

TURNING LEAF

DIRECT CARE WORKER

POSITION DESCRIPTION & ANNUAL EVALUATION

DATE: January 2016
 TITLE: Direct Care Worker (DCW)
 SUPERVISED BY: Assist PM, Program Manager, Administrator
 SUPERVISES: None
 STATUS: Hourly; PT/FT
 BENEFIT ELIGIBLE: Yes, after 90 days employment
 RATING SCALE: SEE ITEM SPECIFIC SCORING

Last Name, First Initial:
Hire Date:
Other Date:
Evaluation Due Date:
Type of Evaluation: <input type="checkbox"/> Annual

Position Summary:

Provide supervision and safety for residents living at Turning Leaf. Ensure quality living standards are maintained as it relates to cleanliness, nutrition, and general health needs. Provide communication regarding services to the resident as applicable. Maintain a professional relationship with residents of Turning Leaf while modeling and guiding appropriate social interaction.

Contacts:

Consumers; Treatment Team at Turning Leaf, the referral source, within the community, guardians, state licensing consultant, employers, medical personnel, accrediting bodies, and any other community agencies as appropriate.

CORE JOB REQUIREMENTS:

As a Turning Leaf DCW, you will be expected to function as an active **Team Member** to provide treatment based services to consumers with mental illness, developmental disability and/or traumatic brain injury.

TRAINING:

Employee is up to date on all program required trainings. **Supervisor, please include a copy of the most recent training transcript to this evaluation.** Please refer to Program Specific Requirements for training frequency schedule.

Training includes:

- Group Home/County-Based trainings completed? YES NO (circle one)
- CPR/First Aid completed? YES NO (circle one)
- Recipient Rights training YES NO (circle one)
- De-escalation Training (MANDT). YES NO (circle one)

- *If employee is not current on all trainings, **STOP. THIS EVALUATION CANNOT BE COMPLETED.** The employee must get into compliance with before completion of this evaluation.*
- *If employee has maintained CURRENT, UP TO DATE TRAINING, please score "3"*
- *If trainings were NOT COMPLETED TIMELY, please score "2"*

COMMENTS:

DRIVING:

Is the employee a TURNING LEAF approved Driver? YES NO (circle one)
 (This is defined as: 1) Proof of Michigan driver's license; 2) No more than 3 points on driving record; 3) No Active Suspensions or Driving Restrictions)

- *If employee IS a Turning Leaf approved driver, please score “3”*
- *If employee is NOT a Turning Leaf approved driver, please score “2”*

COMMENTS:

MEDICATION PASSING:

_____ Is the staff a TURNING LEAF trained Medication Passer? **YES NO (circle one)**

(This is above and beyond the county medication training requirements. Turning Leaf Med Training includes an in-service by a manager, 3 observations passing meds and a passing score on a final exam). **Training completed within 90 days of hire and updated annually thereafter.**

SUPERVISOR, please look in employee performance file for last 12 months:

- *If employee has 0-1 P & P violations for medication related incidents on file, please score “3”*
- *If employee has 2-3 P & P violations for medication related incidents on file, please score “2”*
- *If employee has been suspended from Medication Passing duties within the past 6 months, but has regained ability to pass medication and is a current medication passer, please score “2”*
- *If employee has 4+ P & P violations for medication related incidents on file, please score “1”*

COMMENTS:

ATTENDANCE:

_____ Employee will demonstrate responsible work history at all times. Employee has shown willingness to help cover shifts; has been at work timely with no late/tardy, employee has not had “No Call/No Show” in attendance history. Employee consistently and accurately completes timesheet according to shifts worked.

