**DEPARTMENT OF CHILDREN AND FAMILIES**

## Division of Safety and Permanence

## Licensing Checklist – Group Homes

**Use of form:** Completion of this form by group home licensees is mandatory under s.48.66(2) and constitutes one portion of a complete application for a probationary license, for advancement to a regular two year license from probationary status, or for continuation of a regular two year license to operate a group home. Licensing representatives use this form to review a group home’s compliance with ch. DCF 57. Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m), Wisconsin Statutes].

**Instructions: A.** The **applicant completes the “Applicant” column** **only** and submits the completed form to the Department of Children and Families along with any other materials necessary for obtaining or continuing the group home license.

**1**.If the facility is in compliance with the specific rule, check **“MET” for yes**. Note: Some situations may have not yet occurred. However, check “MET: if you understand what your responsibilities are if the situation would arise.

**2**. If a specific rule does not apply to the facility, check "N/A" for not applicable.

**3**. All items must be marked either “MET” or “N/A”. If any items are left blank, your application will be considered incomplete.

**4.** The completed licensing checklist shall be signed and dated.

Note: All asterisked (\*) items must be in compliance before a probationary license may be issued.

**B**. The **licensing representative** **completes the “Licensing Representative”** column during the subsequent monitoring visit(s). The licensing representative only makes a check mark if the facility is **not in** **compliance** with the licensing rules or “N/A” if the rule is not applicable. See instructions on page iii.

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| Name – Facility | | | | | | | | | | | | | Telephone Number – Facility | | | | | | Facility ID Number | | | | | |
| Address – Facility (Street, City, Zip Code) | | | | | | | | | | | | | Licensed Capacity | | | | | | License Continuation Date (mm/dd/yyyy) | | | | | |
| Name – Program Director | | | | | | | | Name – Group Home Manager | | | | | | | | | | | Ages Accepted | | | | | |
| **FOR DEPARTMENT USE ONLY** | | | | | | | | | | | | | | | | | | | | | | | | |
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| Notes: | | | | | | | | | | | | | | | | | | | | | | | | |

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**APPLICANT / LICENSEE INSTRUCTIONS**

**1. If the facility is in compliance with the specific rule, check “MET” for yes.**

**Note: Some situations may have not yet occurred. However, check “MET: if you understand what your responsibilities are if the situation would arise.**

**2. If a specific rule does not apply to the facility, check "N/A" for not applicable.**

**3. All items must be marked either “MET” or “N/A”. If any items are left blank, your application will be considered incomplete.**

**4. The completed licensing checklist shall be signed and dated.**

**Note: All asterisked (\*) items must be in compliance before a probationary license may be issued.**

**LICENSING REPRESENTATIVE INSTRUCTIONS**

**1. If the facility/agency is not in compliance with the specific rule, check “Not Met”in the licensing representative column. If a facility/agency IS in compliance with a specific rule, leave “Not Met” unchecked if the rule is applicable.**

**2. If a specific rule does not apply to the facility/agency, check "N/A" for not applicable.**

**3. Items that have an asterisk (\*) to the left of the rule cite are items that are on the initial licensing checklist and need to be in compliance before a probationary license is issued. Since these items must have been in compliance before the probabtionarey license is issued, these items may or may not be specifically reviewed during the first probationary period.**

**4. Color code or write the dates of all licensing visits on the front page of the licensing checklist and the corresponding areas of rules reviewed.**

