



BUREAU OF MILWAUKEE CHILD WELFARE  
1555 NORTH RIVERCENTER DRIVE, SUITE 220  
MILWAUKEE WI 53212

Jim Doyle  
Governor

Reggie Bicha  
Secretary

**State of Wisconsin**  
**Department of Children and Families**

Telephone: 414-220-7000  
Fax: 414-220-7062  
dcf.wisconsin.gov

RE: Group Homes/Settings Registration

Dear Group Home/Setting Agency:

Thank you for your interest in serving youth who need group home/setting care on behalf of the Bureau of Milwaukee Child Welfare.

Enclosed are the Bureau of Milwaukee Child Welfare's (BMCW) requirements for the registration of Group Homes/Settings facilities through June 30, 2009. A checklist and instructions can be found on the BMCW website at: <http://dDCF.wisconsin.gov/bmcw/>. If you are unable to access the website or wish to have a hardcopy sent to your agency, please contact me at 414-220-7961. It is the agency's responsibility to submit all necessary information to meet the registration requirements. Please be advised that the checklist is not intended to be exhaustive but represents the basic information that the BMCW requires prior to becoming a potential placement resource for the BMCW.

Basic registration requirements include: proof of licensure (DCF 57 or DCF 38), specific programming information and financial data submitted on your agency type applicable Income Statement form. You are encouraged to provide as much detail regarding your facility's services and programming as possible. Failure to provide proof of current licensing and/or other required documentation will prevent your agency from registering with the BMCW.

Registration of your facility with the BMCW may include an on site review by a BMCW Program Evaluation Manager and/or a representative of Children's Service Society of Wisconsin (CSSW), the BMCW's Out of Home Care Unit. Registration does not constitute a contract with the BMCW or guarantee placement of youth in your facility. Placement decisions are made on a case by case basis based upon the youth's needs and best interests.

Please provide all of the requested information as soon as possible so as to prevent a delay in the use of your facility for placements. The requested information must be provided even if you were previously registered with the BMCW during the 2007-2008 calendar years.

Please mail the complete packet of information to:

Roger Phillips, Acting Contracts Specialist  
Bureau of Milwaukee Child Welfare  
1555 Rivercenter Drive  
Suite 220  
Milwaukee, WI 53212

We look forward to continuing to work with you to serve the needs of youth in the care of the Bureau of Milwaukee Child Welfare.

Sincerely,

Roger Phillips, Acting Contracts Specialist  
Bureau of Milwaukee Child Welfare

Enclosures

GH-S 1 Last Revised 3/9/09  
Group Homes/Settings Registration Letter

**GROUP HOMES/SETTINGS REGISTRATION INSTRUCTIONS AND CHECKLIST  
PREGNANT AND/OR PARENTING TEENS (DCF 38)**

In accordance with the general information outlined in the Registration cover letter, the Checklist below identifies the information and forms that must be completed and submitted as part of the registration process with the Bureau of Milwaukee Child Welfare. A separate registration packet is required for each licensed facility.

Indicate that all required materials are included in your registration packet by initialing next to each item below. Attach this document as a cover page to your registration materials and return to BMCW.

All information is mandatory and applicable only to currently licensed agencies. Your packet must include a copy of your current license. Incomplete packets will be returned.

**GROUP HOMES/SETTINGS REGISTRATION INFORMATION SHEET**

- LICENSE (DCF 38) (provide copy)**
  - Child Placing License**
  - Facility License (if applicable)**
  - Occupancy Permit**
  
- License Capacity Information**
  
- Facility Contact Information**
  - Agency Information**
  - Corporate Information (if applicable)**
  
- Emergency Procedures (provide copy)**
  
- Facility Financial Information**
  - Statement of Revenues and Expenses**

**GROUP HOMES/SETTINGS PROGRAM REGISTRATION INFORMATION**

- Basic Program and Workplan Narrative**
  - Independent Living Skills**
  - Reproductive Health**
  - Domestic Violence**
  - Sexual Assault**
  - Alcohol and Other Drug Abuse Issues**
  - Assistance with Continued Contact with Birth Family**
  
- Specialized Program and Workplan Narrative**
  - Enhanced Requirements**
  - Services Specific to Youth with Alcohol and Other Drug Abuse Issues**

**BMCW GENERAL GROUP HOMES/SETTINGS (DCF 38)  
PREGNANT AND/OR PARENTING TEENS  
REGISTRATION INFORMATION**

**FACILITY LICENSING INFORMATION**

**License (check as applicable)**

**Note: Registrant's license must be current  
Requires separate license for each registration**

Provide the child placing license as well as the appropriate license for the facility being registered.

