**DEPARTMENT OF CHILDREN AND FAMILIES**

Division of Safety and Permanence

**Resident Care Staff Qualifications and Observation Log**

**Use of form:** Use of this form is voluntary; however, completion of this form meets the requirements for Resident Care Staff qualifications in accordance with DCF 57.14(4)(c). Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m), Wisconsin Statutes].

**Instructions:** Complete the form below to document the new staff member’s qualifications for Resident Care Staff.

|  |  |
| --- | --- |
| Employee Name (First, Middle, Last) | Date of Hire |

As a Resident Care Staff, you must fulfill **ONE** of the following requirements per DCF 57.14(4)(c):

1. A bachelor or associate degree from a college or university in any one of the following majors:

**ATTACH DIPLOMA/TRANSCRIPT**

|  |
| --- |
| Social Work  Criminal Justice  Sociology  Psychology  Special education  Counseling & Guidance |

|  |  |
| --- | --- |
| **Name of University** | |
| **Degree / Major** | **Dates Attended** |

2.  At least one year of full-time experience working in a formal program with the type of resident population served by the group home.

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| --- | --- | --- | --- |
| **Previous Employer** | **Dates worked** | **Contact person** | **Verified** |
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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. **ATTACH CERTIFICATION**

4.  Completion of a traineeship program in which the resident care staff has worked with qualified, experienced resident care staff for at least the first 80 hours of employment and received orientation training as specified under s. DCF 57.16 (1), before working independently with residents. **ATTACH OBSERVATION SHEET**

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| **SIGNATURE -** Employee |  | Date Signed |  |

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| **SIGNATURE –** Supervisor |  | Date Signed |  |

**STAFF OBSERVATION LOG**

As a new staff member, you are required to have 80 hours of observation completed with another staff member. You must finish your observation hours before you are able to work independently.

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| **Date Worked** | **Hours Worked** | **Staff Observed (signature)** |
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**TOTAL OBSERVATION HOURS:**

**DATE HOURS COMPLETED:**

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| --- | --- | --- | --- |
|  |  |  |  |
| **SIGNATURE -** Employee |  | Date Signed |  |

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| **SIGNATURE –** Supervisor |  | Date Signed |  |