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| CHILDREN AND FAMILIES | | | | | | | **Licensee** | | | **Licensing Representative** | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | **Met** | | **N/A** | **NotMet** | | **N/A** | **COMMENTS** | |
| **57.015 ADMINISTRATIVE RULES & LAWS** A person who is licensed under this chapter shall operate the group home in compliance with this chapter, the provisions of the license, and applicable state, federal and local law. | | | | | | |  | |  |  | |  |  | |
| **57.045 Inspections, records, and requests for information. (1)** **INSPECTION OF** **PREMISES**. The department may visit and inspect a group home and shall be given unrestricted access to the premises. During this inspection, a licensee shall provide all of the following | | | | | | |  | |  |  | |  |  | |
| **57.045(1)(a)** Any documentation of group home operations requested by the department. | | | | | | |  | |  |  | |  |  | |
| **57.045(1)(b)** Any resident records requested by the department. | | | | | | |  | |  |  | |  |  | |
| **57.045(2)(a)** **DOCUMENTATION OF STAFFING** A licensee shall maintain the following records: | | | | | | |  | |  |  | |  |  | |
| **57.045(2)(a)1.** Written schedules of staff coverage that document the specific resident care staff that worked each shift to meet the applicable staff-to-resident ratio in s. DCF 57.21(2) or 57.36(5). | | | | | | |  | |  |  | |  |  | |
| **57.045(2)(a)2.** Staff payroll records. | | | | | | |  | |  |  | |  |  | |
| **57.045(2)(b)** A licensee shall retain records under par. (a) for five years. | | | | | | |  | |  |  | |  |  | |
| **57.045(3) REQUESTS FOR INFORMATION** A licensee shall promptly respond to requests for information from the department, a placing agency, or any other governmental agency with statutory authority to see the information. | | | | | | |  | |  |  | |  |  | |
| **57.045(4) CURRENT AND ACCURATE** A licensee shall ensure that information that the licensee or group home staff submits to or shares with the department, a placing agency, or any other governmental agency is current and accurate. | | | | | | |  | |  |  | |  |  | |
| \***57.05(1) WRITTEN PROGRAM STATEMENT** Each group home shall have a written program statement that shall include all of the following: | | | | | | |  | |  |  | |  |  | |
| \***57.05(1)(a) PROGRAM STATEMENT – PURPOSE & PHILOSOPHY** A description of the group home’s purpose and philosophy. | | | | | | |  | |  |  | |  |  | |
| \***57.05(1)(b) PROGRAM STATEMENT – SERVICES** A description of the services available through or provided by the group home. | | | | | | |  | |  |  | |  |  | |
| \***57.05(1)(c) PROGRAM STATEMENT – RESIDENT POPULATION** A description of the type, age, and sex of the resident population served by the group home. | | | | | | |  | |  |  | |  |  | |
| \***57.05(1)(d) PROGRAM STATEMENT – DAILY ACTIVITIES** A description of the daily activities available to residents. | | | | | | |  | |  |  | |  |  | |
| \***57.05(1)(e) PROGRAM STATEMENT – HOUSE RULES** A description of house rules for expected resident conduct. | | | | | | |  | |  |  | |  |  | |
| \***57.05(1)(f) PROGRAM STATEMENT – NON-DISCRIMINATION STATEMENT** A non-discrimination statement that indicates that the group home does not discriminate against a resident because of race or cultural identification, sex, sexual orientation age, color, creed, ancestry, national origin, disability, political affiliations, or religious beliefs. | | | | | | |  | |  |  | |  |  | |
| \***57.05(2) WRITTEN POLICIES & PROCEDURES** In addition to the emergency planning and personnel policies and procedures required under ss. DCF 57.06 and 57.17, a group home shall have written policies and procedures that include all of the following: | | | | | | |  | |  |  | |  |  | |
| \***57.05(2)(a) POLICIES & PROCEDURES – SUPERVISION** Criteria for levels of supervision of on-premise and off-premise activities of residents. | | | | | | |  | |  |  | |  |  | |
| \***57.05(2)(b) POLICIES & PROCEDURES – CONFIDENTIALITY OF RESIDENT RECORDS** | | | | | | |  | |  |  | |  |  | |
| \***57.05(2)(c) POLICIES & PROCEDURES – MEDICATION** Medication administration, storage and disposal. | | | | | | |  | |  |  | |  |  | |
| \***57.05(2)(d) POLICIES & PROCEDURES – SAFETY OF RESIDENTS** Prohibiting from the premises any person whose behavior gives reasonable concern for the safety of residents. | | | | | | |  | |  |  | |  |  | |
| **57.05(2)(e) POLICIES & PROCEDURES – UNIVERSAL PRECAUTIONS** The use of universal precautions. | | | | | | |  | |  |  | |  |  | |
| \***57.05(2)(f) POLICIES & PROCEDURES – BEHAVIOR INTERVENTION** | | | | | | |  | |  |  | |  |  | |
| \***57.05(2)(g) POLICIES & PROCEDURES – SUICIDE PREVENTION** | | | | | | |  | |  |  | |  |  | |
| \***57.05(2)(h) POLICIES & PROCEDURES – SERIOUS INCIDENT REPORTING** Serious incident reporting requirements. | | | | | | |  | |  |  | |  |  | |
| \***57.05(2)(i) POLICIES & PROCEDURES – NOTIFICATION OF LAW ENFORCEMENT** Notifying the appropriate local law enforcement agency if a resident leaves the group home without permission or fails to return to the group home after an approved leave. | | | | | | |  | |  |  | |  |  | |
| \***57.05(2)(j) POLICIES & PROCEDURES – FAMILY PLANNING** Resident access to confidential family planning services. | | | | | | |  | |  |  | |  |  | |
| \***57.05(2)(k) POLICIES & PROCEDURES – HOUSE RULES** House rules that shall include all of the following: | | | | | | |  | |  |  | |  |  | |
| \***57.05(2)(k)1 HOUSE RULES – RESIDENT CONDUCT** A description of acceptable and unacceptable resident conduct. | | | | | | |  | |  |  | |  |  | |
| \***57.05(2)(k)2. HOUSE RULES – CURFEW REQUIREMENTS** | | | | | | |  | |  |  | |  |  | |
| \***57.05(2)(k)3. HOUSE RULES – CONSEQUENCES FOR VIOLATION** A description of the consequences for violations of house rules. | | | | | | |  | |  |  | |  |  | |
| \***57.05(2)(k)4. HOUSE RULES – ABSENT WITHOUT PERMISSION** Procedures related to a resident’s absence from the group home without permission. | | | | | | |  | |  |  | |  |  | |
| \***57.05(2)(L) POLICIES & PROCEDURES – SMOKING** Prohibiting smoking on the group home premises and in vehicles used to transport residents. | | | | | | |  | |  |  | |  |  | |
| \***57.05(2)(m) POLICIES & PROCEDURES – VISITATION OF NON-CUSTODIAL PARENT** For group homes that serve custodial parents, policies on visitation between a child of a resident and that child’s non-custodial parent. | | | | | | |  | |  |  | |  |  | |
| \***57.05(2)(n) POLICIES & PROCEDURES – RESIDENT LABOR** Prohibiting the use of resident labor as a substitute for employment of a sufficient number of competent persons to operate and maintain the group home. | | | | | | |  | |  |  | |  |  | |
| **57.05(2)(o) POLICIES & PROCEDURES – CONTACTING LICENSEE / STAFF** A workable plan for contacting the licensee or a staff member when necessary. | | | | | | |  | |  |  | |  |  | |
| **57.05(2)(p) POLICIES & PROCEDURES – DOCUMENTATION** For each shift of resident care staff, how all of the following will be documented: | | | | | | |  | |  |  | |  |  | |
| **57.05(2)(p)1.**  Staff arrival and departure times. | | | | | | |  | |  |  | |  |  | |
| **57.05(2)(p)2.** Number and location of residents. | | | | | | |  | |  |  | |  |  | |
| **57.05(2)(p)3.** Summary of each resident’s behavior and program participation during the shift. | | | | | | |  | |  |  | |  |  | |
| **57.05(2)(p)4.** **POLICIES & PROCEDURES – RPPS** Significant incidents involving a resident, including specifying the types of incidents that are required to be documented in the communication log under s. DCF 57.215. | | | | | | |  | |  |  | |  |  | |
| **57.05(2)(q)** How the group home complies with the requirements of the reasonable and prudent parent standard, including all of the following: | | | | | | |  | |  |  | |  |  | |
| **57.05(2)(q)1.** How the communication log under s. DCF 57.215 will be used to inform different shifts of resident care staff and RPPS decision makers of reasonable and prudent parenting requests and decisions made for residents under s. DCF 57.245. | | | | | | |  | |  |  | |  |  | |
| **57.05(2)(q)2**. How the information on the forms required under ch. DCF 37 will be incorporated into a new resident’s treatment plan, as required under s. DCF 57.23 (2) (a) 14. | | | | | | |  | |  |  | |  |  | |
| **57.05(2)(q)3**. How the group home will ensure the presence on-site of at least one RPPS decision maker at all times. | | | | | | |  | |  |  | |  |  | |
| **57.05(2)(q)4**. A process for reviewing the parameters and requirements of the reasonable and prudent parent standard in conjunction with the group home’s corresponding policies and procedures.  **Note:** DCF-F-5123-E, *Reasonable and Prudent Parent Standard Review*, is an optional form that a group home may use to assist with the annual review. The form is available in the forms section of the department website at http://dcf.wisconsin.gov or by writing the Division of Safety and Permanence, P.O. Box 8916, Madison, WI 53708−8916. | | | | | | |  | |  |  | |  |  | |
| \***57.06(1) WRITTEN EMERGENCY PROCEDURES** The licensee shall have written procedures for all of the following: | | | | | | |  | |  |  | |  |  | |
| \***57.06(1)(a) EMERGENCY PROCEDURES – CONTACTING APPROPRIATE PARTIES** In case of emergency, contacting the placing agency, parent, guardian, or legal custodian, emergency service providers, a resident’s health care provider, the licensee, and staff members. | | | | | | |  | |  |  | |  |  | |
| \***57.06(1)(b) EMERGENCY PROCEDURES – FIRE SAFETY, EVACUATION & RESPONSE** Fire safety, evacuation drills and response, including evacuation of residents with limited mobility, limited understanding, or hearing impairment in case of fire as specified in s. DCF 57.42(2)(c), or other emergency. | | | | | | |  | |  |  | |  |  | |
| \***57.06(2) EMERGENCY PROCEDURES – POSTED EMERGENCY TELEPHONE NUMBERS** The telephone number of each of the following emergency service providers shall be posted by each telephone on the premises. If the emergency service providers listed below can be reached by dialing the emergency number “911”, then the emergency telephone number “911” may be posted in place of separate emergency provider numbers. | | | | | | |  | |  |  | |  |  | |
| **57.06(2)(a) EMERGENCY PHONE NUMBERS – AMBULANCE SERVICE** | | | | | | |  | |  |  | |  |  | |
| **57.06(2)(b) MERGENCY PHONE NUMBERS – FIRE DEPARTMENT** | | | | | | |  | |  |  | |  |  | |
| **57.06(2)(c) EMERGENCY PHONE NUMBERS – POLICE DEPARTMENT** | | | | | | |  | |  |  | |  |  | |
| **57.06(2)(d) EMERGENCY PHONE NUMBERS – HOSPITAL** | | | | | | |  | |  |  | |  |  | |
| \***57.06(2m) EMERGENCY PHONE NUMBERS – POISON CONTROL CENTER** The telephone number of the poison control center shall be posted by each telephone on the premises. | | | | | | |  | |  |  | |  |  | |
| \***57.06(3) FIRST AID KITS** Each group home and vehicle used to transport residents shall have a first aid kit or first aid supplies including gauze and adhesive bandages, tape and latex or vinyl gloves; and that will provide care to the maximum number of residents allowed under the group home license. The first aid kit or first aid supplies shall be inventoried and re-supplied after each use. | | | | | | |  | |  |  | |  |  | |
| **57.06(4) EMERGENCY INFORMATION IN VEHICLE** Phone numbers of staff members to be notified in case of an accident, the name, address, and telephone number of each resident’s health care provider and written consent from the resident’s parent, guardian, or legal custodian for emergency medical treatment shall be carried in a vehicle when transporting a resident. | | | | | | |  | |  |  | |  |  | |
| **57.06(5)**(**a) EMERGENCY PLANNING AND PREPARATION** Each licensed group home shall file a disaster plan with the department and any placing agency with a resident placed in the group home that would allow the department and placing agency to identify, locate, and ensure continuity of services to residents under the placement and care responsibility or supervision of the placing agency who are displaced or adversely affected by a disaster. A disaster plan shall include all of the following information: | | | | | | |  | |  |  | |  |  | |
| **57.06(5)(a)1.** Where a licensee, group home staff, and residents would go in an evacuation, including one location in the nearby area and one location out of the area. | | | | | | |  | |  |  | |  |  | |
| **57.06(5)(a)2.** Phone numbers, electronic mail addresses, and other contact information for the licensee. | | | | | | |  | |  |  | |  |  | |
| **57.06(5)(a)3.**  A list of items that the licensee or group home staff will take if evacuated, including any medication and medical equipment for residents. | | | | | | |  | |  |  | |  |  | |
| **57.06(5)(a)4.** Phone numbers the licensee will call to check in with the department and placing agency. | | | | | | |  | |  |  | |  |  | |
| **57.06(5)(b)** A licensee shall review the disaster plan on a quarterly basis to ensure it is current and accurate, document the quarterly review, and provide the documentation to the department upon request. | | | | | | |  | |  |  | |  |  | |
| **57.07(1) FINANCIAL RECORDS AND AUDITS** A licensee shall arrange for an annual audit report by a certified public accountant in accordance with department guidelines. | | | | | | |  | |  |  | |  |  | |
| **57.07(2)** A licensee shall establish and maintain an accounting system that enables a group home to accurately report income and disbursements by the cost categories in the cost and service report in s. DCF 57.62(1)(a). | | | | | | |  | |  |  | |  |  | |
| **57.07(3)** A licensee shall be responsible for the secure and judicious use of the funds of the group home. Policies and practices shall be in accord with sound budgeting, disbursement, and audit control procedures. | | | | | | |  | |  |  | |  |  | |
| **57.07(4)** A licensee shall maintain a system of business management and staffing to ensure complete and accurate accounts, books, and records are maintained. | | | | | | |  | |  |  | |  |  | |
| **57.07(5)** Upon request, a licensee shall provide the department with financial information about the group home. | | | | | | |  | |  |  | |  |  | |
| **57.075 DEPARTMENT MEMOS** A licensee shall register to receive department memos on child welfare licensing and child welfare policy by electronic mail. A licensee shall submit a new registration if the licensee’s electronic mail address changes. | | | | | | |  | |  |  | |  |  | |
| \***57.08(1) INSURANCE COVERAGE – CORPORATION / AGENCY-OPERATED** A corporation-operated or an agency-operated group home shall purchase and maintain insurance that provides coverage of the premises and of the risks of the group home in the provision of services as identified by an insurer licensed by the office of the commissioner of insurance. | | | | | | |  | |  |  | |  |  | |
| \***57.08(3) INSURANCE COVERAGE – VEHICLE** The licensee shall purchase and maintain motor vehicle bodily injury and property damage liability insurance that provides coverage on each motor vehicle used to transport residents. The amount of motor vehicle insurance purchased under this subsection shall be consistent with the amounts specified under s. 121.53(1), Stats. | | | | | | |  | |  |  | |  |  | |
| \***57.09 WEAPONS, FIREARMS, AMMUNITION** No weapons, firearms, or ammunition may be on the premises. | | | | | | |  | |  |  | |  |  | |
| \***57.10(1) PETS – VACCINATIONS & BEHAVIOR** Any animal that is kept on the premises as a pet shall be vaccinated against rabies as determined appropriate by a veterinarian and shall be tolerant of residents. | | | | | | |  | |  |  | |  |  | |
| **57.10(2) PETS – ILLNESS** A pet suspected of being ill or infected shall be treated immediately for its condition or removed from the group home. | | | | | | |  | |  |  | |  |  | |
| **57.10(3) PETS – SANITATION** Pens, cages, litter boxes and outside areas used by pets shall be kept clean. | | | | | | |  | |  |  | |  |  | |
| **57.10(4) PETS – SAFETY & WELL-BEING OF RESIDENTS** Each pet shall be kept and handled in a manner that protects the safety and well-being of residents and the pet. | | | | | | |  | |  |  | |  |  | |
| **57.10(5) PETS – FOOD PREPARATION AREAS** No pet may be allowed in any area while food is being prepared. | | | | | | |  | |  |  | |  |  | |
| \***57.11 TELEPHONE** A telephone that is operational shall be available on the premises at all times. | | | | | | |  | |  |  | |  |  | |
