\_ No \_\_\_ N/A \_\_\_

Safety planning for victims/partners? Yes \_\_\_ No \_\_\_ N/A \_\_\_

COMMENTS:

**GUIDELINE # 7 (as required by Guideline # 5)**

Is there documentation in the file that the following topics were addressed during initial training?

State domestic violence laws? Yes \_\_\_ No \_\_\_ N/A \_\_\_

Protective orders? Yes \_\_\_ No \_\_\_ N/A \_\_\_

The community's law enforcement, prosecution, and court policies regarding domestic violence?

Yes \_\_\_ No \_\_\_ N/A \_\_\_

**COMMENTS:**

**GUIDELINE # 8**

Does the file document minimum of twenty hours of staff development for calendar year 2004?

Yes \_\_\_ No \_\_\_ N/A \_\_\_ Number of hours \_\_\_

**COMMENTS:**

**GUIDELINE # 9**

Does the file document that supervision was done at least bi-monthly?

Yes \_\_\_ No \_\_\_ N/A \_\_\_

**COMMENTS:**