License Capacity

Number of children \_\_\_\_\_

Age of children \_\_\_\_\_

Gender \_\_\_\_\_

**FACILITY CONTACT INFORMATION**

Provide complete facility contact (and corporate data, if applicable) information as specified below:

**Agency Information**

Facility Name and Address \_\_\_\_\_

Facility Telephone Number \_\_\_\_\_

Telephone Number for Placements \_\_\_\_\_

Emergency Telephone Number \_\_\_\_\_

Facility Fax Number \_\_\_\_\_

Facility E-mail address \_\_\_\_\_

Facility Director Name and Telephone Number \_\_\_\_\_

Program Director Name and Telephone Number \_\_\_\_\_

Fiscal Contact Name and Telephone Number \_\_\_\_\_

**Corporate Information**

Corporate Name and Address \_\_\_\_\_

Corporate Telephone Number \_\_\_\_\_

**Provide copy of Emergency Procedures**

**FACILITY FINANCIAL INFORMATION**

**Cost Information and Requirements**

Complete and submit the Statement of Revenues and Expenses (Income Statement) using template applicable to your license.

## Treatment Foster Care Agency - DCF 38 Statement of Revenues and Expenses

Category	Amount	Total
<b>Expenses</b>		
<b>Salaries and Wages</b>		
CEO/Director	_____	
Management	_____	
Supervisory	_____	
Direct Line Staff	_____	
Clerical Support	_____	
Other	_____	
	_____	
		_____
<b>Payroll Taxes and Fringe Benefits</b>		
Payroll Taxes	_____	
Fringe Benefits	_____	
	_____	
		_____
<b>Operation and Maintenance</b>		
Advertising	_____	
Depreciation	_____	
Equipment	_____	
Maintenance and Repair	_____	
Miscellaneous	_____	
Permits and Licenses	_____	
Postage and Shipment	_____	
Publications and Printing	_____	
Rental/Occupancy	_____	
Supplies	_____	
Telephone	_____	
Utilities	_____	
	_____	

Vehicle Expense \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

<b>Category</b>	<b>Amount</b>	<b>Total</b>
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**Expenses con't**

**Employee Expense**

Meetings and conferences	_____	
Travel	_____	
Training	_____	
Memberships	_____	
	_____	
		_____

**Purchased Services**

Accounting and Auditing expense	_____	
Professional Services	_____	
Professional Liability Insurance	_____	
Business/Auto Insurance	_____	
Other	_____	
	_____	
		_____

**Client Services**

Maintenance Payments	_____	
Client Needs	_____	
	_____	
		_____

**Parent Organization Chargebacks**

Allocated Costs	_____	
	_____	
		_____

**Grand Total Expense**

		_____
		=====

  

<b>Revenues: Department Approved</b>		
<b>DAILY RATE</b> _____		
State of Wisconsin	_____	
Other County	_____	
Other Revenues	_____	
	_____	
		=====

**BMCW GENERAL GROUP HOMES/SETTINGS (DCF 38)  
PREGNANT AND/OR PARENTING TEENS**

**BASIC PROGRAM INFORMATION REQUIREMENTS**

Please submit and address the following as applicable to Group Setting Basic Program Design and Work plan.

