



ON-SITE COMPLIANCE VISIT

INITIAL ANNUAL REVISIT POC REQUIRED

Audit Performed By: _____

Program & Visit Information

Program Name:

Address:

Provider Number:

Phone:

City:

State:

Zip:

Instructor Information

Instructor Full Name: _____

KBN Licensure Number: _____

Original Issue Date: _____ Expiration Date: _____

Auditor Signature _____ Date _____

Instructors Signature: _____ Date: _____

SUMMARY:

	Met	Not Met
Faculty Credentials	<input type="checkbox"/>	<input type="checkbox"/>
Student Records	<input type="checkbox"/>	<input type="checkbox"/>
Required Documents	<input type="checkbox"/>	<input type="checkbox"/>
Administrative	<input type="checkbox"/>	<input type="checkbox"/>
Equipment Requirements	<input type="checkbox"/>	<input type="checkbox"/>

1. FACULTY CREDENTIALS

	Met	Not Met	Comments
a) MOI Registry	<input type="checkbox"/>	<input type="checkbox"/>	
b) TB 2-Step Annual	<input type="checkbox"/>	<input type="checkbox"/>	
c) Hepatitis B Vaccine	<input type="checkbox"/>	<input type="checkbox"/>	
d) Other Facility Requirements	<input type="checkbox"/>	<input type="checkbox"/>	
e) CPR (if required)	<input type="checkbox"/>	<input type="checkbox"/>	
f) Clinical MOA	<input type="checkbox"/>	<input type="checkbox"/>	
g) List of Clinical Facility and Dates Attended	<input type="checkbox"/>	<input type="checkbox"/>	
h) Student Clinical Eval.	<input type="checkbox"/>	<input type="checkbox"/>	
i) Student Faculty Eval.	<input type="checkbox"/>	<input type="checkbox"/>	
j) Textbook (9 th ed.)	<input type="checkbox"/>	<input type="checkbox"/>	
k) Clinical Site Checklist	<input type="checkbox"/>	<input type="checkbox"/>	
l) Proprietary Approval KCPE	<input type="checkbox"/>	<input type="checkbox"/>	

2. STUDENT RECORDS

	Met	Not Met	Comments
a) TB 2-Step Annual	<input type="checkbox"/>	<input type="checkbox"/>	
b) Hepatitis B Vaccine	<input type="checkbox"/>	<input type="checkbox"/>	
c) Other Facility Requirements	<input type="checkbox"/>	<input type="checkbox"/>	
d) CPR (if required)	<input type="checkbox"/>	<input type="checkbox"/>	

e) Statement of Understanding	<input type="checkbox"/>	<input type="checkbox"/>	
f) Course Card (each skill checked, dated, and initialed individually yes/no?)	<input type="checkbox"/>	<input type="checkbox"/>	

3. REQUIRED DOCUMENTS

	Met	Not Met	
\$1/\$3 mil Professional Liability Insurance	<input type="checkbox"/>	<input type="checkbox"/>	Carrier Name:
			Policy Amount:
			EXP DATE:
MOA (between school/college/ proprietary and clinical site) _YES or NO	<input type="checkbox"/>	<input type="checkbox"/>	DATE:
Student Exams in Record:	<input type="checkbox"/>	<input type="checkbox"/>	
• Minimum of Three Exams?	<input type="checkbox"/>	<input type="checkbox"/>	# Exams Given:
• Student Exam Average of 70%	<input type="checkbox"/>	<input type="checkbox"/>	

(*Not all exams are required to be 70% or greater for students to pass the course. No extra credit/open book exams are allowed. Dual Credit Scores based only on exams for testing purposes)

Course Hours Documented:	Meets Required Hours?			
	Met	Not Met	Met	Not Met
• Lecture/Lab	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Clinical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• College Credit KCTCS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Syllabus	<input type="checkbox"/>	<input type="checkbox"/>		

Attendance Policy	<input type="checkbox"/>	<input type="checkbox"/>	
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Testing Location: _____

Sample Records of Charting	Met	Not Met	Comments
• Intake & Output	<input type="checkbox"/>	<input type="checkbox"/>	
• Vital Signs	<input type="checkbox"/>	<input type="checkbox"/>	
Balance Scales for HT/WT	<input type="checkbox"/>	<input type="checkbox"/>	