| **57.12(1) SAFE TRANSPORTATION** The licensee shall provide safe transportation for residents. | | | | | | |  | |  |  | |  |  | |
| **57.12(2) DRIVER REQUIREMENTS** Except as provided in sub. (3) each staff member or volunteer that transports a resident shall be at least 21 years of age, have at least one year of experience as a licensed driver, and hold a current Wisconsin operator’s license for the type of vehicle driven. | | | | | | |  | |  |  | |  |  | |
| **57.12(3) DRIVING RECORD** A licensee shall obtain a copy annually of the driving record for each staff member or volunteer who may transport a resident and shall keep the record on file at the group home. A person whose driving record shows any one of the violations specified in ss. 346.62 or 346.63, Stats., having occurred in the last 12 months may not transport a resident. | | | | | | |  | |  |  | |  |  | |
| **57.12(4) VEHICLE PASSENGER LIMIT** The number of residents transported in a vehicle at any one time may not exceed the passenger limit specified by the vehicle’s manufacturer. | | | | | | |  | |  |  | |  |  | |
| \***57.12(5) VEHICLE INSPECTION** Any vehicle used by a staff member or volunteer to transport residents shall be in safe operating condition. At 12-month intervals the licensee shall provide the department with evidence of a vehicle’s safe operating condition on a form CFS-52. | | | | | | |  | |  |  | |  |  | |
| **57.12(6) VEHICLE CLEANLINESS** Vehicles shall be clean, uncluttered, and free of obstructions on the floors, aisles and seats. | | | | | | |  | |  |  | |  |  | |
| **57.12(7) SEAT BELTS** Vehicles shall have seat belts as prescribed under s. 347.48(1), Stats. Seat belts shall be worn by vehicle occupants as required under s. 347.48(2m), Stats. Seat belts shall not be shared. | | | | | | |  | |  |  | |  |  | |
| **57.12(7)(a) CHILD SAFETY SEATS** No licensee or person acting on behalf of a licensee may transport any resident under the age of 8 years or less than 80 pounds in weight in any private motor vehicle unless the following conditions are met, as required in s. 347.48(4), Stats.: | | | | | | |  | |  |  | |  |  | |
| **57.12(7)(a)1.** Each resident who is less than one year old or who weighs less than 20 pounds being transported in a vehicle shall be properly seated and restrained in a rear−facing individual child car safety seat in the back seat of the vehicle. | | | | | | |  | |  |  | |  |  | |
| **57.12(7)(a)2.** Each resident who is at least one year old but less than 4 years old or who weighs at least 20 pounds but less than 40 pounds shall be properly restrained in a forward−facing individual child car safety seat in the back seat of the vehicle. | | | | | | |  | |  |  | |  |  | |
| **57.12(7)(a)3.** Each resident who is at least 4 years old but less than 8 years old, who weighs at least 40 pounds but not more than 80 pounds, or who is 4 feet 9 inches tall or less, shall be properly restrained in a shoulder−positioning child booster seat. | | | | | | |  | |  |  | |  |  | |
| **57.12(7)(b)** Each resident who is not required to be in an individual child car safety seat when being transported shall be properly restrained by a seat belt, except as provided in s. 347.48 (2m), Stats., and ch. Trans 315. Seat belts may not be shared. | | | | | | |  | |  |  | |  |  | |
| **57.12(9) VEHICLE INSURANCE** Each motor vehicle used to transport residents shall be insured as required under s. DCF 57.08(3). | | | | | | |  | |  |  | |  |  | |
| **57.13(1) REPORTING REQUIREMENTS – SERIOUS INCIDENTS** The licensee shall report a serious incident by telephone, mail or facsimile to the regional office that serves the group home within 72 hours after each occurrence including all of the following: | | | | | | |  | |  |  | |  |  | |
| **57.13(1)(a) SERIOUS INCIDENTS – ABUSE / NEGLECT** Any incident of suspected child abuse or neglect by an employee of the group home, volunteer of the group home or household member of the group home; including a report made to a law enforcement agency, a county department of social or human services, or a child welfare agency. | | | | | | |  | |  |  | |  |  | |
| **57.13(1)(b) SERIOUS INCIDENTS – LAW ENFORCEMENT SERVICES** Each incident requiring law enforcement services at the group home or that involves a resident. | | | | | | |  | |  |  | |  |  | |
| **57.13(1)(c) SERIOUS INCIDENTS – RESTRAINTS** The use of a restraint on a resident. A report on the use of a restraint shall be made following the requirements in s. DCF 57.27(3)(c). | | | | | | |  | |  |  | |  |  | |
| **57.13(1)(d) SERIOUS INCIDENTS – MEDICAL PROFESSIONAL SERVICES** Any injury or trauma to a resident or staff member for which the resident or staff member requires the services of a licensed medical professional including all of the following: | | | | | | |  | |  |  | |  |  | |
| **57.13(1)(d)1. MEDICAL PROFESSIONAL SERVICES – BROKEN BONE** A broken bone. | | | | | | |  | |  |  | |  |  | |
| **57.13(1)(d)2. MEDICAL PROFESSIONAL SERVICES – BURN** A burn. | | | | | | |  | |  |  | |  |  | |
| **57.13(1)(d)3. MEDICAL PROFESSIONAL SERVICES – CONCUSSION** A concussion. | | | | | | |  | |  |  | |  |  | |
| **57.13(1)(d)4. MEDICAL PROFESSIONAL SERVICES – STITCHES** A wound requiring stitches. | | | | | | |  | |  |  | |  |  | |
| **57.13(1)(d)5. MEDICAL PROFESSIONAL SERVICES – POISON / DRUG OVERDOSE** The ingestion of poison or drug overdose. | | | | | | |  | |  |  | |  |  | |
| **57.13(1)(d)6. MEDICAL PROFESSIONAL SERVICES – TRAUMATIC INCIDENT** A traumatic incident such as a resident who nearly drowns or suffocates or who goes into shock. | | | | | | |  | |  |  | |  |  | |
| **57.13(1)(e) SERIOUS INCIDENTS – MEDICATION ERROR** An error in medication administration by either a resident or staff member. | | | | | | |  | |  |  | |  |  | |
| **57.13(1)(f) SERIOUS INCIDENTS – DEATH OF RESIDENT** The death of a resident. | | | | | | |  | |  |  | |  |  | |
| **57.13(1)(g) SERIOUS INCIDENTS – SUICIDE ATTEMPT** A suicide attempt by a resident. | | | | | | |  | |  |  | |  |  | |
| **57.13(1)(h) SERIOUS INCIDENTS – COMMUNICABLE DISEASE** Outbreak of a reportable communicable disease as defined in ch. DHS 145. | | | | | | |  | |  |  | |  |  | |
| **57.13(1)(i) SERIOUS INCIDENTS – REQUIRING REMOVAL OF RESIDENTS / CLOSURE** A condition or situation that requires the removal of residents from the group home or the closure of the group home. | | | | | | |  | |  |  | |  |  | |
| **57.13(1)(j) SERIOUS INCIDENTS – PHYSICAL DAMAGE TO PREMISES** Any physical damage to the premises that would affect compliance with this chapter including any structural damage that would affect the safe shelter of children or any failure in the heating, cooling, electrical, plumbing, or smoke or fire detection system that is not repaired or that cannot be repaired within 24 hours after the failure occurs or becomes known. | | | | | | |  | |  |  | |  |  | |
| **57.13(1)(k) SERIOUS INCIDENTS – FIRE DEPARTMENT SERVICES** A fire on the premises that requires the services of a fire department. | | | | | | |  | |  |  | |  |  | |
| **57.13(2) REPORTING REQUIREMENTS – DISCHARGE OF OUT-OF-STATE RESIDENTS** At the end of each month, the licensee shall report in writing to the department’s interstate compact office of each resident from out-of-state that is discharged from the group home that month. The report shall include all of the information specified in s. DCF 57.20(1)(a) to (e). | | | | | | |  | |  |  | |  |  | |
| **57.13(3) REPORTING REQUIREMENTS – VEHICLE ACCIDENT** Within 7 calendar days after an accident involving a vehicle transporting a resident, the licensee shall submit a copy of any resulting police report to the department. | | | | | | |  | |  |  | |  |  | |
| **57.13(4) REPORTING REQUIREMENTS – PLACEMENT OF JUVENILE OFFENDERS** The group home shall notify the department field office that serves the group home in writing, by phone or facsimile within 48 hours of the admission of each serious juvenile offender as defined in s. DCF 57.04(38) unless that is the primary client group served by the group home. | | | | | | |  | |  |  | |  |  | |
| **57.13(5) REPORTING REQUIREMENTS – BEHAVIOR INTERVENTION** A licensee shall report to the department each incident of physical restraints used with a resident within 72 hours of each occurrence. | | | | | | |  | |  |  | |  |  | |
| **57.13(6) REPORTING REQUIREMENTS – PROOF OF INSURANCE** The licensee shall annually submit to the department proof of insurance purchased and maintained pursuant to s. DCF 57.08. | | | | | | |  | |  |  | |  |  | |
| **57.13(7)(a) REPORTING REQUIREMENTS – DISCONTINUING OPERATIONS** The licensee shall notify the department in writing at least 30 calendar days before discontinuing operation of a group home. The notice shall include the discharge summary specified in s. DCF 57.20(1) and the post-discharge plan required under s. DCF 57.23(3)(b), for each resident. | | | | | | |  | |  |  | |  |  | |
| **57.13(7)(b) REPORTING REQUIREMENTS – CHANGES TO CORPORATION** The licensee of a corporation-operated group home shall notify the department within 30 calendar days of any change in the executive responsible for the group home, the chairperson of the board or in the corporate structure. | | | | | | |  | |  |  | |  |  | |
| **57.13(8) REPORTING REQUIREMENTS – PLANS OF CORRECTION** If requested by the department, the licensee shall submit a plan of correction for cited violations of this chapter or ch. 48, Stats., in a format provided by the department. The plan of correction must be received by the date specified by the department and be approved by the licensing representative. | | | | | | |  | |  |  | |  |  | |
| \***57.13(9) REPORTING REQUIREMENTS – FIRE SAFETY INSPECTION** The licensee shall submit annually to the department, the results of the fire safety inspection required under s. DCF 57.42(4). | | | | | | |  | |  |  | |  |  | |
| **57.13(10)(a) REPORTING REQUIREMENTS – NEW HOUSEHOLD MEMBERS** When an individual that is not a client becomes a household member or is expected to become a household member, the licensee, as soon as possible, but no later than the department’s next business day, shall submit to the department a background information disclosure form for the individual. | | | | | | |  | |  |  | |  |  | |
| **57.13(10)(b) REPORTING REQUIREMENTS – BACKGROUND CHANGES** As soon as possible but no later than the department’s next business day, the licensee shall report to the department for the licensee and each household member who is 10 years old or older all of the following background changes: | | | | | | |  | |  |  | |  |  | |
| **57.13(10)(b)1. BACKGROUND CHANGES – CONVICTION OF CRIME** The person has been convicted of any crime. | | | | | | |  | |  |  | |  |  | |
| **57.13(10)(b)2. BACKGROUND CHANGES – GOVERNMENTAL INVESTIGATIONS** The person has been or is being investigated by any governmental agency for any act, offense or omission, including an investigation related to the abuse or neglect, or threat of abuse or neglect, to a resident or other individual; or an investigation related to misappropriation of a client’s property. | | | | | | |  | |  |  | |  |  | |
| **57.13(10)(b)3. BACKGROUND CHANGES – GOVERNMENTAL FINDINGS** The person has a governmental finding substantiated against them of abuse or neglect of a client or of misappropriation of property. | | | | | | |  | |  |  | |  |  | |
| **57.13(10)(b)4. BACKGROUND CHANGES – DENIAL / RESTRICTION OF LICENSE** In the case of a position for which the person must be credentialed by the department of regulation and licensing, the person has been denied a license or the person’s license has been restricted or otherwise limited. | | | | | | |  | |  |  | |  |  | |
| **57.13(10)(b)5. BACKGROUND CHANGES – PENDING CRIMINAL CHARGES** The person has pending criminal charges. | | | | | | |  | |  |  | |  |  | |
| \***57.13(11) REPORTING REQUIREMENTS – WELL WATER NITRATE LEVELS** For group homes with expectant mothers or infants under 6 months old, the licensee shall report water nitrate levels as required in ss. DCF 57.36(8) and 57.37(8). | | | | | | |  | |  |  | |  |  | |
| **57.135(1) RESPONSIBILITY TO PLACING AGENCY – EMERGENCY NOTIFICATION** The licensee shall notify the placing agency as soon as possible of any emergency involving the resident. This includes serious illness or injury requiring medical treatment, death of a resident or child, unauthorized absence from the home, use of physical restraint, physical intervention, or any other similar crisis related to a group home resident. This requirement does not relieve the licensee from first taking whatever action is necessary to protect the health, safety and welfare of the resident. | | | | | | |  | |  |  | |  |  | |
| **57.135(2) RESPONSIBILITY TO PLACING AGENCY – RESIDENT PROGRESS, PLANNING** The licensee shall keep the placing agency informed of the resident’s progress while in care and shall consult with the agency regarding treatment plans and treatment plan reviews, care, training, and plans for the resident whenever more than the day-to-day routine is involved. | | | | | | |  | |  |  | |  |  | |
| **57.14(2) PERSONNEL – AGE REQUIREMENT** A staff member hired or contracted for on or after January 1, 2006, shall be at least 21 years old. Except as provided in sub. (4)(a), a staff member who is 19 or 20 years old may be hired or employed, if during the individual’s course of employment the individual is enrolled in and regularly attends a college or university with a major in any of the following: (a) Social work; (b) Sociology; (c) Special education; (d) Psychology; (e) Counseling and guidance; (f) Criminal justice; (g) Any other area in the human services field as approved by the department. | | | | | | |  | |  |  | |  |  | |
| **57.14(3)(a) STAFF / VOLUNTEER – HEALTH** Each staff member and volunteer shall be physically, mentally and emotionally able to provide responsible care for residents and shall not pose an imminent threat of harm to residents or to the quality and manner of their care. | | | | | | |  | |  |  | |  |  | |
| **57.14(3)(b) STAFF / VOLUNTEER – PHYSICAL / MENTAL HEALTH** If the department has reason to believe that the physical or mental health of a staff member or an applicant for employment may endanger a resident, the department may require that a written statement be submitted by a physician or, if appropriate, by a licensed mental health professional that certifies the condition of the individual and the possible effect of that condition on the group home or the residents in care. | | | | | | |  | |  |  | |  |  | |
| \***57.14(4) Personnel requirements.** REQUIRED STAFF | | | | | | |  | |  |  | |  |  | |
| \***57.14(4)(a) *Program director***. A licensee shall staff each group home with a program director who complies with all of the following: | | | | | | |  | |  |  | |  |  | |
| **57.14(4)(a)1.** ‘Qualifications.’ A program director shall be at least 21 years old, have a 4−year college degree in one of the major fields of study specified in sub. (2), and have 2 years of supervised child welfare work experience. | | | | | | |  | |  |  | |  |  | |
| **57.14(4)(a)2.** ‘Program operation and development.’ The program director function can be provided by a sponsoring agency. The program director or sponsoring agency shall oversee program operation and development and do all of the following: | | | | | | |  | |  |  | |  |  | |
| **57.14(4)(a)2.a.** Review the appropriateness of admission of each child to the group home. | | | | | | |  | |  |  | |  |  | |
| **57.14(4)(a)2.b.** Participate in developing, reviewing, and updating resident assessments and treatment planning. | | | | | | |  | |  |  | |  |  | |
| **57.14(4)(a)2.c.** Provide technical assistance to the resident care staff and agencies. | | | | | | |  | |  |  | |  |  | |
| **57.14(4)(a)2.d.** Periodically review and update group home policies and procedures. | | | | | | |  | |  |  | |  |  | |
| \***57.14(4)(b) *Group home manager***. A licensee shall staff each group home with agroup home manager who oversees the day-to-day operations of the group home. The group home manager shall have the qualifications specified in par. (c). A group home manager may also function as the program director if the group home manager meets the requirements specified in par. (a). | | | | | | |  | |  |  | |  |  | |
| \***57.14(4)(c) REQUIRED STAFF – RESIDENT CARE STAFF** A licensee shall staff each group home with resident care staff in numbers sufficient to meet the staff to resident ratios specified in ss. DCF 57.21 and 57.36(5) and for any off-premise activities. Resident care staff shall be responsible for the daily supervision of residents and direct care to residents to ensure their safety and well-being. Resident care staff shall have at least one of the following qualifications: | | | | | | |  | |  |  | |  |  | |
