**DEPARTMENT OF CHILDREN AND FAMILIES**

Division of Safety and Permanence

**Personnel Record Checklist – Shelter Care Facilities**

**Use of form:** Use of this form is voluntary. However, use as a review document by shelter care facilities will help ensure compliance with DCF 59.04(6). Licensing representatives may also use this form during monitoring visits to document compliance with these rules. Personally identifiable information gathered on this form will be used only to verify compliance with licensing rules. Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m), Wisconsin Statutes].

**Instructions:** A check mark indicates the required information is in the personnel file. Add “N/A” if the information is not required. The name, date of birth, job title and start date must be entered. If additional space is needed, attach separate sheet(s). **“Relief help”** means an individual who is used to replace shelter care workers on an unscheduled basis and for a few hours or few days at a time. An individual regularly scheduled to replace shelter care workers on days off or for vacations and other prolonged periods is not relief help but an additional shelter care worker. **“Volunteer”** means any individual providing services to the shelter care facility who receives no monetary reimbursement for services. Payment for out-of-pocket expenses is not considered reimbursement for services.

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| Name – Shelter Care Facility      | Address – Shelter (Street, City, State, Zip Code)      | Telephone Number      |
| **General Information** |
| Name |       |       |       |       |
| Birth Date 59.04(6)2. |       |       |       |       |
| Job Title |       |       |       |       |
| Start Date |       |       |       |       |
| Address 59.04(6)(a)1. and (b)1. |       |       |       |       |
| Job description 59.04(6)(a)5. and (b)5. |       |       |       |       |
| Two character references: verification of contact, dates, individual who made contact, individuals contacted and content59.04(6)(a)4., (b)(7) and (c)1 |       |       |       |       |
| Previous employer references: verification of contact, dates, individual who made contact, individuals contacted and content59.04(6)(a)4., (b)7. and (c)1. |       |       |       |       |
| Prior to employment, a completed DCF BID 59.04(6)(a)4., (b)7. and (c)2. |       |       |       |       |
| Response to Caregiver Background Check (IBIS) 59.04(6)(a)4., (b)7. and (c)3. |       |       |       |       |
| DOJ / CIB Report 59.04(6)(a)4., (b)7. and (c)3. |       |       |       |       |
| Out-of-state CBC report if required 59.04(6)(a)4., (b)7. and (c)3. |       |       |       |       |
| TB test 59.04(1)(b)3., (2)(b), (6)(a)7. and (6)(b)3. |       |       |       |       |
| Continuing training records – at least 15 hrs 59.04(1)(c)2., (6)(a)8. and (6)(b)6. |       |       |       |       |
| **Additional requirements for Shelter Care Workers and for Relief Help employed 10 or more hours per week** |
| Fire extinguisher training 59.06(20)(f) |       |       |       |       |
| Documentation of qualifications – training 59.04(6)(a)3. |       |       |       |       |
| Documentation of qualifications – experience 59.04(6)(a)3. |       |       |       |       |
| Documentation of employee’s duties, terms of employment and immediate supervisor 59.04(6)(a)6. |       |       |       |       |
| Before beginnings employment, DCF-F-CFS384 Staff Health Report or facility’s own form 59.04(1)(b)(3). and (6)(a)7. |       |       |       |       |
| Current First Aid and CPR certificate (updated at least once in each consecutive 3-year period) 59.04(1)(d) |       |       |       |       |
| Documentation that the employee has received the personnel policies 59.04(5m) |       |       |       |       |
| Annual and termination evaluations 59.04(6)(a)9 |       |       |       |       |
| **Additional requirements for Shelter Care Workers** |
| Reasonable and Prudent Decision Maker – Documentation of RPPS training 59.04(6)(bm) |       |       |       |       |
| Shelter Care Workers shall have either:a. One or more years of experience **or**b. Completed 24 hours of relevant training **or**c. Agree to complete within one year of employment 59.04(1)(c) |       |       |       |       |
| Core Competency training within 3 months of hire\*\*Effective Aug. 3, 2018, all current staff must be trained by the date of the agency’s next continuation [CWLS Memo 2018-29L](https://dcf.wisconsin.gov/files/cwportal/policy/pdf/memos/2018-29-lic.pdf) |       |       |       |       |
| **Additional requirements for Relief Help employed 10 or fewer hours per week** |
| Dates and hours employed or volunteered 59.04(5)(a)1. and (6)(b)4. |       |       |       |       |
| **Additional requirements for Volunteers employed 10 or more hours per week** |
| CF-F-CFS384 Staff Health Report or facility’s own form59.04(1)(b)3. and (2)(b) |       |       |       |       |
| Documentation of orientation 59.04(2)(a)1. |       |       |       |       |
| Annual and termination evaluations 59.04(2)(a)2., (6)(a) and (6)(a)9. |       |       |       |       |
| Dates and hours employed or volunteered 59.04(5)(a)1. and (6)(b)4. |       |       |       |       |
| **Additional requirements for Volunteers employed 10 or fewer hours per week** |
| Documentation of orientation 59.04(2)(a)1. |       |       |       |       |
| Annual and termination evaluations 59.04(2)(a)2., (6)(a) and (6)(a)9. |       |       |       |       |
| Dates and hours employed or volunteered 59.04(5)(a)1. and (6)(b)4 |       |       |       |       |
| **Additional requirements for Unit Supervisor** |
| For small and family – meet requirements for 59.04(1) |       |       |       |       |
| Large shelter 59.04(3)(b) |       |       |       |       |
| 1. 3 years experience as a foster parent, institutional houseparent, or other relevant child care experience 59.04(3)(b) |       |       |       |       |
| 2. 2 years administrative or supervisory experience 59.04(3)(b) |       |       |       |       |
| 3. During 1st year, demonstrate the ability to satisfactory manage the shelter 59.04(3)(b) |       |       |       |       |
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|  | **NAME –** Licensing Representative |  | **SIGNATURE –** Licensing Representative |  | **DATE –** Records Reviewed |  |