



**Division of Safety and Permanence  
DCF 57 Advisory Council Meeting**

**January 22, 2025**  
1:00 p.m. – 3:00 p.m.

VIRTUAL Meeting  
Meeting Link:

<https://dcfwi.zoom.us/j/83342935229?pwd=N0MvSkc5bG80NVJmR3Rnby85M2lrQT09>

Dial by Location: +1 312 626 6799  
Meeting ID: 833 4293 5229  
Passcode: 035784

**DCF 57 Advisory Council Meeting**

DCF Staff			
Name	Present	Name	Present
Jamie Gennrich	x	Elaine Pridgen	
Katie Davis		Shelby McCulley	
Dana Johnson	x	John Elliott	
Kristie Buwalda	Absent with notice	Amy Bryant	
Mary Morse	x	Emily Erickson	
Rob Collins		Jeanette Paules	
Rachel Nili		Frances Bass	
Dustin Hinze	x		

Member	Present	Nominating Organization
Kathy Markesan		WAFCA
Marye Beth Dugan	x	Nehemiah Group Home
Dave Fretz	x	Forward Home for Boys
India Hansen		Office of Lived Experience @ DCF
Brian Peil		DOC – Juvenile corrections
Dr. Maurice Johnson	x	Moe’s Transitional Living Center (COA)
Lisa Netterville	x	New Hope & Destiny Home II (COA)
Caylee Nichols	x	Positive Alternatives
Audra O’Connell		Walker’s Point GH (homeless program)
Jennifer Pester		Office of Lived Experience
Jill Collins	x	DMCPS
Lisa Pendleton	x	WAFCA (Winnebago County)
Stephen Bedwell		WAFCA (Racine County)
Amy Rodriguez	x	DOC
Eliza		

**AGENDA:**

- I. Call to Order, Welcome, and Introductions
- II. DCF 57 Reasonable and Prudent Parenting Standards
- III. Break
- IV. Reasonable Prudent Parenting Standards
- V. Next Steps
- VI. Adjourn

1. **Q:** *In the Reasonable and Prudent Parent Standards DCF 57.245, what areas may be difficult to apply the standard in the care of children?*

**Responses:** Standard Culture and Social Activities. Discussed youth who couldn't attend an event due to different religion during Christmas events. Struggle due to youth missing out on much of the social events other youth were able to participate in.

Try to have a collaborative environment but hard part of respecting family and balancing what the child wants who also wants to expand experiences/exposure. Try to help have meetings and discussions with families and having children express their opinions on what they want to their families.

Holiday celebration and talked about how individualized they make it and including I their treatment plan. Confusion on keeping up with the Reasonable and Prudent Parent Standards and logging these decisions.

Decision on even sports but parent doesn't want them to. Subjectiveness of providers on what's best interest of the child and difficulties having discussions on conflicts between the children and families and differences of opinion and providers opinions. Difficult to understand the decision-making authority in this situation.

Ability for children unable to go to other persons house but can't be due to policy and having to wait for background check. When providers not allowing decision other than court order and following rule may push for children to go missing out of care. Discussion providers don't have to go with family's decision. Providers decision makers with totality of all discussions with parents, children and other totality of situation and document decision. Discussion that this also happens with case managers and other personnel as well. Best interest for child to help children not go missing out of care and what's best for the children. Discussion of counties not filling out Part A and Part B forms in a timely manner or with enough information to assist the providers. Information is also outdated quite often.

2. **Q:** *How do you designate the RPPS Decision Maker?*

**Responses:** Some providers don't like to delegate decision maker due to the complexity of the decisions and personal subjectiveness.

Identified the one RPPS staff on site at all times. Concerns on standard in rule and not being black and white. Many different factors such as age, personal experiences, make it hard to trust delegating the decision.

To satisfy DCF standards on site they have delegated individual on-site but an additional restriction that they must contact senior supervisor before decision is made. Believes the onsite decision maker should not be required rather than someone on call or via phone.

Agreement on not having someone on-site as its not required to have a parent in homes all the time and children can call for guidance.

3. **Q:** Is the location of the Decision Maker and requirements under (2) realistic? How would you change this if change is necessary?

**Response:** No Comment

4. **Q:** Under the RPPS (3) section, does rule language assist you in determining the best course of action regarding these standards? Is there language that you think is difficult to follow in practical terms?

**Responses:** Discussed a provider forum discussion about RPPS decision maker supporting youth transgender to wear garments associated with their identified gender even if the parents object.

Provider discussed an issue with very active parents and schools pushing back and trying to find happy median between child and parents in the transgender wearing garments discussion. If always deciding with youth and youth identify the decision powers providers have can cause even more conflict with child and parents.

Discussed the balancing providers are having to do and rules cannot fix it, RPPS, but recognize the significant difficulties in it. Wanted to confirm that RPPS gives them the right to supersede the parents wants for children's autonomy in a reasonable manner if needed.

5. **Q:** What are positive and challenging decisions or discussions you have regarding age or developmentally appropriate activities?

**Responses:** What is maturity level and what is child appropriate and ensuring certain ages or maturity levels to participate in certain events compared to others and individually document in files.

Discussion about this being the intent of this to allow the providers to balance these items rather than making it black and white.

Asked about school blocking you out of discussions and going directly to the parent. Outside organizations not listening to decisions because they default to the parent and RPPS doesn't help in those situations.