| **57.14(4)(c)1.** A bachelor or associate degree from a college or university in any one of the majors specified in sub. (2); | | | | | | |  | |  |  | |  |  | |
| **57.14(4)(c)2.** At least one year of full-time experience working in a formal program with the type of resident population served by the group home; | | | | | | |  |  | |  |  | | |
| **57.14(4)(c)3.** Certification as a child and youth care worker under the standards of the Wisconsin Association of Child and Youth Care Professionals or other department-recognized certifying authority; | | | | | | |  | |  |  | |  |  | |
| **57.14(4)(c)4. REQUIRED STAFF – COMPLETION OF TRAINEESHIP** Completion of a traineeship program in which the resident care staff has worked with qualified, experienced resident care staff for at least the first 80 hours of employment and received orientation training as specified under s. DCF 57.16(1), before working independently with residents. | | | | | | |  | |  |  | |  |  | |
| **57.14(4)(4m) AUTOMATED EXTERNAL DEFILBRILLATOR TRAINING** All staff members of a group home who provide care for the residents of the group home shall have current proficiency in the use of an automated external defibrillator, as defined in s. 256.15(1)(cr), Stats., achieved through instruction provided by an individual, organization, or institution of higher education that is approved under s. 46.03(38), Stats., to provide such instruction. | | | | | | |  | |  |  | |  |  | |
| **57.14(5) RELIEF HELP** The licensee may use relief help to temporarily provide care and supervise residents when the number of resident care staff is not sufficient to meet the staff to resident ratios specified under ss. DCF 57.21 or 57.36(5). | | | | | | |  | |  |  | |  |  | |
| **57.14(6) VOLUNTEERS – SUPERVISION** Each volunteer used by the group home shall be supervised by a staff member. Before a volunteer may begin performing activities, the licensee shall do all of the following: | | | | | | |  | |  |  | |  |  | |
| **57.14(6)(a) VOLUNTEERS – ORIENTATION** Orient the volunteer to the activities that the volunteer may perform as specified in the group home’s personnel policies and procedures. | | | | | | |  | |  |  | |  |  | |
| **57.14(6)(b) VOLUNTEERS – CHILD ABUSE & NEGLECT REPORTING, CONFIDENTIALITY** Provide each volunteer with the confidentiality requirements specified under s. DCF 57.39 and the child abuse and neglect reporting requirements specified under s. DCF 57.18(1). | | | | | | |  | |  |  | |  |  | |
| **57.15(2) HIRING & EMPLOYMENT** Before an applicant begins employment, the licensee shall do all of the following: | | | | | | |  | |  |  | |  |  | |
| **57.15(2)(a) CAREGIVER BACKGROUND CHECKS – BEFORE EMPLOYMENT** Conduct and document a caregiver background check pursuant to s. 48.685, Stats., and ch. DCF 12, on each applicant. | | | | | | |  | |  |  | |  |  | |
| **57.15(2)(b) REFERENCES** Obtain favorable references from at least 3 non-relatives, with documentation by letter from the reference or by documentation in the record of verbal contact with a reference. Documentation shall include the date contact was made, the name of the individual conducting the reference, the name of the individual contacted, and a summary of the response. | | | | | | |  | |  |  | |  |  | |
| **57.15(2)(c) STAFF – TUBERCULOSIS TEST & PHYSICAL EXAMINATION PREREQUISITE** Upon hire and before working with residents, require each staff member, except relief help to have a tuberculosis test and provide certification from a physician, physician assistant, or a HealthCheck provider that the staff member meets the minimum physical requirements of the position and that the staff member is in general good health. | | | | | | |  | |  |  | |  |  | |
| **57.15(2)(d) STAFF – FIT & QUALIFIED** Make a determination of whether the applicant is fit and qualified. | | | | | | |  | |  |  | |  |  | |
| **57.15(3) CAREGIVER BACKGROUND CHECKS – ONGOING** The licensee shall require each staff member to complete a background information disclosure form and shall conduct a caregiver background check on each staff member every 4 years or at any time within that period. | | | | | | |  | |  |  | |  |  | |
| **57.15(4) PERSONS PROHIBITED FROM EMPLOYMENT** A licensee may not hire or employ a person who has had a group home license revoked or denied within the last 2 years. | | | | | | |  | |  |  | |  |  | |
| **57.16(1) STAFF ORIENTATION** Within the first week of hire, the licensee shall provide the staff member with all of the following: | | | | | | |  | |  |  | |  |  | |
| **57.16(1)(a) STAFF ORIENTATION – JOB DESCRIPTION** A job description created under s. DCF 57.17(1)(a). The job description shall be signed and dated by each staff member upon receipt by the staff member. | | | | | | |  | |  |  | |  |  | |
| **57.16(1)(b) STAFF ORIENTATION – PROGRAM STATEMENT, POLICIES, PROCEDURES** The group home’s program statement and policies and procedures, including the personnel policies and procedures created under s. DCF 57.17(1). | | | | | | |  | |  |  | |  |  | |
| **57.16(1)(c) STAFF ORIENTATION – CHILD ABUSE & NEGLECT REPORTING** Requirements of child abuse and neglect reporting specified under s. 48.981(2) and (3), Stats., and information on how to identify and report abuse or neglect situations. | | | | | | |  | |  |  | |  |  | |
| **57.16(1)(d) STAFF ORIENTATION – FIRE EXTINGUISHERS & EMERGENCY PROCEDURES** Instruction on how to use fire extinguishers, and on emergency and evacuation procedures. | | | | | | |  | |  |  | |  |  | |
| **57.16(1)(e) STAFF ORIENTATION – OTHER** Any other information that would orient the staff member to the group home. | | | | | | |  | |  |  | |  |  | |
| **57.16(2) STAFF TRAINING – CPR & FIRST AID** Within 6 months after the date of hire, each staff member shall successfully complete first-aid training and cardio-pulmonary resuscitation training from an American Red Cross or a program certified by the American Red Cross or American Heart Association. The certification shall be renewed in accordance with training guidelines. | | | | | | |  | |  |  | |  |  | |
| **57.16(3) STAFF TRAINING – FIRE SAFETY & EVACUATION** Within 6 months after the date of hire, each staff member hired or contracted for on or after January 1, 2006, shall successfully complete fire safety and evacuation training provided by the Wisconsin Technical College System or a comparable course approved by the department. | | | | | | |  | |  |  | |  |  | |
| **57.16(4) STAFF TRAINING – INFANT & TODDLER CARE** Before a staff member or volunteer may provide care and supervision for an infant or toddler as defined under s. DCF 57.37(2)(a) and (b), the staff member or volunteer used to meet staff-to-child ratios shall complete the training specified under s. DCF 57.37(4). | | | | | | |  | |  |  | |  |  | |
| **57.16 (4m)STAFF TRAINING-RPPS** A group home shall ensure that an individual specified in s. DCF 57.245 (2) (b) successfully completes training on the application of the reasonable and prudent parent standard prior to making reasonable and prudent parenting decisions. | | | | | | |  | |  |  | |  |  | |
| **57.16(5) STAFF CONTINUING EDUCATION** A licensee shall provide or arrange for at least 24 hours of continuing education annually to each staff member. The training shall pertain to caring for the resident population served by the group home. Types of training that may be acceptable to the department to meet continuing education requirements include all of the following:  **(a)** Formal courses resulting in credits or continuing education units;  **(b)** Training provided by the licensee, a staff member, or a volunteer. A summary of the training syllabus shall be kept on file at the group home;  **(c)** Workshops, conferences, seminars, lectures, correspondence courses, or home study courses;  **(d)** Time spent reading and viewing educational materials pertaining to the resident population served by the group home may be counted for up to 5 hours of continuing education per year. | | | | | | |  | |  |  | |  |  | |
| \***57.17(1) PERSONNEL POLICIES & PROCEDURES** A licensee shall have written personnel policies and procedures. The policies and procedures shall include all of the following: | | | | | | |  | |  |  | |  |  | |
| \***57.17(1)(a) PERSONNEL POLICIES & PROCEDURES – JOB DESCRIPTIONS** The creation and use of job descriptions that describe the staff member’s roles, responsibilities and duties. | | | | | | |  | |  |  | |  |  | |
| \***57.17(1)(b) PERSONNEL POLICIES & PROCEDURES – ORIENTATION PLAN** An orientation plan that shall include how and when orientation of new hires and volunteers will be conducted and documented. | | | | | | |  | |  |  | |  |  | |
| \***57.17(1)(c) PERSONNEL POLICIES & PROCEDURES – WORK SCHEDULES & RELIEF HELP** Work schedules of each staff member and policies on the use of relief help. | | | | | | |  | |  |  | |  |  | |
| \***57.17(1)(d) PERSONNEL POLICIES & PROCEDURES – CONTINUING EDUCATION & TRAINING** Continuing education and training requirements. | | | | | | |  | |  |  | |  |  | |
| \***57.17(1)(e) PERSONNEL POLICIES & PROCEDURES – CHAIN OF COMMAND** Designation of the chain of command or supervisory structure in the group home. | | | | | | |  | |  |  | |  |  | |
| \***57.17(1)(f) PERSONNEL POLICIES & PROCEDURES – STAFF NOTIFICATION TO LICENSEE** A requirement that each staff member notify the licensee as soon as possible, but no later than the staff member’s next working day of the circumstances listed in s. DCF 57.18(3). | | | | | | |  | |  |  | |  |  | |
| \***57.17(1)(g) PERSONNEL POLICIES & PROCEDURES – USE OF VOLUNTEERS** A description of the activities that a volunteer may perform for the group home, orientation of the volunteer, supervision and assurance that the volunteer is following group home policies and procedures, and the information to be provided on the laws of confidentiality and reporting of abuse and neglect. | | | | | | |  | |  |  | |  |  | |
| \***57.17(1)(h) PERSONNEL POLICIES & PROCEDURES – EMERGENCIES** Handling of emergencies. | | | | | | |  | |  |  | |  |  | |
| **57.17(2) PERSONNEL RECORDS REQUIREMENTS** The licensee shall establish and maintain on the premises a personnel record for each staff member. Each personnel record shall contain all of the following for the staff member for which the record was created: | | | | | | |  | |  |  | |  |  | |
| **57.17(2)(a) PERSONNEL RECORDS – APPLICATION** A completed application for employment that shall include the staff member’s name, address, date of birth, training, education, work experience, and date of hire. | | | | | | |  | |  |  | |  |  | |
| **57.17(2)(b) PERSONNEL RECORDS – CURRENT ADDRESS** | | | | | | |  | |  |  | |  |  | |
| **57.17(2)(c) PERSONNEL RECORDS – REFERENCES** Addresses and telephone numbers of references and reference checks results. | | | | | | |  | |  |  | |  |  | |
| **57.17(2)(d) PERSONNEL RECORDS – BACKGROUND INFORMATION DISCLOSURE FORM** A completed and current DCF 2978, background information disclosure form. | | | | | | |  | |  |  | |  |  | |
| **57.17(2)(e) PERSONNEL RECORDS – CAREGIVER BACKGROUND CHECK RESULTS** The results of the caregiver background check conducted under s. DCF 57.15(2)(a) and (3), and the results of any subsequent investigation related to information obtained from each background check. | | | | | | |  | |  |  | |  |  | |
| **57.17(2)(f) PERSONNEL RECORDS – JOB DESCRIPTION** A job description that is signed and dated by the staff member. | | | | | | |  | |  |  | |  |  | |
| **57.17(2)(g) PERSONNEL RECORDS – PHYSICAL EXAMINATION & TB TEST RESULTS** A completed physical examination or HealthCheck form, including tuberculosis test results. | | | | | | |  | |  |  | |  |  | |
| **57.17(2)(h) PERSONNEL RECORDS – DRIVER'S RECORD** The staff member’s driver’s record, if the staff member is assigned to transport children. | | | | | | |  | |  |  | |  |  | |
| **57.17(2)(i) PERSONNEL RECORDS – TRAINING RECORD** A training record that shall include documentation of the staff member’s receipt of the orientation, training, and continuing education required under s. DCF 57.16. Documentation shall include all of the following: | | | | | | |  | |  |  | |  |  | |
| **57.17(2)(i)1. TRAINING RECORD – ORIENTATION** Date and time of orientation and each training session. | | | | | | |  | |  |  | |  |  | |
| **57.17(2)(i)2. TRAINING RECORD – NAME OF TRAINER** Name of each person that conducted each orientation and training. | | | | | | |  | |  |  | |  |  | |
| **57.17(2)(i)3. TRAINING RECORD – TRAINING & CONTINUING EDUCATION HOURS** Total hours of training or continuing education received. | | | | | | |  | |  |  | |  |  | |
| **57.17(2)(i)4. TRAINING RECORD – DOCUMENTATION OF COMPLETION OF TRAINING** Whether the staff member completed the requirements of the training or continuing education session. | | | | | | |  | |  |  | |  |  | |
| **57.17(2)(j) PERSONNEL RECORDS – FIRST AID & CPR** Documentation of all first aid and CPR certifications. | | | | | | |  | |  |  | |  |  | |
| **57.17(2)(k) PERSONNEL RECORDS – DISCIPLINARY ACTIONS** Any disciplinary actions issued to the employee. | | | | | | |  | |  |  | |  |  | |
| **57.17(2)(L)** **PERSONNEL RECORDS- RPPS** For RPPS decision makers, documentation of the training required under s. DCF 57.16 (4m). | | | | | | |  | |  |  | |  |  | |
| **57.17(3) PERSONNEL RECORDS – VOLUNTEERS** The licensee shall establish and maintain on the premises a volunteer personnel record for each volunteer used by the licensee. Each record shall contain all of the information required in sub. (2) except the physical examination or HealthCheck form and caregiver background check results. | | | | | | |  | |  |  | |  |  | |
| **57.18(1) ABUSE & NEGLECT REPORTING REQUIREMENTS** Pursuant to s. 48.981(2) and (3), Stats., a licensee, staff member, or volunteer who knows or has reasonable cause to suspect that a child has been abused as defined in s. 48.02(1), Stats., or neglected as defined in s. 48.981(1)(d), Stats., shall immediately inform by telephone or in person, a county department of human or social services or a local law enforcement agency. | | | | | | |  | |  |  | |  |  | |
| **57.18(2) CONFIDENTIALITY – STAFF & VOLUNTEER RESPONSIBILITIES** Staff members and volunteers shall keep information and records on residents confidential pursuant to the requirements in s. DCF 57.39. | | | | | | |  | |  |  | |  |  | |
| **57.18(3) STAFF NOTIFICATIONS TO LICENSEE** Each staff member shall notify the licensee as soon as possible, but no later than the staff member’s next working day of all of the following: | | | | | | |  | |  |  | |  |  | |
| **57.18(3)(a) STAFF NOTIFICATIONS TO LICENSEE – CONVICTION** A conviction of any crime. | | | | | | |  | |  |  | |  |  | |
| **57.18(3)(b) STAFF NOTIFICATIONS TO LICENSEE – INVESTIGATION** A current or past investigation by any governmental agency for any act, offense, or omission, including an investigation related to the abuse or neglect, or threat of abuse or neglect, to a child or other client, or an investigation related to misappropriation of a client’s property. | | | | | | |  | |  |  | |  |  | |
| **57.18(3)(c) STAFF NOTIFICATIONS TO LICENSEE – GOVERNMENTAL FINDING** A governmental finding substantiated against them of abuse or neglect of a client or of misappropriation of a client’s property. | | | | | | |  | |  |  | |  |  | |
| **57.18(3)(d) STAFF NOTIFICATIONS TO LICENSEE – LIMITATION OF LICENSE / CREDENTIAL** A denial, restriction, or other limitation of a license or credential from the department of regulation and licensing. | | | | | | |  | |  |  | |  |  | |
| **57.18(4) STAFF – REQUIRED DEMONSTRATED COMPETENCIES** The staff member shall demonstrate competency in the group home’s program statement, policies and procedures, roles and responsibilities, and resident rights. | | | | | | |  | |  |  | |  |  | |
| **57.19(1) ADMISSIONS – VOLUNTARY AGREEMENT / COURT ORDER** A child may not be admitted to a group home except under a written voluntary agreement or court order. | | | | | | |  | |  |  | |  |  | |
| **57.19(2) VOLUNTARY AGREEMENT – TIMEFRAME** Except as provided in sub. (2m), admission of a child under a voluntary agreement may not exceed 15 days from the date the child was removed from the home and may not be extended. | | | | | | |  | |  |  | |  |  | |
