



DCF 56 Advisory Council Meeting

Wednesday, April 17, 2024

12:00 – 2:00 p.m.

Division of Safety and Permanency – Advisory Council

VIRTUAL Meeting

DCF Staff			
Name	Present	Name	Present
Shannon Braden		Elaine Pridgen	x
Emily Erickson	x	Jennifer Sailer	x
Dana Johnson	x	Britny Isaacs	x
Shelby McCulley		Kristie Buwalda	x
Jonathan Wilcoxon	x	Chuck Stephens	x
Allison Fern		Lauren Washington	
Rachel Nili		Julie Collins	x
Patty Baker	x		

Steering Committee Members (not required to be in attendance for this meeting)				
Member	Present	Nominating Organization	Agency Employed	Area of Expertise
Lisa Broll		Wisconsin County Human Services Association (WCHSA)	Walworth County Department of Human Services	Ongoing Child Welfare and Foster Care
Emily Coddington		Wisconsin Association of Family and Child Agencies (WAFCA)	Wisconsin Association of Family and Child Agencies (WAFCA)	Child Welfare
Jill Collins		Division of Milwaukee Child Protective Services (DMCPS)	Division of Milwaukee Child Protective Services (DMCPS)	Ongoing Child Welfare and Foster Care
Deanna Collins		Forest County Potawatomi Tribe	Forest County Potawatomi Tribe	Ongoing Child Welfare and Foster Care
Brent Ruehlow		WCHSA	Jefferson County Department of Health and Human Services	Ongoing Child Welfare and Foster Care



Machelle Shipman		WAFCA	ANU Family Services	Private Child Placing Agency
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Advisory Council Members (17 participants with DCF staff)				
Member	Present	Nominating Organization	Agency Employed	Area of Expertise
Kristen Agenten		Public Adoptions	Children's Wisconsin	Foster Care and Adoptions
Patty Baker	x	Wisconsin Child Welfare Professional Development System (WCWPDS)	Wisconsin Child Welfare Professional Development System (WCWPDS)	Child Welfare Training
Cassandra Eggert		WCHSA	Outagamie County Human Services Department	Ongoing Child Welfare and Foster Care
Laura Goba	x	WAFCA	Children's Wisconsin	Private Child Placing Agency
Katlyn Graebner	x	WCHSA	Green County Health and Human Services	Ongoing Child Welfare and Foster Care
Kate Gravel	x	WCHSA	Dane County Health and Human Services	Ongoing Child Welfare and Foster Care
Laura Halonen-Schultz	x	DMCPS	Wellpoint	Congregate Care Facilities and Services
Allison Higgins		WAFCA	Foundations for Healthy Transitional Living	Private Child Placing Agency
Julie Kay		Forest County Potawatomi Tribe	Forest County Potawatomi Tribe	Ongoing Child Welfare and Foster Care
Andrea Leaman	x	DMCPS	Children's Wisconsin	Ongoing Child Welfare and Foster Care
Michelle Jones Lim	x	WCHSA	Waukesha County Health and Human Services	Ongoing Child Welfare and Foster Care
Tracy Schumacher		WCHSA	Forest County Human Services	Ongoing Child Welfare and Foster Care



Brittany Shellenberger	x	WCHSA	Winnebago County Health and Human Services	Ongoing Child Welfare and Foster Care
Julie Zidek	x	Public Adoptions	Lutheran Social Services	Foster Care and Adoptions
Jamie Socolick	X	Private Adoptions		

AGENDA

- (12:00-12:05) I. Call to Order, Welcome, and Introductions
- (12:05-12:15) II. DCF 56 Rule Revisions 56.05
- (12:15-12:55) III. DCF 56 Rule Revisions 56.06
- (12:55-1:00) BREAK
- (1:00-1:20) IV. DCF 56 Rule Revisions 56.09
- (1:20-1:40) V. DCF 56 Rule Revisions 56.16
- (1:40-1:55) VI. DCF 56 Rule Revisions 56.14
- (1:55-2:00) VII. Next Steps
- (2:00) VIII. Adjourn

56.05 License Qualifications

Q: *56.05(1) (a) Is there anything that feels subjective?* Some language does feel subjective. It is difficult to discern how much in this section of rule should be agency-level decision making vs. DCF administrative rule.

Q: *How do you currently address language barriers? Do we want to state that they need to have functional literacy or communicate in the child's first language?* Language barriers do exist, and we believe that functional literacy should relate primarily to the reading of medications and ability to sign forms. This area of rule may be different for relatives than for foster parents. It is recommended that children be placed in the home of someone who has the child's first language as their own, but in emergency situations this can be highly difficult. This would be discussed in the home study.

Q: *How do the characteristics in DCF 56.05(1)(b) - (p) relate to safety of the child? Are all necessary? Which may be prone to bias or difficult to assess with current assessment tools?* Many of these areas are usually up to the discretion of the licenser and often they feel they would like to screen someone from obtaining a license but find it difficult to do so with the rules



as written - - it might be better if we were more precise in rule. They can be licensed but not receive placement if they can't meet the needs of a particular child. Suggestion made to change (b) to include "a licensee shall have or exhibit all of the following characteristics to a degree or display a motivation to learn that will allow ..."

Q: *Do the requirements for Level 3-5 (DCF 56.05(1)(c) 2 a-e; seem appropriate? Should anything be added or removed?* Provisions for Higher level of care have been around for a long time.