Discussed possible use of case manager to help facilitate some of these discussions for identifying pathways.

6. **Q:** In applying the decision-making factor (4), what areas do you find beneficial or confusing? Are there suggestions on revisions in this area?

**Responses:** 3 month time frame for new staff after training to make decision. Is there a timeframe for new residents to make decisions due to building rapport? Interesting perspective but not in rule.

7. **Q:** *Under (7)(b), what activity-specific factors do you find most helpful in caring for or making decision for residents? Which areas are gray or nuanced in your decisions and may be contradictory to RPPS in this section?*

**Response:** No Comment

8. **Q:** *Are there any recommended changes you would make to (5) Prohibitions in this section?*

**Responses:** Making decisions against interaction plan or permanency plan.

Medical and surgical, Not being able to make decision on medications. Having to get parents' consent for medications and School decisions. Being blocked out in these care areas due to having to get consents by parents adding red tape.

Response is that it is federal and statutory requirement that parents maintain these decisions compared to other RPPS decisions. If not parent need to have a court order.

Concerns that providers get affected by these decisions if residents don't get their medications and can cause many different incidents which also affect children.

Discussed some parents are not involved and inability to get consents. Causes issues with children being affected by safety issues in schools or medical concerns. Can there be a sort of steps to be taken to allow providers to get care/education that children need if parents are involved.

Response getting placing agency involved in some of these decisions.

9. **Q:** *Could you help us understand the access and usage policies of WiFi for residents and how this impacts any virtual schooling or social connections?*

**Responses:** Similar school, use policies, to sign and agree not to abuse privilege to use for social interactions, school, etc, and not do anything inappropriate or visit inappropriate sites. Included is agreement to allow providers to be shown items if there inappropriate behavior in question. They are on separate router wifi's so they can restrict specific access and the other wife for staff.

Guest Access with parental controls.

DMCPS indicated if it is not in rule about requiring WiFi than it has to be put into service contracts to allow this to happen since it is not required in rule.

10. **Q:** *We would like to understand circumstances you encounter where food is restricted whether a requirement for something or as a decision. And, if, for example, the fridge needs to be locked for one resident due to medical/mental health reasons, while some food needs to be available to the other residents at all times, how do you navigate this? Do*

*you then place the main source of food open but store some food (treats, etc.) in a locked area? Should we put rule that you cannot restrict?*

**Responses:** Do not it restricted because some children do not know how to ask and learn as a teachable moment. In the same sense some children steal and hide in room which causes rodents to show up. Believe some restrictions to require them to ask prior to getting and not lock once residents follow the rules to ask rather than steal or hoard in rooms. But taking that ability to restrict would hurt teachable moments.

Healthier options kept widely available; however, more desirable "junk food" must ask for with restricted access. Pantries with main staples are locked outside of normal mealtimes and restrict access except for the healthy options with the addition to ask from pantry for "personal snack" or "junk food".

Discussion about youth in care who come from abusive homes that having food locked up feels unhealthy for the youth. Believe its misaligned with representing the system and feels a conflict between concern from providers and same with Parents/Children.

Provider put example on when children had full access, youth abused access by eating food they shouldn't and get sick or start causing incidents with food by throwing it.

Restrictions became needed due to these incidents. Youth also took the food outside of the home to be made elsewhere. Believe a median should be identified for safety concerns vs providing a healthy lifestyle.

Using the teachable moments to allow residents to learn but the potential need for restrictions shouldn't be outright banned. Especially when talking about safety concerns.

DMCPS talked about re-scoping with how children feel with restricting as additional trauma. Acknowledges, the safety concerns at time, but believes no children should have restriction.

Question on if restriction to food is prohibited how can you deal with someone who has a medical diagnosis and needs to be kept away from certain foods; how do you deal with that? One Provider talked about ensuring a specific area to keep the food required for specific children always stocked, but still brought up concerns with other children accessing food and it becomes a safety concern.

Added input from obtaining food from food pantries and policies indicating the food expiration date on the package rather than FDA approved extended expiration dates that food pantries follow.

11. **Q:** *How do you allow access to virtual education or WiFi for virtual education opportunities? Any other issues around virtual schooling on your mind?*

**Responses:** Provider once to push for allowing education in homes due to amount of youth suspended from schools and staff needed to sit for virtual schooling. Rather explore potential for home schooling with qualified individuals and believes research should be done on number of kids who have IUPs and suspended kids to see what education is affected by that compared to having a qualified person to home school them. Looking at allowing the children to be taught in group homes rather than virtual schooling because teachers don't teach and only assign assignments to complete. Identified a Group home may not provide a home-based private educational program to residents unless the program is approved by the department of public instruction as a private school under s. 118.165, Stats.

DPI conversations about suspensions were mentioned and talked about engaging with DMCPS and elevating these conversations when it happens to have DPI involved as well.

DMCPS indicated they host quarterly meetings with all the school districts in Milwaukee County and case management agencies to discuss concerns and issues (Liaison).

**Additional Recommendation:** DCF Licensing and DCF Forms language need to match, as there are some language discrepancies request. Exactly the same one will say "before", and one will say "by". Enforcement of mandatory forms might be helpful.

**ADDITIONAL INFORMATION:**

Next Advisory Council meeting scheduled for February 26, 2025. DCF discussed next steps after final Advisory and rule drafting. Meeting ended at 3:00pm.