| **57.19(2m) ADMISSIONS – CUSTODIAL PARENT / EXPECTANT MOTHER** An admission of a custodial parent or expectant mother may be under a voluntary placement agreement for no longer than 180 days from the date on which the child was removed from the home under the agreement. A placement agreement under this subsection may be extended if an independent reviewing agency, such as an agency licensed under s. 48.61(3), Stats., or a county department, determines that the extension would be in the best interests of the resident and if the resident and the resident’s parent or guardian consent to the extension. | | | | | | |  | |  |  | |  |  | |
| **57.19(3) WRITTEN PLACEMENT AGREEMENT FROM PLACING AGENCY** If a placing agency places a child in a group home, the agency shall enter a written agreement with the licensee. The agreement shall include all of the following pursuant to s. 48.64(1m), Stats: | | | | | | |  | |  |  | |  |  | |
| **57.19(3)(a) PLACEMENT AGREEMENT – ACCESS TO CHILDREN & GROUP HOME** That the agency shall have access at all times to the child and the group home. | | | | | | |  | |  |  | |  |  | |
| **57.19(3)(b) PLACEMENT AGREEMENT – RELEASING CHILDREN** That the child will be released to the placing agency whenever the agency or the department finds that the best interest of the child requires it. | | | | | | |  | |  |  | |  |  | |
| **57.19(4) ADMISSIONS DECISIONS** Admission decisions shall be in accordance with the group home program statement, the compatibility of the child with the group home and the policies and procedures of the group home, and this chapter. | | | | | | |  | |  |  | |  |  | |
| **57.19(5)(a) RESIDENT AGE DIFFERENCE** Except as provided in par. (b), there shall be no more than 4 years difference in the ages of the children admitted to the group home as residents. | | | | | | |  | |  |  | |  |  | |
| **57.19(5)(b) RESIDENT AGE DIFFERENCE** The age difference state in par.(a) does not apply to children admitted to a group home licensed for respite care or for homeless and runaway youth. | | | | | | |  | |  |  | |  |  | |
| **57.19(6) ADMISSIONS –** A group home may admit a child 18 years of age or over, but under 21 years of age, if any of the following circumstances exist:  **(a)** The group home will not have more than 2 children 18 years of age or over, but under 21 years of age.  **(b)** The group home has a license to serve a resident population that is 18 years of age or over, but under 21 years of age, and is transitioning to independence.  **(c)** The department has granted an exception under s. DCF 57.02 to allow the group home to admit or continue the admission of the child. If the group homes does not have a license specified in par. (b), an exception is required before the group home may admit or provide care for more than 2 children 18 years of age or over, but under 21 years of age. | | | | | | |  | |  |  | |  |  | |
| **57.19(7) RESIDENT – HEALTH EXAMINATION** Each child admitted to a group home as a resident shall have had a health examination performed by an individual licensed to perform the examination no more than one year before being admitted to the group home or shall have the examination within 30 days after the date of admission if the consent required under s. DCF 57.25(1) has been obtained. Documentation of the examination shall be maintained in the resident’s record as required in s. DCF 57.38(1)(i)3. | | | | | | |  | |  |  | |  |  | |
| **57.19(8) RESIDENT ORIENTATION** Before or upon admission to a group home each resident shall be provided with all of the following: | | | | | | |  | |  |  | |  |  | |
| **57.19(8)(a) RESIDENT ORIENTATION – EXITS & EVACUATION ROUTES** Information on exits and evacuation routes. | | | | | | |  | |  |  | |  |  | |
| **57.19(8)(b) RESIDENT ORIENTATION – RESIDENT RIGHTS** Oral notification and a written copy of the resident rights specified in s. DCF 57.24. If the resident is 17 years of age or younger, a copy shall also be made available to the resident’s parent or guardian, and legal custodian, if available. | | | | | | |  | |  |  | |  |  | |
| **57.19(8)(c) RESIDENT ORIENTATION – HOUSE RULES** A copy of the house rules developed under s. DCF 57.05(2)(k). A copy of the house rules shall also be provided to the resident’s parent, guardian, or legal custodian, as appropriate. | | | | | | |  | |  |  | |  |  | |
| **57.19(9) LICENSE REVOCATION – ADMISSION OF RESIDENTS** Upon receipt of a notice of revocation of the group home license and during any revocation proceedings that may result, the licensee may not admit a child as a resident except as provided in s. DCF 57.56(2). | | | | | | |  | |  |  | |  |  | |
| **57.20(1) DISCHARGE SUMMARY REQUIREMENTS** Except as provided in sub. (3), the licensee shall complete and send to the appropriate placing agency a discharge summary for each resident discharged from the group home within 30 days of the resident’s discharge. A copy of the summary shall be placed in the resident’s record. The discharge summary shall include all of the following: | | | | | | |  | |  |  | |  |  | |
| **57.20(1)(a) DISCHARGE SUMMARY – DATES OF RESIDENT'S STAY** Dates of the resident’s stay. | | | | | | |  | |  |  | |  |  | |
| **57.20(1)(b) DISCHARGE SUMMARY – REASON FOR DISCHARGE** | | | | | | |  | |  |  | |  |  | |
| **57.20(1)(c) DISCHARGE SUMMARY – INCIDENTS INVOLVING RESIDENTS** Summary of incidents involving the resident as described in DCF 57.13(1). | | | | | | |  | |  |  | |  |  | |
| **57.20(1)(d) DISCHARGE SUMMARY – TYPE OF ADMISSION** Description of type of admission. | | | | | | |  | |  |  | |  |  | |
| **57.20(1)(e) DISCHARGE SUMMARY – OTHER INFORMATION** Any other relevant information. | | | | | | |  | |  |  | |  |  | |
| **57.20(2) DISCHARGE SUMMARY – RESPITE & VOLUNTARY PLACEMENT** The discharge summary developed for a respite care or other placement under a voluntary agreement shall be provided to the parent, guardian, legal custodian, or placing agency, as appropriate upon discharge. A copy of the summary shall be placed in the resident’s record. | | | | | | |  | |  |  | |  |  | |
| **57.20(3) PROVISION OF POST-DISCHARGE PLAN** Thirty days before a discharge of a resident whose placement is court ordered for reasons other than revocation or denial of a license, the post-discharge plan developed under s. DCF 57.23(3) shall be provided to the resident, the resident’s parent, guardian or legal custodian, if available. | | | | | | |  | |  |  | |  |  | |
| **57.20(4) 15 DAY REMOVAL NOTICE** The licensee shall allow the placing agency at least 15 days to make plans for a resident whom the licensee requests that the placing agency remove from the group home unless both parties agree to earlier removal. | | | | | | |  | |  |  | |  |  | |
| **57.20(5) DISCHARGE – RESIDENT'S BELONGINGS** All of the resident’s personal belongings, including medical equipment shall accompany the resident upon discharge. A complete accounting of these items shall be placed and maintained in the resident’s record required under s. DCF 57.38. Medication shall be handled as required under s. 57.25(6)(e) to (g). | | | | | | |  | |  |  | |  |  | |
| **57.20(6) LICENSE REVOCATION – ALTERNATIVE PLACEMENT ARRANGEMENTS** By the effective date of a license revocation the licensee shall have arranged for alternative placement for each resident. Arrangements for alternative placement shall be made in cooperation with each resident’s parent or guardian, and legal custodian or placing agency, if not the same. The licensee shall share the placement information with the licensing representative at least one week before the effective date of the revocation. | | | | | | |  | |  |  | |  |  | |
| **57.205 PRINCIPLES FOR NURTURING CARE** The group home shall do all of the following: | | | | | | |  | |  |  | |  |  | |
| **57.205(1) NURTURING CARE – SAFE, STABLE, HUMANE ENVIRONMENT** Provide a safe, stable and humane environment. | | | | | | |  | |  |  | |  |  | |
| **57.205(2) NURTURING CARE – AUTONOMY, PRIVACY, PREFERENCES, CHOICES** Encourage a resident’s autonomy, respect a resident’s need for privacy and consider a resident’s preferences and choices while providing care, supervision, and training. | | | | | | |  | |  |  | |  |  | |
| **57.205(3) NURTURING CARE – CULTURAL RESPECT** Provide care that is respectful toward the beliefs, interpersonal styles, attitudes and behaviors of residents and families of various cultures. | | | | | | |  | |  |  | |  |  | |
| **57.21(1) Staff-to-resident ratios and supervision.** In this section,“supervision” means guidance of the behavior and activities of a resident by a staff member who is within sight or sound of a resident to ensure the safety and well-being of the resident. | | | | | | |  | |  |  | |  |  | |
| **57.21(2)** The staff-to-resident ratios of a group home shall be as follows: | | | | | | |  | |  |  | |  |  | |
| **57.21(2)(a) *1:5 during waking hours*.** A group home shall have at least one staff member awake and providing supervision for every 5 or fewer residents present in the group home during waking hours. | | | | | | |  | |  |  | |  |  | |
| **57.21(2)(b) *1:8 during sleeping hours*.** A group home shall have at least one staff member awake and providing supervision during sleeping hours. | | | | | | |  | |  |  | |  |  | |
| **57.21(3)** The staff-to-resident ratios in sub. (2) and s. DCF 57.36 (5) are the minimal staffing requirements for resident care staff. The number of resident care staff on duty shall be increased as necessary to meet the needs of residents and to ensure their safety and welfare. | | | | | | |  | |  |  | |  |  | |
| **57.21(4)** A volunteer may be used to meet the staff-to-resident ratio requirements in sub. (2) and s. DCF 57.36(5) when 6 or more residents are in care if the volunteer meets the staff qualifications under s. DCF 57.14 (4) (c). | | | | | | |  | |  |  | |  |  | |
| **57.21(5)** No resident may be in the group home without supervision by a staff member. | | | | | | |  | |  |  | |  |  | |
| **57.21(6)** A licensee shall ensure that supervision is provided for each resident appropriate to the resident’s age, maturity, behavior, and developmental level and sufficient to ensure the safety of all residents in the group home. | | | | | | |  | |  |  | |  |  | |
| **57.21(7)** A licensee shall ensure that sufficient staffing is available to provide supervision of a resident during suspensions and other extended absences from school. | | | | | | |  | |  |  | |  |  | |
| **57.215** **Communication log**. A group home shall require each shift of resident care staff and RPPS decision makers to use a communication log to document and communicate with other resident care staff and RPPS decision makers about residents whom they supervise in common. The communication log shall include all of the following for each shift:  **(1)** Each resident’s location, behavior, and program participation.  **(2)** Significant incidents involving a resident, as specified in the group home’s policy and procedures.  **(3)** Reasonable and prudent parenting requests and decisions made for residents under s. DCF 57.245.  **(4)** Staff arrival and departure times. | | | | | | |  | |  |  | |  |  | |
| \***57.22(1) WRITTEN PLAN OF ACTIVITIES** The licensee shall establish and implement a written plan of general activities for residents that shall include all of the following: | | | | | | |  | |  |  | |  |  | |
| \***57.22(1)(a) PLAN OF ACTIVITIES – LEISURE-TIME** Leisure-time activities. | | | | | | |  | |  |  | |  |  | |
| \***57.22(1)(b) PLAN OF ACTIVITIES – SOCIAL & COMMUNITY** Opportunities to engage in social and community activities. | | | | | | |  | |  |  | |  |  | |
| \***57.22(1)(c) PLAN OF ACTIVITIES – SELF-EXPRESSION & COMMUNICATION** | | | | | | |  | |  |  | |  |  | |
| \***57.22(1)(d) PLAN OF ACTIVITIES – PHYSICAL EXERCISE** Opportunities for physical exercise to encourage gross and fine motor development. | | | | | | |  | |  |  | |  |  | |
| \***57.22(1)(e) PLAN OF ACTIVITIES – DAILY LIVING SKILLS** Guidance and assistance in the development of daily living skills. | | | | | | |  | |  |  | |  |  | |
| \***57.22(1)(f) PLAN OF ACTIVITIES – ETHNIC CULTURE** Activities appropriate to a resident’s ethnic culture. | | | | | | |  | |  |  | |  |  | |
| \***57.22(1)(g) PLAN OF ACTIVITIES – INDIVIDUAL INTERESTS** Opportunities for activities geared towards the individual interests of residents. | | | | | | |  | |  |  | |  |  | |
| **57.22(2) RELIGIOUS TRAINING & PRACTICE** Each resident shall be provided with opportunities for voluntary religious expression and participation in religious education and attendance at services compatible with the religious preference of the resident, or a parent or guardian of the resident. | | | | | | |  | |  |  | |  |  | |
| \***57.22(3) RECREATION** A variety of indoor and outdoor recreational activities and developmentally appropriate play equipment shall be offered. | | | | | | |  | |  |  | |  |  | |
| **57.22(4) TELEPHONE USAGE** Telephone usage by a resident shall be governed by the resident rights under s. DCF 57.24 and the resident’s treatment plan or placement agreement. | | | | | | |  | |  |  | |  |  | |
| **57.23(1)** **ASSESSMENT FOR RESPITE CARE**. A program director shall ensure that an assessment of a child admitted to a group home under a voluntary agreement for respite care is completed before the child’s date of admission to the group home. The assessment shall include all of the following:  **(a)** Information on the child’s developmental, behavioral, educational, and medical history; family and significant relationships; legal history; substance abuse history; and any past treatment.  **(b)** A description of the child’s current status, including mental status, medical needs, current activities, educational status, current and recent substance abuse use, and personal strengths. | | | | | | |  | |  |  | |  |  | |
| **57.23(2) RESIDENT ASSESSMENT AND TREATMENT PLAN**. (a) Within 30 calendar days after the date a resident is admitted to a group home, the program director shall perform a comprehensive written assessment of the resident and develop a written treatment plan. The **program director shall develop the treatment plan** with the participation of the placing agency; the resident; a parent if the resident is under 18 years of age; a guardian and legal custodian, if applicable and available; and the persons who will provide the required services to the resident. A completed treatment plan for each resident shall be placed in the resident’s record maintained by the group home under s. DCF 57.38 and shall include all of the following: | | | | | | |  | |  |  | |  |  | |
| **57.23(2)(a)1. RESIDENT TREATMENT PLAN – STRENGTHS, NEEDS, & PREFERENCES** A description of the resident’s strengths, needs, and preferences. | | | | | | |  | |  |  | |  |  | |
| **57.23(2)(a)2. RESIDENT TREATMENT PLAN – GOALS** Treatment goals for the resident and the time frames for achieving those goals. | | | | | | |  | |  |  | |  |  | |
| **57.23(2)(a)3. RESIDENT TREATMENT PLAN – BEHAVIOR INTERVENTIONS** A description of behavior interventions to be utilized with the resident. The licensee shall ensure that methods of behavior intervention are positive, based on the resident’s needs, stage of development and behavior and promote self-control. | | | | | | |  | |  |  | |  |  | |
| **57.23(2)(a)4. RESIDENT TREATMENT PLAN – SERVICES & SUPPORTS** Specific services and supports to be provided to achieve the treatment goals, and names of persons, agencies or position titles responsible for providing services and implementing any of the treatment goals. | | | | | | |  | |  |  | |  |  | |
| **57.23(2)(a)5. RESIDENT TREATMENT PLAN – PERMANENCY GOALS** Permanency planning goals. | | | | | | |  | |  |  | |  |  | |
| **57.23(2)(a)6. RESIDENT TREATMENT PLAN – INDEPENDENT LIVING SKILLS** Goals related to independent living skills, if the resident is 15 years of age or older. | | | | | | |  | |  |  | |  |  | |
| **57.23(2)(a)7. RESIDENT TREATMENT PLAN – SPECIFIC INDICATORS** Specific indicators that treatment goals have been achieved. | | | | | | |  | |  |  | |  |  | |
| **57.23(2)(a)8. RESIDENT TREATMENT PLAN – COURT ORDERED CONDITIONS** Any court ordered conditions. | | | | | | |  | |  |  | |  |  | |
| **57.23(2)(a)9. RESIDENT TREATMENT PLAN – LENGTH OF STAY & CONDITIONS FOR DISCHARGE** Projected length of stay and conditions for discharge. | | | | | | |  | |  |  | |  |  | |