SUPERVISOR, please look in employee performance file for last 12 months:

- *If employee has 0-1 P & P violations for attendance related incidents, please score “3”*
- *If employee has 2-3 P & P violations for attendance related incidents, please score “2”*
- *If employee has 4+ P & P violations for attendance related incidents, please score “1”*

COMMENTS:

DOCUMENTATION:

_____ Able to communicate appropriately and accurately orally and in writing with respect to resident progress made towards Person Centered Plan (PCP) goals and Community Living Supports (CLS) progress. This includes daily charting requirements (Paper or EMR), outing/appointment documentation, Incident Reporting (IR), enhanced staff (1:1) documentation and medication administration documentation. This includes documenting Group Notes, when appropriate.

SUPERVISOR, please look in employee performance file for last 12 months:

- *If employee has 0-1 P & P violations for documentation related incidents, please score “3”*
- *If employee has 2-3 P & P violations for documentation related incidents, please score “2”*
- *If employee has 4+ P & P violations for documentation related incidents, please score “1”*

COMMENTS:

RECIPIENT RIGHTS:

_____ Per the Michigan Mental Health Code; ensure Recipient Rights are protected at all times. Assist with making a complaint as necessary or when requested. Be considerate and aware of resident and other employees ethnic or cultural diversity at all times. Maintain a professional and therapeutic relationship with all resident living in the home.

SUPERVISOR, please look in employee performance file for last 12 months:

- If employee has 0 P & P violations due to substantiated Recipient Rights allegations, please score "3"
- If employee has 1 P & P violations due to substantiated Recipient Rights allegations, please score "2"
- If employee has 2+ P & P violations due to substantiated Recipient Rights allegations, please score "1"

COMMENTS:

WORK ATTITUDE & CONDUCT:

Present to work with appropriate personal hygiene, dress code (scrub top) including name badge and appropriate footwear. Positive, team member work attitude in work assignments including following through on supervisor instructions. Employee demonstrates dependability and competency in all areas of work duties including asking for assistance when needed.

SUPERVISOR, please look in employee performance file for last 12 months:

- If employee has 0 P & P violations for work attitude or conduct, please score "3"
- If employee has 1 P & P violations for work attitude or conduct, please score "2"
- If employee has 2+ P & P violations for work attitude or conduct, please score "1"

COMMENTS:

OTHER POLICY & PROCEDURE VIOLATIONS:

Number of additional Policy & Procedure Violations not already accounted for in this evaluation.

SUPERVISOR, please look in employee performance file for last 12 months:

- If employee has 0-1 Additional P & P violations, please score "3"
- If employee has 2-3 Additional P & P violations, please score "2"
- If employee has 4+ Additional P & P violations, please score "1"

COMMENTS:

TOTAL SCORE (Please add all of the above rated items)

(Please Note: No Items Should be marked "N/A")

OVERALL ANNUAL RATING SCALE:

20-24 Total Score = MEETS EXPECTATIONS

Instructions: Supervisor, please work with employee to create goals and objectives based on areas of interest.

15-19 Total Score = NEEDS IMPROVEMENT

Instructions: Supervisor, please work with employee to create goals and objectives for all items rated 2 or below.

14 or Below Total Score = FAILS TO MEET EXPECTATIONS

Instructions: Supervisor, please create a Performance Improvement Plan for all items rated 2 or below.

The PIP will be re-evaluated at a predetermined date and Employee will be eligible to regain level status when items are brought back into compliance.

I have read and understand the position description and core requirements, as outlined above.

Employee Signature

Date

Upcoming Goals/Objectives and/or Performance Improvement Plan

(Supervisor & Employee: Please create Goals & Objectives for the coming year based upon the Instructions on Page 3)

- Please Check if this is a Performance Improvement Plan
- If PIP, Date to be re-evaluated _____

GOALS FOR UPCOMING YEAR

Expected Completion Date:

1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	

Printed Name/Employee Signature

Date

Supervisor Signature

Date

DO/Admin Initials

Date

Employee Comments:

Supervisor, please complete the following:

- ✓ *Employee Health Certification Form (completed by Employee)*
- ✓ *Medication Administration Re-Evaluation (by Turning Leaf medication trainer)*
- ✓ *Updated MDCH Training OR County Specific Trainings*