DEPARTMENT OF CHILDREN AND FAMILIES

Division of Safety and Permanence

**Personnel Record Checklist – Group Homes**

**Use of form:** Use of this form is voluntary. However, use as a review document by group homes will help ensure compliance with DCF 57.16, 57.17(2), 57.17(3) and 57.37(4). Licensing specialists 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.

**Instructions:** A check mark indicates the required information is in the file. The name, start date and job title must be entered. If additional space is needed, attach separate sheet(s).

**Relief help:** The personnel record for relief help does not need to contain the physical examination or HealthCheck form. **Volunteers:** The personnel record for volunteers does not need to contain the physical examination or HealthCheck form, the background check results from the Department of Justice (DOJ), the Department of Health Services (DHS) Response to Caregiver Background Check (IBIS), (**the DCF-F-2978 BID form, IS required**), the documentation of first aid training, the documentation of CPR training, the documentation of fire safety training, or the documentation of continuing education.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name – Group Home | | | | | Facility ID Number | | | |
| Address – Group Home (Street, City, Zip Code) | | | | | Telephone Number – Group Home | | | |
| of       Records Reviewed  (Total Number of Records Reviewed / Total Number of Records) | **Name** | | **Name** | | **Name** | | **Name** | |
|  | |  | |  | |  | |
| **Completed Application Form 57.17(2)(a)** | | | | | | | | |
| Job title |  | | |  |  | |  | |
| Date of hire |  | | |  |  | |  | |
| Address |  | | |  |  | |  | |
| Birthdate |  | | |  |  | |  | |
| Training |  | | |  |  | |  | |
| Education |  | | |  |  | |  | |
| Work experience |  | | |  |  | |  | |
| Current address 57.17(2)(b) |  | | |  |  | |  | |
| Resident Care Worker Qualifications shall have at least one of the following:   1. A bachelor or associate degree from a college or university in any of the majors specified in 57.14(2) 57.14(4)(c)1. 2. At least one year full-time experience working in a formal program with the type of resident population served by the group home. 57.14(4)(c)2. 3. Certification as a child and youth care worker under the standards of the Wisconsin Association of Child and Youth Care Professionals or other department – recognized certifying authority. 57.14(4)(c)3. 4. Completion of a traineeship program in which the resident care staff has worked with a qualified, experienced resident care staff for at least 80 hours of employment and received orientation training as specified under s. DCF 57.16(1), before working independently with residents. 57.14(4)(c)4. |  | | |  |  | |  | |
| Addresses and telephone numbers of references and reference check results  57.17(2)(c) |  | | |  |  | |  | |
| **Caregiver Background Check** |  | | |  |  | |  | |
| DCF-2978 BID form, complete and current 57.17(2)(d) |  | | |  |  | |  | |
| DOJ results 57.17(2)(e) |  | | |  |  | |  | |
| Response to Caregiver Background Check (IBIS) 57.17(2)(e) |  | | |  |  | |  | |
| Results of any subsequent investigation related to information obtained from each CBC 57.17(2)(e) |  | | |  |  | |  | |
| A completed physical examination or HealthCheck form upon hire and before working with residents 57.17(2)(g) |  | | |  |  | |  | |
| Tuberculosis test results 57.17(2)(g) |  | | |  |  | |  | |
| The staff member’s annual driver’s record, if the staff member is assigned to transport children 57.12(3) |  | | |  |  | |  | |
| **Training Record** |  | | |  |  | |  | |
| Document of orientation 57.17(2)(i) |  | | |  |  | |  | |
| A job description that is signed and dated by the staff member 57.17(2)(f) |  | | |  |  | |  | |
| Documentation of all first aid certifications within 6 months of hire 57.17(2)(j) | |  | |  |  |  | |
| Documentation of all CPR certifications within 6 months of hire 57.17(2)(j) | |  | |  |  |  | |
| Automatic external defibrillator training 57.14(4m) | |  | |  |  |  | |
| Documentation of fire safety and evacuation training within 6 months of hire 57.16(3) | |  | |  |  |  | |
| Documentation of continuing education (at least 24 hours annually) 57.16(5) | |  | |  |  |  | |
| Documentation of infant and toddler training if applicable 57.37(4) | |  | |  |  |  | |
| Any disciplinary actions issued to the employee 57.17(2)(k) | |  | |  |  |  | |
| Written authorization to administer medication to residents 57.25(2)(b) | |  | |  |  |  | |
| Documentation of Reasonable and Prudent Parent training if staff member is a RPPS Decision Maker (57.17(2)(L) | |  | |  |  |  | |
| **SIGNATURE** – Licensing Specialist | | | | | Date Signed | | | |