

## **NOTIFICATION OF EMPLOYMENT OR ASSIGNMENT OF JUVENILE COURT INTAKE WORKER**

Pursuant to DCF 82.05 Administrative Code, County Departments of Social/Human Services are required to notify the WI Child Welfare Professional Development System (as an agent of the Department of Children and Families) when a person has been employed or assigned to perform juvenile court intake worker duties as defined in Wis. Stat. § 938.067 and § 48.067. According to § 938.06(1) (am) 1 and § 48.06(1) (am) 1, all intake workers who begin employment after May 15, 1980 shall have successfully completed 30 hours of training provided by the department prior to completion of the first six (6) months of employment in the position.

**Please provide the following information and submit to the WI Child Welfare Professional Development System promptly when a person has been employed or assigned to perform juvenile court intake worker duties. This form must be received prior to the completion of the first six (6) months of employment in the position, at the very latest.**

Name of Juvenile Court Intake Worker \_\_\_\_\_

Employing County Agency \_\_\_\_\_

Date of employment or assignment to perform intake worker duties \_\_\_\_\_

Position in the agency \_\_\_\_\_  Full time  Part Time

If applicable, Complete the following

This person works       part-time       on-call only

Number of hours per month on call \_\_\_\_\_

Supervisor Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Check One of the Following:

This employee is required to complete Basic Intake Worker Training

This employee completed the Basic training on (Date of certification) \_\_\_\_\_

This employee is exempt from Basic Training because s/he was hired to perform juvenile court intake duties in WI prior to May 15, 1980.

Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Submit to Nicki Laudolff, Youth Justice Curriculum Coordinator, WI Child Welfare Professional Development System, 8010 Excelsior Drive, Suite 100, Madison, WI 53717, Email: [nllaudolff@wisc.edu](mailto:nllaudolff@wisc.edu), Fax 608.890.1594

### **FOR WCWPDS USE ONLY:**

Dates of Training	Passed Initial	Yes	No
Location of Training	Passes Re-take	Yes	No