| **57.23(2)(a)10. RESIDENT TREATMENT PLAN – VISITS WITH FAMILY** Visits to the resident by parents and other family members with the approval of the placing agency and in accordance with clients’ right standards to ensure that an appropriate relationship is maintained between the resident and family members. | | | | | | |  | |  |  | |  |  | |
| **57.23(2)(a)11. RESIDENT TREATMENT PLAN – PUBLIC SCHOOL ATTENDANCE** Arrangements for public school attendance. | | | | | | |  | |  |  | |  |  | |
| **57.23(2)(a)12. RESIDENT TREATMENT PLAN – CUSTODIAL PARENTS & EXPECTANT MOTHERS** Consideration of the additional requirements for care of custodial parents and expectant mothers under s. DCF 57.36 and care for children under 6 years of age under s. DCF 57.37, as applicable. | | | | | | |  | |  |  | |  |  | |
| **57.23(2)(a)13**. **RESIDENT TREATMENT PLAN**  Consideration of additional requirements for the care of the following residents:  **a.** The resident turned 18 years of age on or after August 1, 2014, but is under 21 years of age; the resident is a full−time student at a secondary school or its vocational or technical equivalent; and there is an individualized education program under s. 115.787, Stats., in effect for the person.  **b.** The resident is 18 years of age or over, but under 21 years of age, and is placed under another state’s placement and care responsibility under 42 USC 675 (8) (B). | | | | | | |  | |  |  | |  |  | |
| **57.23(2)(a)14**.Information documented on the forms required under ch. DCF 37 regarding the decision-making factors for reasonable and prudent parenting decisions for the resident under s. DCF 57.245(4).  **Note:** The forms required under ch. DCF 37 are DCF−F−872A−E, *Information for Out−of−Home Care Providers, Part A* andDCF−F−872B−E, *Information for Out−of−Home Care Providers, Part B.* Both forms are available in the forms section of the department website at http://dcf.wisconsin.gov or by writing the Division of Safety and Permanence, P.O. Box 8916, Madison, WI 53708−8916. | | | | | | |  | |  |  | |  |  | |
| **57.23 (2)(am)** Assessments of children of residents are not required. | | | | | | |  | |  |  | |  |  | |
| **57.23(2)(b)** At least once every 3 months, the group home shall conduct a treatment plan review that includes a review of reasonable and prudent parenting requests and decisions made for a resident and the resident’s progress toward meeting treatment plan goals. If available, the individuals who participated in the development of the resident’s assessment and treatment plan shall be invited to participate in the review. | | | | | | |  | |  |  | |  |  | |
| **57.23(2)(b)1. RESIDENT TREATMENT PLAN REVIEW – PROGRESS** Progress made toward achieving the goals established in the treatment plan and any barriers encountered in achieving the goals. | | | | | | |  | |  |  | |  |  | |
| **57.23(2)(b)2. RESIDENT TREATMENT PLAN REVIEW – CHANGES** Any changes in the treatment plan, including any changes to specific indicators of revised goals, time frames for achievement of treatment goals, and service providers. | | | | | | |  | |  |  | |  |  | |
| **57.23(2)(c)** The group home shall conduct a treatment plan review and revise the treatment plan as needed, consistent with the resident’s needs, treatment plan goals, and the permanency planning goals of the placing person or agency. | | | | | | |  | |  |  | |  |  | |
| **57.23(3)(a) DISCHARGE PLANNING** Preparation for discharge shall begin at the time of admission with the outlining of goals to be achieved and ongoing modification as progress towards goals dictates. The group home shall document in the resident’s record efforts made by staff members to prepare the resident and the resident’s family for discharge. | | | | | | |  | |  |  | |  |  | |
| **57.23(3)(b) POST-DISCHARGE PLAN** The resident; the parent, guardian, or legal custodian; and the placing agency shall be given an opportunity to participate in developing a post-discharge plan. The plan shall include recommendations for continuing or additional services upon discharge and the name of the person or agency to receive the resident upon discharge, if applicable. | | | | | | |  | |  |  | |  |  | |
| **57.24(1) PATIENT RIGHTS & GRIEVANCE RESOLUTION** The licensee shall be knowledgeable of and ensure that staff members and volunteers observe the patient rights and grievance resolution procedures in s. 51.61, Stats., and ch. DHS 94, for each resident who receives services for treatment of mental illness, a developmental disability, alcoholism or drug dependency. Residents that are not specifically identified as coming under s. 51.61, Stats., and ch. DHS 94 shall have rights and grievance resolution procedures that are comparable to those found in s. 51.61, Stats., and ch. DHS 94. | | | | | | |  | |  |  | |  |  | |
| \***57.24(2) PATIENT RIGHTS & GRIEVANCE PROCEDURES – POSTING** A copy of the DHS 94 patient’s rights and the group home grievance procedure shall be posted in each group home in a prominent place accessible to residents, staff members and visitors. | | | | | | |  | |  |  | |  |  | |
| **57.245 Promoting normalcy**. **(1) SIMILAR TO PEERS.**A group home shall promote normalcy and the healthy development of a resident by supporting the resident’s right to participate in extracurricular, enrichment, cultural, and social activities and have experiences that are similar to those of the resident’s peers of the same age, maturity, or development. | | | | | | |  | |  |  | |  |  | |
| **57.245(2) RPPS DECISION MAKER**. (a) A group home shall ensure the presence on-site of at least one RPPS decision maker at all times to make decisions regarding the participation of a resident in age or developmentally appropriate extracurricular, enrichment, cultural, and social activities. | | | | | | |  | |  |  | |  |  | |
| **57.245(2)(b)** An RPPS decision maker may be a licensee, authorized representative of the licensee, program director, group home manager, or resident care staff member. | | | | | | |  | |  |  | |  |  | |
| **57.245(2)(c)** An RPPS decision maker shall have knowledge of a resident and access to the resident’s treatment plan and other resident records under s. DCF 57.38 related to the decision-making factors in sub. (4). | | | | | | |  | |  |  | |  |  | |
| **57.245(2)(d)** An RPPS decision maker shall document all decisions made under this section in the communication log under s. DCF 57.215. | | | | | | |  | |  |  | |  |  | |
| **57.245(2)(e)** An RPPS decision maker shall document on a form prescribed by the department any decision made under this section that requires written permission from the group home in lieu of the resident’s parent or guardian. The completed form shall be placed in the resident’s record under s. DCF 57.38.  **Note**: DCF-F-5124-E, *Reasonable and Prudent Parent Decision Record*, is available in the forms section of the department website at http://dcf.wisconsin.gov or by writing the Division of Safety and Permanence, P.O. Box 8916, Madison, WI 53708−8916. | | | | | | |  | |  |  | |  |  | |
| **57.245(3)**  **REASONABLE AND PRUDENT PARENT STANDARD**. When an RPPS decision maker is making a decision regarding a resident’s participation in activities, the RPPS decision maker shall use a decision-making standard that is characterized by careful and sensible parental decisions that maintain the health, safety, best interests, and cultural, religious, and tribal values of the resident while at the same time encouraging the emotional and developmental growth of the resident, if the activities meet the conditions in par. (a) and (b) as follows:  **(a)** *Areas covered by the standard*. The resident is participating or wants to participate in extracurricular, enrichment, cultural, or social activities, including all of the following:  1. Activities related to transportation, such as obtaining a driver’s license, driving, or carpooling with peers and other adults.  2. Formal or informal employment and related activities, such as opening an account in a bank or credit union.  3. Activities related to peer relationships, such as visiting with friends, staying overnight at a friend’s house, or dating.  4. Activities related to personal expression, such as haircuts; hair dying; clothing choices; or sources of entertainment, including games and music. | | | | | | |  | |  |  | |  |  | |
| **57.245(3)(b)** *Age or developmentally appropriate activities*. The resident is participating or wants to participate in activities that are suitable based on any of the following criteria:  1. Activities that are generally accepted as suitable for children of the same chronological age or level of maturity or that are determined to be developmentally appropriate for a child based on the cognitive, emotional, physical, and behavioral capacities that are typical for children of the same age or age group.  2. Activities that are suitable based on this resident’s cognitive, emotional, physical, and behavioral capacities.  **Note:** The reasonable and prudent parent standard does not apply to a child receiving respite care services. | | | | | | |  | |  |  | |  |  | |
| **57.245(4)**  **DECISION-MAKING FACTORS**. When applying the reasonable and prudent parent standard to a decision regarding a resident’s participation in an extracurricular, enrichment, cultural, or social activity, an RPPS decision maker shall consider all of the following:  **(a)** Child-specific factors, including all of the following:  1. The resident’s treatment plan.  2. The resident’s wishes, as gathered by engaging the resident in an age-appropriate discussion about participation in the activity.  3. The age, maturity, and development of the resident.  4. Whether participating in the activity is in the best interest of the resident.  5. The resident’s behavioral history.  6. Court orders and other legal considerations affecting the resident, including the prohibitions in sub. (5).  7. Cultural, religious, and tribal values of the resident and the resident’s family. If the resident and resident’s family have different cultural, religious, or tribal values, then the placing agency, or the department if the department is the resident’s guardian, is ultimately responsible for decisions concerning the resident’s care. | | | | | | |  | |  |  | |  |  | |
| **57.245(b)** Activity-specific factors, including all of the following:  1. Potential risk factors of the situation, including whether the resident has the necessary training and safety equipment to safely participate in the activity under consideration.  2. How the activity will help the resident grow.  3. Whether participating in the activity will provide experiences that are similar to the experiences of other residents in the group home.  4. Other information regarding the parent’s wishes and values, as obtained during development and review of the resident’s treatment plan under s. DCF 57.23 (2) and other discussions with the resident’s parent or guardian.  **(c)** Any other concerns regarding the safety of the resident, other residents in the group home, or the community.  **(d)** Information on the forms required under ch. DCF 37.  **Note:** The forms required under ch. DCF 37 are DCF−F−872A−E, *Information for Out−of−Home Care Providers, Part A* andDCF−F−872B−E, *Information for Out−of−Home Care Providers, Part B.* Both forms are available in the forms section of the department website at http://dcf.wisconsin.gov or by writing the Division of Safety and Permanence, P.O. Box 8916, Madison, WI 53708−8916. | | | | | | |  | |  |  | |  |  | |
| **57.245(5)** **PROHIBITIONS**. An RPPS decision maker may not do any of the following:  **(a)** Permit a resident to participate in an activity that would violate a court order or any federal or state statute, rule, or regulation.  **(b)** Make decisions that conflict with the resident’s permanency plan or family interaction plan.  **(c)** Consent to the resident’s marriage.  **(d)** Authorize the resident’s enlistment in the U.S. armed forces.  **(e)** Authorize medical, psychiatric, or surgical treatment for the resident beyond the terms of the consent for medical services authorized by the resident’s parent or guardian.  **(f)** Represent the resident in legal actions or make other decisions of substantial legal significance.  **(g)** Determine which school the resident attends or make a decision concerning the resident regarding an educational right or requirement that is provided in federal or state law.  **Note:** For example, only a parent or guardian can make decisions about a resident’s individualized educational program under s. 115.787, Stats.  **(h)** Require or prohibit a resident’s participation in an age or developmentally appropriate activity solely for convenience or personal reasons not applicable to the decision-making factors in sub. (4). | | | | | | |  | |  |  | |  |  | |
| **57.25(1)(a) MEDICAL CARE – QUALIFIED PROVIDERS & WRITTEN CONSENT** Any medical examination or service provided to a resident shall be provided only by an individual licensed to perform the examination or service being provided. Before an examination or service is provided, written consent to perform the examination or service shall be obtained as follows: | | | | | | |  | |  |  | |  |  | |
| **57.25(1)(a)1. MEDICAL CONSENT – RESIDENTS UNDER 14 YEARS OF AGE** For a resident who is under 14 years of age, written consent of a resident’s parent or guardian. | | | | | | |  | |  |  | |  |  | |
| **57.25(1)(a)2. MEDICAL CONSENT – RESIDENTS BETWEEN 14 & 18 YEARS OF AGE** For a resident who is between 14 and 18 years of age, consent of the resident’s parent or guardian with the consent of the resident whenever feasible. | | | | | | |  | |  |  | |  |  | |
| **57.25(1)(a)3. MEDICAL CONSENT – RESIDENTS 18 YEARS OF AGE & OLDER** For a resident who is 18 years of age or older, consent of the resident is required unless the resident has been deemed incompetent by a court and has a court appointed guardian or legal custodian, in which case the consent of the guardian or legal custodian is required. | | | | | | |  | |  |  | |  |  | |
| **57.25(1)(b) MEDICAL CONSENT – EMERGENCIES** Consent shall include consent to administer emergency medical services including surgery for life threatening situations when a parent, cannot immediately be reached. Verbal consent may be obtained in an emergency situation where time or distance precludes obtaining written consent. Both the written consent and any verbal consent shall be documented in the resident’s record, by indicating who obtained the consent, who gave the consent and that person’s relationship to the resident, and what specific services are authorized by the consent. A verbal consent shall be valid for 10 calendar days, during which time there shall be a good faith effort to obtain written consent. | | | | | | |  | |  |  | |  |  | |
| **57.25(2)(a) MEDICATION ADMINISTRATION – STAFF REVIEW OF POLICIES** No staff member may administer medication to a resident unless the staff member has receivedthe group home’s policies established under s. DCF 57.05(2)(c) for administering and monitoring medication use. | | | | | | |  | |  |  | |  |  | |
| **57.25(2)(am) MEDICATION ADMINISTRATION – INFORMATION PROVIDED TO STAFF** After receiving the information described in sub. (2)(a), staff shall receive the following: | | | | | | |  | |  |  | |  |  | |
| **57.25(2)(am)1 MEDICATION ADMINISTRATION INFORMATION – PROCEDURE** Procedure for administering the medication being given as described by the physician, pharmacist or as indicated on the label of an over-the-counter medication or a prescribed medication or both. If the label on prescribed medication is not clear, a staff member shall contact the pharmacy that filled the prescription for clarification. | | | | | | |  | |  |  | |  |  | |
| **57.25(2)(am)2. MEDICATION ADMINISTRATION INFORMATION – DOCUMENTATION** Procedures for documenting the administration of medication as specified under sub. (3). | | | | | | |  | |  |  | |  |  | |
| **57.25(2)(am)3. MEDICATION ADMINISTRATION INFORMATION – PURPOSE** The purpose of the medication. | | | | | | |  | |  |  | |  |  | |
| **57.25(2)(am)4. MEDICATION ADMINISTRATION INFORMATION – SIDE EFFECTS** Any potential adverse side effects of the medication being administered. | | | | | | |  | |  |  | |  |  | |
| **57.25(2)(am)5. MEDICATION ADMINISTRATION INFORMATION – REFUSALS** Procedure to follow if a resident refuses medication, including refusal of psychotropic medication as described in sub. (7). | | | | | | |  | |  |  | |  |  | |
