DDQR-004b

07/16

Illinois Department of Human Services
Division of Developmental Disabilities

DSP STAFF RECORD REVIEW

Agency Name: _____ Dates of Review:_____ Reviewed by:_____

	E____	E____	E____	E____	E____	E____	E____	E____
Date Of Hire								
Has the DSP completed a DHS approved DSP training program (minimum of 40 hours Classroom and 80 OJT hours?)	Yes___ No___	Yes____ No____	Yes____ No ____	Yes____ No ____	Yes____ No ____	Yes____ No ____	Yes____ No ____	Yes____ No ____
Did the DSP complete the DSP training in no less than 3 weeks?	Yes____ No____	Yes____ No____	Yes____ No ____	Yes____ No ____	Yes____ No ____	Yes____ No ____	Yes____ No ____	Yes____ No ____
Did the DSP complete the DSP training within 120 days of hire?	Yes____ No ____	Yes____ No ____	Yes____ No ____	Yes____ No ____	Yes____ No ____	Yes____ No ____	Yes____ No ____	Yes____ No ____
Was the DSP added to the IDPH Health Care Worker Registry within 30 calendar days of successfully completing the DSP training?	Yes____ No____	Yes____ No____	Yes____ No ____	Yes____ No ____	Yes____ No ____	Yes____ No ____	Yes____ No ____	Yes____ No ____