Q: *Comments on responsibilities?* DCF 56.05(1)(c) c. "A satisfactory self-concept." is very subjective and no one knows what we mean by this statement. Suggestion to add: "Have a satisfactory view of the foster child and their family". d. An ability to communicate and express ideas, feelings, and needs. We communicate in more ways than just talking.

How do all of these measurements relate to safety? Are they necessary? Can we assess for?

g. A history of positive parenting, if applicable. Is a member of the home currently getting children to medical, school, etc. If screened out reports, are they about supervision. Maybe it wasn't an assessment but what are the safety concerns. If can't meet needs of their own children, how will they meet needs of the foster child.

I think we could add less subjective to this, is an active member of the child's medical, dental, mental health as well as educational and social aspect of the child's life. Something that comes up is if an applicant does not have a positive relationship with their adult children. This raises questions about what went wrong and where they sit with it, some choose not to be engaged for health reasons, however, also concerning if they have no contact and don't have a positive viewpoint etc.

On b-p which should we keep? Most could be kept except c. If people are going to deny a license, the licensor looks at these requirements as means to deny then we need to be clear about what those expectations are. Too much is subjective - needs to be more measurable. Like to have b-p as a refer back to and says, "motivation to learn".

Could these be tied into training requirements, and they are agreeing to learn these things? Don't make it a requirement to become licensed but think about it in terms of assurances section.

i.) Could be separate. We have several applicants who have no one and then struggles with the day-to-day parenting ie. get child to an appt or school. This is parenting 101 you need a village to raise a child.

Q: *Feedback on current rule re: age.* No one under 21 has applied. An exception can be granted. Do we need this piece? Do we need the annotations? Kinship can only last so long. Should be licensed within 60 – 120 days.

Q: *56.05(4) Any issues with insurance requirements?* Homeowners or renter insurance, should it be required? Very confusing to the panel. May need to keep this because some youth do cause damage to foster homes. *Can a waiver be used?* OLC will review rule.



56.06 Serious incident reporting

Q: *Should we be in alignment with the Serious Incident Reporting form and other things that should be reported are not called "serious incidents"? At county who do they report this to?* Hot topic. Link the form in the rule suggested - we can't do as the form will change.

56.09(4) Health

Q: *Any issues with this section?* (f) Add drugs and alcohol. 30-day requirement may need to change. Can't "arrange" in 30 days. Follow the parents' wishes on who the child will see as a PCP. Foster parents should not change PCP. May need to add to this section for clarity.

56.09(12) Confidentiality

Q: *Any issues with this section?*

Family. Foster parent – it's different when you are a relative. Should a parent need to sign-off. Photo consent discussed. Should counties and agencies have their own social media policies?

56.16 Licensing agency responsibility

Q: *Does anyone utilize an accrediting body (COA, CARF, Joint Commission)?* Q: *How does 56 align or not with accreditation requirements in this section?* Children's Wisconsin uses COA and that is more restrictive. Catholic Charities uses something but unsure of the model. LSS no longer uses. Wellpoint is COA accredited, and the only thing I can think of that differs from other assessment/standards we follow is that they require foster parents to be certified in CPR/first aid. This is one of the reasons Wellpoint has this requirement as discussed earlier in the meeting.

56.14 Training

Training update (Jonathan, Jennifer & Patty)

1. 56.14(1): *Do the purposes capture the reasoning for training? Are the additional reasons or edits to current ones?* No comment.
2. 56.14(7)(b)(1-2) (Level 2), 56.14(6d)(b)(1-2) (Level 3), 56.14(6h)(b)(1-2) (Level 4): *Do we want to require a foster parent to be present for the trainings?* This applies to having one of the trainers being present at the training. Having foster parents there is helpful to have lived experience. Foster parents can also say things to other foster parents that professionals cannot. Don't want to put a requirement on needing a foster parent training it. Allow agency to find the best trainer. Just because they are a foster parent does not mean they are best person to provide the training. If required, it limits counties



especially if they are also mentors. Preferred not required. One foster parent did the training had not had a placement in a while. Infuse foster parent voice into the training but not require that they need to be a trainer.

3. Federal Model: *Is CPR and first aid occurring? How would this occur moving forward?*
Required 0–2-year-olds. Difficult to find sessions that does the training for CPR and first aid. Expense is also a barrier. Allowed to take placement before completing the training (have 2 years to complete). Another agency allows up to 120 days and reimburse the cost; don't want to front the money. Worked with provider that will bill the CPA. Take 16 persons at a time and then the trainer bills so people do not have to pay upfront. Timing and payment are the biggest barriers. Rural areas have issues with access to classes. Adds to foundation classes. Strongly encourage but do not "require". Parents are not required to do CPR. How do we partner with first responders in the county to do the training? Cost effective strategies. If child specific needs require CPR then they would need prior to placement. Welcome packet has information on CPR & first aid.

I often hear that families wait till the last minute or even with exception after relicensing to complete training and then state, wow I wish I did that sooner. Would there be a consideration of saying that families have 1 year to finish a certain set and then the other topics the following year?

I also like the aspect of training that brings families together face to face with others in this community.

Next Steps

1. We will review additional rule in May.
2. We will be working with our internal review team to seek feedback from community partners.
3. We hope to have at least one (1) area of revisions for you to comment on at the May session.