

**EXCEPTIONS PANEL PLACEMENT OF A NON-TREATMENT CHILD**  
**DCF 38.10 and DCF 38.12**  
**Additional Information Request**

**Use of form:** Completion of this form is mandatory. The form is to be used by an applicant for a specific exception to provide information necessary for the Department of Children and Families (DCF) Exceptions Panel to make an informed decision about whether or not to approve the exception request. Section DCF 38.02(2)(d), Adm. Code, states: "An applicant or licensee wanting an exception to a requirement in s. DCF 38.10 or 38.12, or an exception to the exclusion of a shift-staffed facility from the definition of "treatment foster home" in s. DCF 38.03(2) shall submit a request to a department exceptions panel on a form provided by the department." The consequence for not using the form would be a denial of the exception request by the DCF Exceptions Panel. Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m), Wisconsin Statutes].

**CHILD(REN)**

	Name	Birthdate (mm/dd/yyyy)	Date of Placement in the Treatment Foster Home (actual or proposed) (mm/dd/yyyy)
1.			
2.			
3.			
4.			

**SAFETY AND COMPOSITION OF THE TREATMENT FOSTER HOME**

- A. How many treatment foster children are currently receiving care in this home?  
 0    1    2    3    4
- B. How many other children or adults receiving care are currently residing in this home?  
 0    1    2    3    4    5 +
- C. Given the number and needs of other children or adults receiving care in this home, indicate whether there are any safety concerns or issues concerning the placement or care of the "non-treatment" foster child or any other resident of the home.

D. If there are or were concerns or issues relating to child safety in the treatment foster home, include information about how those safety issues are currently or were previously addressed.

**PERMANENCE**

Child No. (See above)	Permanence Goal	Concurrent Permanence Goal	Anticipated Date That Permanence Will Be Achieved (mm/dd/yyyy)	If TPR / Adoption is the permanence goal, is this family the adoptive resource?
1.				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
2.				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
3.				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
4.				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

**WELL-BEING**

Explain why the child's placement in this treatment foster home is the most appropriate placement.

Attach this sheet to the Application to DCF Exceptions Panel for Exception to CH. DCF 56 or DCF 38 (DCF-F-CFS0847-E). If you have any questions, contact Jonelle Brom, Out-of-Home Care Specialist, Bureau of Permanence and Out-of-Home Care at [Jonelle.Brom@wisconsin.gov](mailto:Jonelle.Brom@wisconsin.gov) or (608) 264-6933.