



Certified Child Welfare Supervisor (CCWS) Application

Observation Form: LEADERSHIP

- ❖ This form documents the CCWS applicant’s demonstration of competencies in the LEADERSHIP domain. Carefully read the *CCWS Observation Directions-7-1-2022.pdf* before conducting a rated observation.
 - a. The CCWS applicant completes Part 1 prior to the observation, provides the partially completed form to the individual conducting the observation, and signs Part 6 after receiving performance feedback.
 - b. The qualified professional conducting the observation/rating/follow-up performance consultation completes Parts 2 – 5, secures the signature of the CCWS applicant in Part 6, and submits ONLY the form that documents achievement of a three-point rating or higher to their Certification Point of Contact to forward to the FCB for processing.
 - c. Forms submitted for certification purposes must be typed.

Part 1: Applicant Information. Provide information exactly as it is associated with your CCWS applicant credential.		
Name: _____		
Email Address: _____		Phone Number: _____
Part 2: Observer/Rater Information. Enter requested information for the Qualified Professional who conducted the rated observation.		
Observer/Rater Name: _____		
Email Address: _____		Phone Number: _____
Position Title: _____		Employer: _____
Part 3: Observed Event Information. Only observe events/work activities where the CCWS applicant is responsible for leading the event for a minimum of 30 consecutive observed minutes.		
Date of Observation: _____ Start Time: _____ End Time: _____		
Type of Observation: <input type="checkbox"/> Face-to-Face Observation <input type="checkbox"/> Virtual Observation (<i>attach agency’s virtual supervision policy</i>)		
Indicate the setting in which the rated observation occurred:		
<u>Sample PI Events</u>	<u>Sample CM Events</u>	<u>Sample LC Events</u>
<input type="checkbox"/> All-staff Meeting	<input type="checkbox"/> Unit Meetings	<input type="checkbox"/> All-staff Meeting
<input type="checkbox"/> Unit Meeting	<input type="checkbox"/> Corrective Action Plan Meeting	<input type="checkbox"/> Recruitment meeting
<input type="checkbox"/> Corrective Action Plan Meeting	<input type="checkbox"/> Building or program meetings	<input type="checkbox"/> Corrective Action Plan Meeting
<input type="checkbox"/> Team building activities	<input type="checkbox"/> Learning Circles	<input type="checkbox"/> Team building activities
<input type="checkbox"/> Other (describe below):	<input type="checkbox"/> Team building activities	<input type="checkbox"/> Internal meetings
	<input type="checkbox"/> Other (describe below):	<input type="checkbox"/> Other (describe below):
Part 4, sections A – D: LEADERSHIP Competency Demonstration Documentation and Rating		
A. Notate strengths and opportunities for improvement as demonstrated by the CCWS applicant.		



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B. Check off each competency that was observed and discussed during the performance consultation.

LEADERSHIP (7 competencies). The competencies in this domain reflect the supervisor’s responsibilities and abilities to serve as a leader of others in a manner that inspires and motivates employees to achieve organizational, unit and individual performance goals.

- Use motivational strategies and active listening techniques in order to inspire employees to accomplish job tasks and achieve performance goals.
- Establish and maintain appropriate boundaries with employees, supervisors, and peers.
- Use emotional intelligence skills to demonstrate appropriate control and expression of emotions as well as handle interpersonal relationships.
- Behave in a manner consistent with the laws, policies, and ethical and professional standards of the Child Welfare System.
- Create a shared work vision and sense of purpose to motivate employees of all races, genders, sexual orientations, sexual identities and religious affiliations.
- Use team building theory and techniques to manage employees in a way that establishes a shared vision and goals, minimizes conflict, and maximizes collaboration to achieve organizational, unit and individual goals.
- Create plans to anticipate, prevent, or respond to any crisis that may impact a team or individual employees, and ensure that plans address worker safety.

C. Rate the CCWS applicants overall demonstration of LEADERSHIP competencies.

<input type="checkbox"/> Outstanding (5 points)	The supervisor consistently exemplifies excellent leadership skills including an understanding of the “big picture” and demonstrating strong leadership qualities through open and direct communication regarding how staff contribute to organizational goals; outstanding ability to coach, mentor, and inspire; exhibiting a strong sense of the organization’s mission; and effectively assesses and addresses individual and organizational needs.
<input type="checkbox"/> Above Expectations (4 points)	The supervisor demonstrates leadership skills of high quality. This includes a good understanding of the “big picture” and the capacity to lead through open and direct communication. An understanding of how staff contributes to organizational goals and how to influence others to do better is also present.
<input type="checkbox"/> At Expectations (3 points)	The supervisor demonstrates adequate leadership skills that meet expectations. The supervisor demonstrates sufficient understanding of the needs of the organization, employees or clients; demonstrates an understanding of roles and responsibilities; and carries out duties in accordance to the organization’s mission, vision, and goals.
<input type="checkbox"/> Below Expectations (2 points)	The supervisor demonstrates marginal leadership qualities that are below expectations and with deficiencies. This may include lacking understanding of the needs of the organization, employees, or clients; lacking analytic skills necessary to devise best options to handle situations; and struggling to recognize staff contributions to the organizational mission, vision, and goals.
<input type="checkbox"/> Unsatisfactory (1 point)	The supervisor fails to demonstrate leadership skills and an understanding of the needs of the organization, employees, and clients. Also struggles with comprehending the “big picture” and how to lead in accordance with the organizational mission, vision, and goals.



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D. Explain the reason for your rating, using behavioral examples. If additional coaching is necessary to achieve a 3-point or higher rating, include recommended strategies to prepare for future observations of the CCWS applicant's competency as it relates to LEADERSHIP.

(This area is left blank for the observer to provide behavioral examples and coaching strategies.)

Part 5: Attestations. To be completed by the qualified professional conducting the rated observation.

I have read the LEADERSHIP domain competencies and understand how they are demonstrated on-the-job. Yes No

I conducted an eligible rated observation of the CCWS applicant for a minimum of 30 minutes, a follow-up performance consultation for a minimum of 15 minutes, as identified in Part 3 and described in Parts 4A-D. Yes No

Final Rating LEADERSHIP Competency Demonstration:

Based on your direct observations and interactions with the CCWS applicant during the observation identified in Part 3, do you have any concerns about their ability to effectively perform LEADERSHIP competencies under standard supervision? Yes No

I consent to an audit of related agency records to verify my attestation, if requested by FCB. Yes No

By my signature, I attest that the above material is true.

 Qualified Professional Signature (FCB accepts both manual and electronic signatures)

 Date

Part 6: Verification of Observation and Performance Consult. To be completed by the CCWS applicant.

I participated in the rated observation and performance consultation, focused on my demonstration of competencies in the LEADERSHIP domain, as documented herein. The content of the observation and rating has been discussed with me in detail. My signature indicates knowledge and understanding of the contents of this form and does not necessarily imply agreement. Yes No

 CCWS applicant Signature (FCB accepts both manual and electronic signatures)

 Date