# 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 records requirements under HFS 52. This form may also be used by Residential Care Centers to review their compliance with personnel records requirements under HFS 52.

**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 |
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| Name - Licensing Specialist | | Date - Checklist Completed |

| Name - Staff Person | Start Date | Job Title | **General Information** | Background Check: HFS 64, IBIS, and 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 CFS-2172. 52.12(9)(b) and 52.12(10)(a)8. | Driving record if transporting residents. 52.47(4)(b) and (c) | Health report. (CFS-384) |
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| Name - Residential Care Center | Address (Street, City, State, Zip Code) | Telephone Number |
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| Name - Licensing Specialist | | Date - Checklist Completed |

| Name - Staff Person | **Training Records** | Documentation of completion of traineeship, if applicable. 52.12(5)(g)2. | Documentation of crisis intervention training, if applicable. 52.42(5)(a)3. | 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. | 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) |
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| **SIGNATURE** - Licensing Specialist | Date Signed |
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