| **57.25(2)(am)6. MEDICATION ADMINISTRATION INFORMATION – DRUG ALLERGIES** Known drug allergies of the resident. | | | | | | |  | |  |  | |  |  | |
| **57.25(2)(am)7. MEDICATION ADMINISTRATION INFORMATION – OTHER** Any other information that may be relevant to administration of the medication. | | | | | | |  | |  |  | |  |  | |
| **57.25(2)(b) MEDICATION ADMINISTRATION – AUTHORIZED STAFF** Medication may be administered to a resident only in the presence of a staff member that has been authorized in writing by the program director or the group home manager, to administer medication. | | | | | | |  | |  |  | |  |  | |
| **57.25(2)(c) MEDICATION ADMINISTRATION – SELF ADMINISTRATION** Medication may be self-administered by a resident only under all of the following conditions: | | | | | | |  | |  |  | |  |  | |
| **57.25(2)(c)1. MEDICATION SELF ADMINISTRATION – WRITTEN AUTHORIZATION** Self-administration is authorized in writing from the prescribing practitioner. | | | | | | |  | |  |  | |  |  | |
| **57.25(2)(c)2. MEDICATION SELF ADMINISTRATION – HISTORY OF RISK** There is no demonstrated history of risk that the resident may harm self through abuse or overdose. | | | | | | |  | |  |  | |  |  | |
| **57.25(2)(c)3. MEDICATION SELF ADMINISTRATION – EVALUATION** The resident’s treatment plan includes an evaluation by the program director of the resident’s capability to self-administer medication. | | | | | | |  | |  |  | |  |  | |
| **57.25(2)(c)4. MEDICATION SELF ADMINISTRATION – RESIDENT KNOWLEDGE** The resident recognizes and distinguishes the medication or treatment and knows the condition or illness for which the medication or treatment is prescribed, the correct dosage, and when the medication or treatment is to be taken. | | | | | | |  | |  |  | |  |  | |
| **57.25(2)(c)5. MEDICATION SELF ADMINISTRATION – PSYCHOTROPIC** The medication is not a psychotropic medication as defined in sub. (7)(a). | | | | | | |  | |  |  | |  |  | |
| **57.25(3)(a) MEDICATION ADMINISTRATION DOCUMENTATION** Immediately upon administering medication to a resident or a resident self-administering medication, the staff member administering or supervising the administration of medication shall write all of the following in the resident’s record: | | | | | | |  | |  |  | |  |  | |
| **57.25(3)(a)1. MEDICATION ADMINISTRATION DOCUMENTATION – RESIDENT NAME** Full name of the resident to whom the medication was administered. | | | | | | |  | |  |  | |  |  | |
| **57.25(3)(a)2. MEDICATION ADMINISTRATION DOCUMENTATION – DATE & TIME** Date and time the medication was administered. | | | | | | |  | |  |  | |  |  | |
| **57.25(3)(a)3. MEDICATION ADMINISTRATION DOCUMENTATION – NAME & DOSAGE** Name and dosage of the medication administered or medical treatments received. | | | | | | |  | |  |  | |  |  | |
| **57.25(3)(a)4. MEDICATION ADMINISTRATION DOCUMENTATION – STAFF WHO ADMINISTERED** Signature of the staff member who administered or supervised the administration of medication. | | | | | | |  | |  |  | |  |  | |
| **57.25(3)(a)5. MEDICATION ADMINISTRATION DOCUMENTATION – REFUSALS** Any refusal of medication. | | | | | | |  | |  |  | |  |  | |
| **57.25(3)(a)6. MEDICATION ADMINISTRATION DOCUMENTATION – ADVERSE REACTIONS** Any adverse reaction to the medication and steps taken to notify the resident’s health care provider, parent, guardian, or legal custodian. | | | | | | |  | |  |  | |  |  | |
| **57.25(3)(a)7. MEDICATION ADMINISTRATION DOCUMENTATION – ERRORS** Any error in medication administration and the steps taken to notify the resident’s physician as required in sub. (5). | | | | | | |  | |  |  | |  |  | |
| **57.25(3)(b) MEDICATION ADMINISTRATION DOCUMENTATION – WRITTEN IN INK** Each entry made under this subsection shall be written in ink. | | | | | | |  | |  |  | |  |  | |
| **57.25(4) ADVERSE REACTION TO MEDICATION** In the event of an adverse reaction to any medication, a staff member shall immediately notify the resident’s parent or guardian and the attending physician. | | | | | | |  | |  |  | |  |  | |
| **57.25(5) MEDICATION ERRORS** The attending physician shall be notified in the event of a medication error. The department and placing agency shall be notified as required in ss. DCF 57.13(1)(e) and 57.135. | | | | | | |  | |  |  | |  |  | |
| **57.25(6) MEDICATION STORAGE & DISPOSAL** The licensee shall comply with all of the following requirements for storing medication: | | | | | | |  | |  |  | |  |  | |
| **57.25(6)(a) MEDICATION STORAGE – ORIGINAL CONTAINER** Medication including over-the-counter medication, shall be kept in the container in which it was purchased or prescribed. No person may transfer medication that has been prescribed or purchased over-the-counter to another container or change the label on any medication, unless the person is a pharmacist as defined in s. 450.01(15), Stats. | | | | | | |  | |  |  | |  |  | |
| \***57.25(6)(b) MEDICATION STORAGE – ACCESSIBILITY** Medication shall be locked and stored in a location that is inaccessible to children. Only staff members who are designated in writing by the program director shall have access to keys to the medication. Prescription and over-the-counter medication shall not be stored next to chemicals or other contaminants. | | | | | | |  | |  |  | |  |  | |
| \***57.25(6)(c) MEDICATION STORAGE – ACCEPTABLE CONDITIONS / REFRIGERATION** Medication shall be kept under acceptable conditions of sanitation, temperature, light, moisture, and ventilation according to the requirements of each medication. Medication that requires refrigeration shall be stored in a separate locked compartment or container that is properly labeled, stored separately from food items, and kept inaccessible to children. | | | | | | |  | |  |  | |  |  | |
| \***57.25(6)(d) MEDICATION STORAGE – INTERNAL CONSUMPTION & EXTERNAL APPLICATION** Medication for internal consumption shall be stored separately from medication for external application. | | | | | | |  | |  |  | |  |  | |
| **57.25(6)(e) MEDICATION STORAGE – DISPOSAL** Within 72 hours of the medication’s expiration date, the date the medication is no longer in use by the resident for whom the medication was prescribed or purchased, or the date the resident is discharged, unused medication shall be returned to a parent, guardian, or legal custodian of the resident, for removal from the group home or shall be destroyed by the group home manager or returned to the prescribing pharmacy to be destroyed. | | | | | | |  | |  |  | |  |  | |
| **57.25(6)(f) MEDICATION STORAGE – DOCUMENTATION OF DISPOSAL** The group home shall maintain a log of medication destroyed. The information logged shall be written in ink and shall include the amount of medication destroyed, the name of the staff member who destroyed the medication, and the name of the resident to whom the medication belongs. Whenever medication is released to a resident’s parent, guardian or legal custodian, that information, including the name of the person receiving the medication, shall be documented in the resident’s record. | | | | | | |  | |  |  | |  |  | |
| **57.25(6)(g) MEDICATION STORAGE – DESTROYING CONTROLLED SUBSTANCES** The group home shall contact the local police to destroy the medications or contact the Division Officer at the U.S. Drug Enforcement Agency (DEA) for instructions for destroying controlled substances. | | | | | | |  | |  |  | |  |  | |
| **57.25(7)(b) PSYCHOTROPIC MEDICATION – PATIENT RIGHTS** A group home shall comply with the provisions of s. 51.61(1)(g) and (h), Stats., for each resident who is prescribed psychotropic medication. | | | | | | |  | |  |  | |  |  | |
| **57.25(7)(c) PSYCHOTROPIC MEDICATION – NON-EMERGENCY PROCEDURES** A group home serving a resident for whom psychotropic medication is newly prescribed shall ensure that all of the following requirements are met: | | | | | | |  | |  |  | |  |  | |
| **57.25(7)(c)1. NON-EMERGENCY PROCEDURES – MEDICAL EVALUATION** A medical evaluation of the resident is completed by a physician detailing the reason for the type of psychotropic medication prescribed. The evaluation or screening shall be documented in the resident’s record within the first 45 days after the resident has first received a psychotropic medication. Subsequent evaluations of the resident related to the administration of psychotropic medications shall be completed as recommended by the prescribing physician and the results documented in the resident’s record. | | | | | | |  | |  |  | |  |  | |
| **57.25(7)(c)2. NON-EMERGENCY PROCEDURES – WRITTEN CONSENT / COURT ORDER** The resident, if 14 years of age or older, and a parent, or guardian of the resident, have signed written consent forms as required under s. DHS 94.03, unless psychotropic medications are administered per court order. If the medication is administered per court order, there shall be a copy of the order in the resident’s record. | | | | | | |  | |  |  | |  |  | |
| **57.25(7)(c)3. NON-EMERGENCY PROCEDURES – STAFF KNOWLEDGE** All group home staff understand the potential benefits and side effects of the medication and have received information relating to contraindicated medications. | | | | | | |  | |  |  | |  |  | |
| **57.25(7)(d) PSYCHOTROPIC MEDICATION – EMERGENCY PROCEDURES** For emergency administration of a psychotropic medication to a resident, a group home shall do all of the following: | | | | | | |  | |  |  | |  |  | |
| **57.25(7)(d)1. PSYCHOTROPIC MED EMERGENCY PROCEDURES – PHYSICIAN AUTHORIZATION** Have authorization from a physician. | | | | | | |  | |  |  | |  |  | |
| **57.25(7)(d)2. PSYCHOTROPIC MED EMERGENCY PROCEDURES – CONSENT / COURT ORDER** Whenever feasible, obtain written informed consent from a parent, or guardian, and the resident, if the resident is 14 years old or older, before using the medication unless the medication is administered per court order. | | | | | | |  | |  |  | |  |  | |
| **57.25(7)(d)3. PSYCHOTROPIC MED EMERGENCY PROCEDURES – MEDICAL PROCEDURES** Comply with the group home’s emergency medical procedures. | | | | | | |  | |  |  | |  |  | |
| **57.25(7)(d)4. PSYCHOTROPIC MED EMERGENCY PROCEDURES – NOTIFY PARENT / GUARDIAN** If written informed consent of a parent or guardian of the resident was not obtained before administration of the medication notify the parent or guardian by phone as soon as possible following emergency administration and document the dates, times, and persons notified in the resident’s treatment record. | | | | | | |  | |  |  | |  |  | |
| **57.25(7)(d)5. PSYCHOTROPIC MED EMERGENCY PROCEDURES – TREATMENT PURPOSE** Document the physician’s reasons for ordering emergency administration of psychotropic medication in the resident’s treatment record. | | | | | | |  | |  |  | |  |  | |
| **57.25(7)(e)1. PSYCHOTROPIC MEDICATION – REVOCATION OF CONSENT** A resident’s parent or guardian may revoke consent for non-emergency use of psychotropic medications at any time, as provided under s. DHS 94.03. | | | | | | |  | |  |  | |  |  | |
| **57.25(7)(e)2. PSYCHOTROPIC MEDICATION – REVOCATION OF CONSENT REQUIREMENTS** When a consent is revoked, the group home shall do all of the following: | | | | | | |  | |  |  | |  |  | |
| **57.25(7)(e)2.a. PSYCHOTROPIC MED REVOCATION OF CONSENT – COURT ORDER / PRESCRIPTION** Administer the medication pursuant to a court order or as prescribed by a physician to avoid serious physical harm to the resident or others. | | | | | | |  | |  |  | |  |  | |
| **57.25(7)(e)2.b. PSYCHOTROPIC MED REVOCATION OF CONSENT – NOTIFICATIONS** Inform the prescribing physician and the placing person or agency of the consent revocation and document the revocation in the resident’s treatment record. | | | | | | |  | |  |  | |  |  | |
| **57.25(7)(e)3. PSYCHOTROPIC MEDICATION – REFUSAL** When a resident refuses to take a prescribed psychotropic medication, the group home shall do all of the following: | | | | | | |  | |  |  | |  |  | |
| **57.25(7)(e)3.a. PSYCHOTROPIC MEDICATION REFUSAL – DOCUMENTATION** Document the resident’s reasons for refusal in the resident’s treatment record. | | | | | | |  | |  |  | |  |  | |
| **57.25(7)(e)3.b. PSYCHOTROPIC MEDICATION REFUSAL – NOTIFICATION** Notify the resident’s physician, the parent or guardian or legal custodian and the resident’s placing person or agency. Notification shall be immediate if the resident’s refusal threatens the resident’s well-being and safety. | | | | | | |  | |  |  | |  |  | |
| **57.25(7)(f) PSYCHOTROPIC MEDICATION – ADMINISTRATION STANDARDS** In administering psychotropic medication, a group home shall comply with requirements for administration of prescription medication in this section and clinically acceptable standards for good medical practice. Conformance to guidelines of the department’s division of disability and elder services for use and monitoring of the effects of psychotropic medications satisfies the requirement for clinically acceptable standards and for good medical practice. | | | | | | |  | |  |  | |  |  | |
| **57.26 DENTAL CARE** Within 30 days after admission to a group home, each resident over the age of 3 years old who is admitted to the group home for other than respite care shall receive a dental examination unless an examination has been performed within 6 months before the resident’s admission. Subsequent dental examinations shall occur at intervals not exceeding 6 months after the last examination or completion of treatment. | | | | | | |  | |  |  | |  |  | |
| **57.27(1) BEHAVIOR INTERVENTION – PROHIBITED MEASURES** No licensee, staff member, or volunteer may do any of the following: | | | | | | |  | |  |  | |  |  | |
| **57.27(1)(a) PROHIBITED MEASURES – MENTALLY / PHYSICALLY HARMFUL / PAINFUL** Hit, shake, pinch, push, twist or use any other means that the staff member or volunteer knows or should know may inflict mental or physical harm or actions that may be psychologically, emotionally or physically painful to a resident. | | | | | | |  | |  |  | |  |  | |
| **57.27(1)(b) PROHIBITED MEASURES – VERBAL ABUSE, PROFANITY, RIDICULE** Verbally abuse a resident or use profanity, or any language that the staff member or volunteer knows or should know may ridicule a resident. | | | | | | |  | |  |  | |  |  | |
| **57.27(1)(c) PROHIBITED MEASURES – LOCKED ROOM** Lock a resident in a room or any other place. | | | | | | |  | |  |  | |  |  | |
| **57.27(1)(d) PROHIBITED MEASURES – LIMIT MOBILITY** Use any item to cover a resident’s head or face or wrap the resident’s body with sheets, blankets, or any other material. | | | | | | |  | |  |  | |  |  | |
| **57.27(1)(e) PROHIBITED MEASURES – NON-THERAPEUTIC CONSEQUENCE** Require a resident to march, stand, kneel, or assume and remain in any fixed position or assign work that is not therapeutic and not a part of the resident’s treatment plan. | | | | | | |  | |  |  | |  |  | |
| **57.27(1)(f) PROHIBITED MEASURES – NOXIOUS, TOXIC, UNPLEASANT SUBSTANCES** Release any noxious, toxic or otherwise unpleasant substances near the eyes or face of a resident. | | | | | | |  | |  |  | |  |  | |
| **57.27(1)(g) PROHIBITED MEASURES – DISCIPLINE BY OTHER RESIDENT** Authorize, direct or ask a resident to discipline another resident. | | | | | | |  | |  |  | |  |  | |
| **57.27(1)(h) PROHIBITED MEASURES – DISCIPLINE FOR ACTIONS OF OTHERS** Discipline one resident for the behavior or action of another resident. | | | | | | |  | |  |  | |  |  | |
| **57.27(1)(i) PROHIBITED MEASURES – MENTALLY / PHYSICALLY HUMILIATING / INJURIOUS** Employ any measure that the staff member or volunteer knows or should know is aversive, cruel, humiliating or that may be psychologically, emotionally, or physically painful, discomforting, dangerous, or potentially injurious to a resident. | | | | | | |  | |  |  | |  |  | |
| **57.27 (1)(j) PROHIBITED MEASURES- RESTRAINTS** Use any mechanical restraint or equipment that restricts the movement of a resident or a portion of the resident’s body as behavior intervention. | | | | | | |  | |  |  | |  |  | |
| **57.27 (1)(k) PROHIBITED MEASURES- RESTRAINTS** Use a prone restraint that places a resident in a face down position as behavior intervention. | | | | | | |  | |  |  | |  |  | |
| **57.27(2)(b) TIME-OUTS – REQUIREMENTS** A time-out may not be used for the convenience of staff members or volunteers, as a substitute for supervision of a resident, or for a child under 3 years old. | | | | | | |  | |  |  | |  |  | |
| **57.27(2)(c) TIME-OUTS – AREAS / SUPERVISION / SAFETY** Areas used for time-outs shall be free of objects with which a resident could self-inflict bodily harm, shall provide a staff view of the resident at all times and shall be equipped with adequate ventilation and lighting. | | | | | | |  | |  |  | |  |  | |
