

Residential Care Center General Personnel Record Checklist

Use of form: This form is to be used by Licensing Specialists to review a Residential Care Center for Children and Youth’s compliance with personnel record requirements under DCF 52. This form may also be used by Residential Care Centers to review their compliance with personnel records requirements under DCF 52. Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m), Wisconsin Statutes].

Instructions: Review the facility’s personnel records and place a check, a date or “N/A” in the box for each corresponding item for each staff person.

Name – Residential Care Center	Address (Street, City, State, Zip Code)	Telephone Number
Name – Licensing Specialist		Date – Checklist Completed

___ of ___ Records Reviewed (Total Number of Records Reviewed / Total Number of Records)	Name – Staff Person			

General Information				
Start date.				
Job title.				
BID form. 52.12(3)(b)3.				
Response to Caregiver Background Check (IBIS). 52.12(3)(b)3.				
DOJ. 52.12(3)(b)3.				
Signed Employment Application. 52.12(3)(b)				
Documentation of information received from character references. 52.12(3)(c) and 52.12(10)(a)3.				
Documentation of contact with employers of past five years. 52.12(3)(b)2.				
Documentation of educational qualifications. 52.12(3)(b)4.				
Copies of performance reviews – at least one in first six months and annually thereafter. 52.12(6)(b)				
History of employment at center including start and end dates for each position. 52.12(10)(a)5.				
Signed and dated job description. 52.12(4)(a)				
Copy of signed and dated individual performance standards and conduct expectations. 52.12(4)(b)				
Written authorization from doctor or registered nurse to administer medication, if applicable. 52.46(2)(a)3.				
Signed child abuse / neglect and confidentiality statement. Use form DCF-F-CFS2172. 52.12(9)(b) and 52.12(10)(a)8.				
Annual Driving record if transporting residents. 52.47(4)(b) and (c)				
Health report. DCF-F-CFS0384				

	Name – Staff Person			
Training Records				
Documentation of completion of traineeship, if applicable. 52.12(5)(g)2.				
Documentation of emergency safety intervention training, if applicable. 52.12(5)(c)6.				
Documentation of 40 hours of training within six months of hire or prior training (if employee works with residents). 52.12(5)(c)				
Documentation of orientation and training with dates and name of trainer indicated. 52.12(5)(h)				
Documentation of 24 hours of annual continuing education. 52.12(5)(f)2.				
Automatic external defibrillator training (one staff member in each building housing residents). 52.12(5)(cm)				
Documentation of training and experience in adventure based activities, if applicable. 52.56(24)(b)1.				
Documentation of fire safety and evacuation training – all staff. 52.55(8)				
Documentation of locked unit training, if applicable. 52.47(7)(c) and 52.12(5)(b)4.				
Short Term Programs				
Documentation of training in: Wraparound principles and philosophy.				
Arranging for transitional care and placement. 52.58(7)(a)				
Respite Care Programs				
Documentation of training in:				
Arranging transitional care and placement.				
Specific needs of resident population.				
At least 8 hours supervised work if no previous experience with that population. 52.59(9)(a)				
Type 2 Programs				
Type 2 training which includes prevention and de-escalation and the safe and correct use of physical restraints. DOC 394.04(2)				
Type 2 periodic re-training which includes prevention and de-escalation and the safe and correct use of physical restraints. DOC 394.04(2)				
SIGNATURE – Licensing Specialist			Date Signed	