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**GROUP HOMES/SETTINGS REGISTRATION INSTRUCTIONS AND CHECKLIST
YOUTH WITH SEXUALIZED BEHAVIORS (DCF 57)**

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 57) (provide copy)
 - _____ Child Placing License
 - _____ Facility License (if applicable)
- _____ 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 57)
YOUTH WITH SEXUALIZED BEHAVIORS
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.

Group Home - DCF 57
Statement of Revenues and Expenses

Category	Amount	Total
Expenses		
Salaries and Wages		
CEO/Director	_____	
Management	_____	
Supervisory	_____	
Direct Line Staff	_____	
Clerical Support	_____	
Other	_____	

Payroll Taxes and Fringe Benefits		
Payroll Taxes	_____	
Fringe Benefits	_____	

Operation and Maintenance		
Supplies	_____	
Bank Charges	_____	
Occupancy/Rent	_____	
Depreciation	_____	
Taxes	_____	
Repairs and Maintenance	_____	
Telephone	_____	
Utilities	_____	
Postage and Shipping	_____	
Equipment Costs	_____	
Advertising	_____	
Miscellaneous	_____	

Category	Amount	Total
Printing and Publications	_____	
Expenses con't		
Permits and Licenses	_____	
Printing and Publications	_____	
Occupant Expense		
Activities	_____	
Miscellaneous	_____	
Allowances	_____	
Clothing	_____	
Bus Fare	_____	
Groceries	_____	
Restaurants	_____	
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	_____	

Category	Amount	Total
Expenses con't		
Parent Organization Chargebacks		
Allocated Costs	_____	

Grand Total Expense		=====
Revenues: DAILY RATE _____		
State of Wisconsin	_____	
Other County	_____	
Other Revenues	_____	

		=====

**BMCW GENERAL GROUP HOMES/SETTINGS (DCF 57)
YOUTH WITH SEXUALIZED BEHAVIORS**

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

Youth with Sexualized Behaviors 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.

Sexualized behaviors: Settings need to provide these services in addition to the general required services:

- Healthy relationship counseling/education;
- Mental and behavioral health services;
- Sexually transmitted disease education.