

Missouri
Miller



BEACON
Specialized Living

Residential Direct Support Professional
Level System Level I

All New Hires (Including Re-hires):

- Drug/Criminal and Vehicular Background Checks Interview-Hiring Approval
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- Orientation Training – all CMH and Module Training plus all internal trainings
Passing Score on the Orientation Test (80% or higher)
- Minimum of two full 12.5 hours shadow shifts or the equivalent. Complete Home Orientation Check sheet
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- Competency Evaluation
- Complete Enhanced Staffing Training and submit passing score on test
- At least 30 days of continuous service in Level with a satisfactory or higher 30-day evaluation (must not have any areas of improvement)
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- Any outstanding or current recipient rights or licensing violations reviewed and discussed with VP of Operations and HR
- No active progressive actions (written/suspension)
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- DMA Training - DMA 3 in-services and evaluation
Currently administers medications or subs in medication administration
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- Good attendance record (e.g. no unexcused call-off's, attendance to all mandatory meetings, trainings or has an excused absence)
- Proficient with ADP and Makeshift
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- Displays honesty, integrity, trustworthiness.
- Beginning understanding of Mission, Values, Goals.
How to apply "I" Care Philosophy in daily work environment
- Positive attitude and eagerness to learn more

WAGE: \$10.50

Each level will have an advancement evaluation, advancement competency test addressing objective and subjective elements, and recommendation by the site supervisor. Candidate must successfully pass the competency test and evaluation. Each candidate must pass a drug test/criminal/vehicular background check. Shift changes may be required.



EVALUATION FORM
Direct Care Staff

Date of Hire: 06/07/2021 Name: Nissuan Miller Date: 07/19/2021

- A. The following categories represent the major scope of the employee’s responsibilities. Each area is to be rated by the employees supervisor. Based on the 3 items listed below, please check the rating box for each category which most closely identifies the employee’s annual performance and competency levels.
1. YES (Y): All standards/expectations are met in that Category.
 2. NO (N): None if the standards/expectations were met in that Category.
 3. INCOMPLETE (I): Some of the standards/expectations were met in that Category.

Competency Category	Y	N	I	Explanation of Rating
Employee Attendance: On time, no call offs, work attendance within policy guidelines. As evidenced by Time Sheets.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Completes electronic & paper documentation correctly at the end of each shift. As evidenced by incomplete documentation. (unfinalized notes, unsealed forms, incomplete data on paper documentation)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Mandatory Reporting is done on time, when required. (ie: abuse, neglect, AWOLs, etc.) As evidenced by Incident Report or Reports from internal or external parties.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Follows all company Policies and Procedures. As evidenced by no Progressive Actions.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Completes assignments from Management Staff. As evidenced by Home Manager or no Progressive Actions.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Complete shift duties, including daily cleaning tasks, assists & interacts with residents and follows activities schedule. As evidenced by Progress Notes, no Progressive Actions and appearance of home.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Prepares, implements and follows the Dietary needs of all residents. (Menus, Diet Orders) As evidenced by documentation on menus and observation of meals being served.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Mandatory meetings and trainings attended. As evidenced by Sign-in Sheets or Training documentation.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	
For assigned Residents, adheres to the Treatment and/or Behavior Plans goals and objectives. As evidenced by Progress Notes.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	



EVALUATION FORM
Direct Care Staff

Strengths:

1. Nissuan is prompt and on top of whatever task is given
2. Nissuan is dependable and patient with the residents

Areas for Development:

1. *Get more familiar with discharge procedures for residents*
2. *Get more familiar*

B. Please state at least two goals/objectives you would like to accomplish in the next year:

1. Goal: *Become more familiar with Beacon Policies*
How will I get there?: *Continue to read more policies daily*
2. Goal: *Become more familiar w/ each client behaviors + responses*
How will I get there?: *Evaluate each client more closely.*

Are annual In-Service Trainings complete?

Yes No

If no, when are they scheduled? _____

Is TB test current (3 years)?

Yes No

If no, one needs to be scheduled immediately.

Is Annual Health Review Form current?

Yes No

If no, one needs to be filled out immediately.

Is Driver's License current/valid?

Yes No

If no, needs to be renewed immediately.


Employee Signature

7/21/2021
Date

Evaluator's Signature

Date