4. ADMINISTRATIVE

	Met	Not Met	Comments
a) Changes to program, classroom, clinical site, and instructor since last audit?	<input type="checkbox"/>	<input type="checkbox"/>	
b) IF SO, MAP-414?	<input type="checkbox"/>	<input type="checkbox"/>	
c) Previous Plan of Correction	<input type="checkbox"/>	<input type="checkbox"/>	
d) Progress of POC	<input type="checkbox"/>	<input type="checkbox"/>	
e) Dual Credit Program	<input type="checkbox"/>	<input type="checkbox"/>	
f) KCTCS Updates for Instructors	<input type="checkbox"/>	<input type="checkbox"/>	
g) Reviewed	<input type="checkbox"/>	<input type="checkbox"/>	

Annual Report

Number Trained _____ Number Tested _____ Number Passed on 1st Attempt _____

Overall Pass/Fail Rate in percentage _____

This information can be found under the pass/fail report in TMU under reports. Instructors can use the past year to obtain. Example: enter dates of 07/01/2023 end 06/30/2024

5. EQUIPMENT REQUIREMENTS

	Met	Not Met	Comments
1. Adult briefs	<input type="checkbox"/>	<input type="checkbox"/>	
2. Adult manikin	<input type="checkbox"/>	<input type="checkbox"/>	
3. Audio-visual equipment	<input type="checkbox"/>	<input type="checkbox"/>	
4. Basins (for bed bath)	<input type="checkbox"/>	<input type="checkbox"/>	
5. Bedpan	<input type="checkbox"/>	<input type="checkbox"/>	
6. Catheter supplies	<input type="checkbox"/>	<input type="checkbox"/>	
7. Denture care supplies <ul style="list-style-type: none"> • Dentures • Denture Cup 	<input type="checkbox"/>	<input type="checkbox"/>	
8. Disposable gloves	<input type="checkbox"/>	<input type="checkbox"/>	
9. Elastic stockings (knee-high)	<input type="checkbox"/>	<input type="checkbox"/>	
10. Geriatric chair (optional)	<input type="checkbox"/>	<input type="checkbox"/>	
11. Gait/transfer belt	<input type="checkbox"/>	<input type="checkbox"/>	
12. Hair care supplies <ul style="list-style-type: none"> • Shampoo • Brush • Comb • Shampoo Board 	<input type="checkbox"/>	<input type="checkbox"/>	
13. Linens – flat sheet	<input type="checkbox"/>	<input type="checkbox"/>	
14. Linens & pillows (for positioning)	<input type="checkbox"/>	<input type="checkbox"/>	
15. Linen hamper	<input type="checkbox"/>	<input type="checkbox"/>	
16. Bathing supplies <ul style="list-style-type: none"> • Lotion • Soap • Deodorant 	<input type="checkbox"/>	<input type="checkbox"/>	

17. Mouth care supplies. <ul style="list-style-type: none"> • Lip Balm • Toothbrush • Toothpaste • Emesis • Swabs 	<input type="checkbox"/>	<input type="checkbox"/>	
18. Nail care supplies. <ul style="list-style-type: none"> • Nail Clippers • Emery Boards • Orange Sticks 	<input type="checkbox"/>	<input type="checkbox"/>	
19. Obstructed airway manikin	<input type="checkbox"/>	<input type="checkbox"/>	
20. Patient beds	<input type="checkbox"/>	<input type="checkbox"/>	
21. Patient gowns & clothing for dress/undress <ul style="list-style-type: none"> • Socks • Slippers 	<input type="checkbox"/>	<input type="checkbox"/>	
22. Personal protective equipment (Glove/Gown/Masks)	<input type="checkbox"/>	<input type="checkbox"/>	
23. Restraints/protective devices	<input type="checkbox"/>	<input type="checkbox"/>	
24. Shaving Supplies <ul style="list-style-type: none"> • Razor • Shaving Cream • After-Shave Lotion 			
25. Sink with Water			
26. Sphygmomanometer			
27. Stethoscope			
28. Thermometers			
29. Urinal			
30. Wheelchair			
31. Automated BP Arm			
(optional)Other Supplies: Side Rails			



**KCTCS NATCEP
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Auditor Notes