The BMCW requires program and workplan information for all general and/or specialized group settings. Please address the following in describing your program and workplan:

- **Provide all necessary transportation to medical and behavioral health appointments;**
- **Provide or arrange all necessary transportation to school;**
- **Provide an educational coordinator or liaison;**
- **Participate in crisis stabilization/planning;**
- **Engage the adolescent in programming and services at least two hours per week;**
- **Connect the adolescent to community resources;**
- **Prohibit the use of physical restraint/intervention to deescalate negative behavior; How are you going to prohibit the use of physical restraint/intervention?**
- **Employ a workforce that is culturally competent and able to engage youth from diverse cultural backgrounds and choices of lifestyle;**
- **Staffing patterns; Ensuring 24/7 supervision and ability for emergency placements;**
- **Provide training to all new staff; provide on-going staff training inclusive of general and relevant specialized programmatic areas; staff should be trained in the dynamics of high risk behavior and its prevention and management;**
- **Provide emergency operations procedures plan to include how the safety of the child will be maintained.**

**Independent Living Skills:** Independent living preparation is a complex process of acquiring both “hard” and “soft” skills. In addition to learning to shop for groceries, plan meals, maintain a household, budget money, interview for and maintain employment, access dental and medical care and pursue their education, it is important that youth learn critical decision-making skills, self responsibility and sound judgment. For all youth ages 15 and over, the group setting staff are required to collaborate with the case manager and the youth in the development of the Ansell-Casey Life Skills Assessment to determine the skill building needs of the youth and the Independent Living Case Plan to be used as a guide to track the life skills development of the youth.

**Reproductive health:** Reproduction health, including both physical and relationship health, must be included in all group home/setting programming. Providers will be required to collaborate with the BMCW and the Wisconsin Abstinence Program consultant to develop an incentive-based demonstration project as one aspect of this programming component. More information will be provided at a later date.

**Domestic violence:** Providers will deliver programming to include domestic violence awareness that will include family, social, and peer-to-peer relationship development and communication skill building.

**Sexual Assault:** Providers will deliver programming to include sexual assault awareness, provide awareness or resources in the community, and assist female and male youth in obtaining services as needed.

**Alcohol and other drug abuse issues (AODA):** Identification of alcohol and other drug use/abuse, including inhalants, along with education on the immediate and long-term affects of substance abuse must be provided through specialized programming.

**Assistance with continued contact with the birth family:** Group Home and Group Settings must assist the youth in maintaining positive contact with parents and siblings according to the case plan by:

- Ensuring the same **protection** for youth as for younger children in care. Proposals should state how youth will be supervised and how safety will be ensured while the youth participates in off-site activities;
- Meeting **diverse and specific developmental needs** of youth by providing specialized programming to address the behavioral, emotional, history/background and developmental needs of the individual. Registrants may choose to serve a specific age group only, for example, boys ages 12 to 14;
- **Providing supervision and nurturing** by a caring adult who can engage the youth in programming. The background and experience of staff is important;
- **Working with other BMCW** professionals on coordinating services to the child, including but not limited to recreational activities, health care, counseling, and educational services;
- **Finding mentors who** agree to work with individual youth one-on-one.

## **SPECIALIZED PROGRAM REGISTRATION REQUIREMENTS**

### **Pregnant and Parenting Teens Enhanced Requirements**

Agency must address its knowledge of, and experience in, serving a specific population. Program design and workplan should also describe how the specialized programming will be delivered and the agency's expertise in engaging youth in programs.

Settings that provide care for these groups of youth need to provide these services in addition to the basic required services:

- Assessment of underlying causes of child's disruption and/or runaway behaviors;
- Identification of other issues, such as drug/alcohol dependency, failure in school, risky sexual conduct, etc.;
- Ability to keep the youth safe;
- Ability to engage the youth in programming;
- Other programming the agency determines of benefit to the youth.

**Pregnant and/or parenting teens:** Settings that provide care for pregnant and/or parenting teens need to provide these services in addition to the general required services:

- Medical care (pre-natal care, post-natal care, baby care);
- Baby supplies, furniture, clothes, formula, etc.;
- Reproductive health for post-partum;
- Parenting/bonding;
- Connection with community and systemic resources including WIC and W2;
- Mental health and behavioral health care;
- Substance abuse identification and prevention;
- Healthy relationship counseling/education;
- Other programming the agency determines of benefit to the youth.