| **57.27(2)(d) TIME-OUTS – APPROPRIATENESS** The use of time-outs shall be appropriate to the developmental level and the age of the resident and may not be for a period longer than the period of time necessary for the resident to regain control. The maximum length of time that a resident may be in a time-out on each occurrence of a time-out is as follows: | | | | | | |  | |  |  | |  |  | |
| **57.27(2)(d)1. TIME-OUTS – TIME LIMITS AGE 3 THROUGH 6** For a child 3 through 6 years of age, a time-out may not exceed 10 minutes. | | | | | | |  | |  |  | |  |  | |
| **57.27(2)(d)2. TIME-OUTS – TIME LIMITS AGE 7 THROUGH 10** For a child 7 through 10 years of age, a time-out may not exceed 15 minutes. | | | | | | |  | |  |  | |  |  | |
| **57.27(2)(d)3. TIME-OUTS – TIME LIMITS AGE 11 & OLDER** For a child over 11 years of age, a time-out may not exceed 30 minutes. The need for continued use of a time-out shall be reviewed at least every 10 minutes and documented in the resident’s record. | | | | | | |  | |  |  | |  |  | |
| **57.27(2)(e) TIME-OUTS – TOILET USAGE** A resident that is in a time-out shall be permitted use of the toilet if requested. | | | | | | |  | |  |  | |  |  | |
| **57.27(2)(f) TIME-OUTS – SOUND SUPERVISION** Any resident that is in a time-out shall be within hearing of a staff member. | | | | | | |  | |  |  | |  |  | |
| **57.27(2)(g) TIME-OUTS – DOCUMENTATION** Within 12 hours of occurrence, there shall be documentation in the resident’s record of each time-out, including the name of each staff member involved, the length of the time-out, and rationale for use. | | | | | | |  | |  |  | |  |  | |
| **57.27(3)(a) EMERGENCY SAFETY INTERVENTION** A staff member may not use any type of physical restraint on a resident unless the resident’s behavior presents an imminent danger of harm to self or others and physical restraint is necessary to contain the risk and keep the resident and others safe. | | | | | | |  | |  |  | |  |  | |
| **57.27(3)(b)** **EMERGENCY SAFTEY INTERVENTION** A staff member shall attempt other feasible alternatives to de-escalate a resident and situation before using physical restraint. | | | | | | |  | |  |  | |  |  | |
| **57.27(3)(c) EMERGENCY SAFTEY INTERVENTION** A staff member may not use physical restraint as disciplinary action, for the convenience of the staff member, or for therapeutic purposes. | | | | | | |  | |  |  | |  |  | |
| **57.27(3)(d) EMERGENCY SAFTEY INTERVENTION** If physical restraint is necessary under par. (a), a staff member may only use the physical restraint in the following manner: | | | | | | |  | |  |  | |  |  | |
| **57.27(3)(d)1.** **EMERGENCY SAFETY INTERVENTION** With the least amount of force necessary and in the least restrictive manner to manage the imminent danger of harm to self or others. | | | | | | |  | |  |  | |  |  | |
| **57.27(3)(d)2. EMERGENCY SAFETY INTERVENTION** That lasts only for the duration of time that there is an imminent danger of harm to self or others. | | | | | | |  | |  |  | |  |  | |
| **57.27(3)(d)3.a.** **EMERGENCY SAFETY INTERVENTION** That does not include any of the following: Any maneuver or technique that does not give adequate attention and care to protection of the resident’s head. | | | | | | |  | |  |  | |  |  | |
| **57.27(3)(d)3.b.** **EMERGENCY SAFETY INTERVENTION** Any maneuver that places pressure or weight on the resident’s chest, lungs, sternum, diaphragm, back, or abdomen causing chest compression. | | | | | | |  | |  |  | |  |  | |
| **57.27(3)(d)3.c.** **EMERGENCY SAFETY INTERVENTION** Any maneuver that places pressure, weight, or leverage on the neck or throat, on any artery, or on the back of the resident’s head or neck, or that otherwise obstructs or restricts the circulation or blood or obstructs an airway, such as straddling or sitting on the resident’s torso. | | | | | | |  | |  |  | |  |  | |
| **57.27(3)(d)3.d.** **EMERGENCY SAFETY INTERVENTION** Any type of choke hold. | | | | | | |  | |  |  | |  |  | |
| **57.27(3)(d)3.e.** **EMERGENCY SAFETY INTERVENTION** Any technique that uses pain inducement to obtain compliance or control, including punching, hitting, hyperextension of joints, or extended use of pressure points for pain compliance. | | | | | | |  | |  |  | |  |  | |
| **57.27(3)(d)3.f.** **EMERGENCY SAFETY INTERVENTION** Any technique that involves pushing on or into a resident’s mouth, nose, or eyes, or covering the resident’s face or body with anything, including soft objects, such as pillows, washcloths, blankets, and bedding. | | | | | | |  | |  |  | |  |  | |
| **57.27(3)(d)4.** **EMERGENCY SAFETY INTERVENTION** Notwithstanding subd. 3. f., if a resident is biting himself or herself or other persons, a staff member may use a finger in a vibrating motion to stimulate the resident’s upper lip and cause the resident’s mouth to open and may lean into the bite with the least amount of force necessary to open the resident’s jaw. | | | | | | |  | |  |  | |  |  | |
| **57.27(3)(e) EMERGENCY SAFETY INTERVENTION** After an episode of physical restraint, a debriefing shall take place with the resident and staff that were involved in the physical restraint. | | | | | | |  | |  |  | |  |  | |
| **57.27(3)(f)** **EMERGENCY SAFETY INTERVENTION** Each staff member who uses a physical restraint or who witnesses the use of a physical restraint shall, within 24 hours of each incident, give the group home manager a written description of the incident. The group home manager shall document each incident, including date, time, and a description of the circumstances of the incident, and report the incident to the field office that serves the group home and the placing agency as required under s. DCF 57.13(1)(c) and (5). Each description shall include all of the following: | | | | | | |  | |  |  | |  |  | |
| **57.27(3)(f)1.** **EMERGENCY SAFETY INTERVENTION** The name, age, and sex of each resident involved. | | | | | | |  | |  |  | |  |  | |
| **57.27(3)(f)2. EMERGENCY SAFETY INTERVENTION** The date, time, and location of the incident. | | | | | | |  | |  |  | |  |  | |
| **57.27(3)(f)3. EMERGENCY SAFETY INTERVENTION** The name and job title of each staff member involved in the restraint and each staff member or volunteer who witnessed the use of the restraint. | | | | | | |  | |  |  | |  |  | |
| **57.27(3)(f)4. EMERGENCY SAFETY INTERVENTION** Circumstances leading up to the use of restraint, the behavior that prompted the restraint, efforts made to de-escalate the situation and the alternatives to restraint that were attempted. | | | | | | |  | |  |  | |  |  | |
| **57.27(3)(f)5.** **EMERGENCY SAFETY INTERVENTION** A description of the administration of the restraint, including the holds used and the reasons the holds were necessary. | | | | | | |  | |  |  | |  |  | |
| **57.27(3)(f)6.** **EMERGENCY SAFETY INTERVENTION** The beginning and ending time of the restraint and how the restraint ended. | | | | | | |  | |  |  | |  |  | |
| **57.27(3)(f)7.** **EMERGENCY SAFETY INTERVENTION** Behavior of the resident during and after the use of the restraint. | | | | | | |  | |  |  | |  |  | |
| **57.27(3)(f)8.** **EMERGENCY SAFETY INTERVENTION** Any injuries sustained by a resident or staff member and any medical care provided, including the name and title of the person providing the care. | | | | | | |  | |  |  | |  |  | |
| **57.27(3)(f)9.** **EMERGENCY SAFETY INTERVENTION** Any follow-up debriefing provided to residents and staff. | | | | | | |  | |  |  | |  |  | |
| **57.28(1) CLOTHING – FUNDS, APPROPRIATENESS** The licensee shall ensure that funds allocated by the placing agency for the purchase of clothing for residents are used in such a manner that residents are provided with clothing that is individually selected and fitted, appropriate to the season, and comparable to that of others in the community. | | | | | | |  | |  |  | |  |  | |
| **57.28(2) CLOTHING – RESIDENT PARTICIPATION** Whenever possible, each resident shall be given an opportunity to participate in the selection and purchase of his or her clothing. | | | | | | |  | |  |  | |  |  | |
| **57.28(3) CLOTHING – MAINTENANCE** Each resident’s clothing shall be regularly laundered and in good repair. | | | | | | |  | |  |  | |  |  | |
| **57.28(4) CLOTHING – PURCHASES** Clothing purchased for a resident shall be the property of that resident. The group home shall keep a log in each resident’s record of clothing purchases. | | | | | | |  | |  |  | |  |  | |
| **57.29 HYGIENE** Each resident shall be provided with sufficient amounts of individually dispensed soap, clean towels, toilet paper, toothpaste, shampoo, deodorant, and other personal hygiene products that are gender specific to the resident population. | | | | | | |  | |  |  | |  |  | |
| **57.30(1) HOUSEHOLD DUTIES – APPROPRIATENESS** Residents shall have opportunities to share in responsibility for household duties or chores appropriate to the resident’s age, developmental level, health, and ability. | | | | | | |  | |  |  | |  |  | |
| **57.30(2) HOUSEHOLD DUTIES – RESTRICTIONS** Household duties of residents may not interfere with school attendance, family visits, sleep, study, or religious practice and may not violate the principles of nurturing care described in s. DCF 57.205. | | | | | | |  | |  |  | |  |  | |
| **57.305(1) SPENDING MONEY – BASE ALLOWANCE** Each resident shall be given a regular, base amount of spending money appropriate to his or her age and maturity. Older residents can be given opportunities to earn extra money above and beyond the base allowance. | | | | | | |  | |  |  | |  |  | |
| **57.305(2) SPENDING MONEY – PROHIBITED MEASURES** A resident’s spending money may not be withheld as a disciplinary action. | | | | | | |  | |  |  | |  |  | |
| **57.31(1) FOOD, MODIFIED DIETS, MENU PLANNING** Food shall be available and provided to residents in sufficient quantities and varieties, and shall provide for nutritional and dietary needs. Food or modified diets ordered by a physician shall be provided for those residents who have special needs. In planning menus, the religious practices and cultural patterns of the residents shall be considered and foods offered accordingly. Menus shall meet the minimum nutritional requirements as found in Appendix B. | | | | | | |  | |  |  | |  |  | |
| **57.31(2) FOOD – PROHIBITED MEASURES** At no time shall food be withheld from a resident. | | | | | | |  | |  |  | |  |  | |
| **57.31(3) FOOD – DAILY MENUS** Daily menus shall be written, kept on file and available for at least 30 days after meals have been served. | | | | | | |  | |  |  | |  |  | |
| **57.31(4) FOOD – SPOILED / DETERIORATED** Spoiled or deteriorated food shall be disposed of immediately. | | | | | | |  | |  |  | |  |  | |
| **57.31(5) FOOD – STORAGE & SAFETY** Prepared food shall be covered and stored at temperatures that protect against spoilage. Dry foods shall be dated and stored in rigid, covered containers or single use food storage plastic bags with a zip top closure. Food in dented, bulging or leaking cans, or in cans without labels, may not be used. | | | | | | |  | |  |  | |  |  | |
| **57.31(6) FOOD – LEFTOVERS** Leftover food that is not served shall be marked with the date of preparation and refrigerated or frozen immediately for later use. | | | | | | |  | |  |  | |  |  | |
| **57.32(1) EDUCATION – ENROLLMENT, ATTENDANCE** School age residents shall be enrolled in school as soon as possible after admission to the group home. The licensee shall ensure that each resident meets the school attendance requirements under chs. 115 and 118 Stats., unless otherwise excused by school officials. | | | | | | |  | |  |  | |  |  | |
| **57.32(2) EDUCATION – HOME-BASED PROGRAM** 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. | | | | | | |  | |  |  | |  |  | |
| \***57.33(1) SLEEPING ARRANGEMENTS – SEPARATE BED** Each resident shall be provided with a separate bed. A child of a resident who is a custodial parent shall also have his or her own crib, bed, or bassinet as appropriate for the needs of the child and may not share a bed with his or her parent. | | | | | | |  | |  |  | |  |  | |
| \***57.33(2) SLEEPING ARRANGEMENTS – 18 YEAR OLD RESIDENTS** A resident who is 18 years of age or older may not share a bedroom with a resident who is under 18 years of age. | | | | | | |  | |  |  | |  |  | |
| \***57.33(3) SLEEPING ARRANGEMENTS – SHARING BEDROOMS** No resident may share a bedroom with a licensee, staff member, volunteer, household member, or with a visitor to the premises. | | | | | | |  | |  |  | |  |  | |
| \***57.33(4) SLEEPING ARRANGEMENTS – MALE & FEMALE RESIDENTS** Male and female residents may not share the same bedroom. | | | | | | |  | |  |  | |  |  | |
| \***57.33(5) SLEEPING ARRANGEMENTS – BEDROOM CAPACITY** No more than 4 residents shall occupy any bedroom. For a group home initially licensed after January 1, 2006, no more than 2 residents shall occupy a bedroom. | | | | | | |  | |  |  | |  |  | |
| \***57.33(6) SLEEPING ARRANGEMENTS – RESIDENT BEDROOM** A room that others must pass through to get to another part of the group home shall not be used as a bedroom for a resident. | | | | | | |  | |  |  | |  |  | |
| \***57.33(7) SLEEPING ARRANGEMENTS – REQUIREMENTS** Regular sleeping provisions for residents may not be in any building, apartment, or other structure that is separate from the group home structure or in an unfinished attic, unfinished basement, in a hall or in any other room that is not typically used for sleeping purposes. No household member may be permitted to regularly sleep in any of these areas in order to accommodate a resident. | | | | | | |  | |  |  | |  |  | |
| **57.34 NON-AMBULATORY RESIDENTS** The licensee shall ensure that non-ambulatory residents receive care and services according to that resident’s treatment plan. | | | | | | |  | |  |  | |  |  | |
| **57.35(2)(a) RESPITE CARE STAFF – QUALIFICATIONS** Each staff member who provides care for a respite care resident shall have training or work experience related to any specific condition or need of the resident for whom care is provided. Staff members with no previous training or experience working with the specific condition or need of a respite care resident shall receive at least 8 hours of supervised experience or more if necessary to provide competent care. | | | | | | |  | |  |  | |  |  | |
| \***57.35(2)(b) RESPITE CARE STAFF – OVERSIGHT OF RESIDENTS** The group home shall designate by name or position a staff member who will have primary responsibility for oversight of respite care residents. | | | | | | |  | |  |  | |  |  | |
| \***57.35(3) RESPITE CARE – PROGRAM STATEMENT & POLICIES** The program statement required under s. DCF 57.05(1), shall address the purpose for which respite care is provided, compatibility of children with diverse needs and how the respite care program relates to other program components of the group home. The policies and procedures established under s. DCF 57.05(2), shall include procedures on assessing the medical and dietary needs and behavioral and emotional concerns of a child admitted to the group home for respite care. | | | | | | |  | |  |  | |  |  | |
| **57.36(1) CUSTODIAL PARENTS & EXPECTANT MOTHERS – APPLICABILITY** If a licensee is licensed under s. DCF 57.51 or approved under s. DCF 57.515 to provide care to custodial parents or expectant mothers, the licensee shall meet the additional requirements of this section. | | | | | | |  | |  |  | |  |  | |
| **57.36(2) CUSTODIAL PARENTS & EXPECTANT MOTHERS – TREATMENT PLANNING** The treatment plan developed under s. DCF 57.23 shall include goals and approaches for all of the following: | | | | | | |  | |  |  | |  |  | |
| **57.36(2)(a) TREATMENT PLAN – PARENTING SKILLS** Parenting skills instruction that includes all of the following: | | | | | | |  | |  |  | |  |  | |
| **57.36(2)(a)1. PARENTING SKILLS – PRENATAL & OTHER HEALTH SERVICES** Prenatal and other health care services. | | | | | | |  | |  |  | |  |  | |
| **57.36(2)(a)2. PARENTING SKILLS – CHILD DEVELOPMENT** | | | | | | |  | |  |  | |  |  | |
| **57.36(2)(a)3. PARENTING SKILLS – BATHING & HYGIENE** | | | | | | |  | |  |  | |  |  | |
| **57.36(2)(a)4. PARENTING SKILLS – CHILD SAFETY** | | | | | | |  | |  |  | |  |  | |
| **57.36(2)(a)5. PARENTING SKILLS – CHILD GUIDANCE & BEHAVIOR MANAGEMENT** | | | | | | |  | |  |  | |  |  | |
| **57.36(2)(a)6. PARENTING SKILLS – DOMESTIC VIOLENCE, SIDS, SHAKEN BABY, AODA** Domestic violence issues, sudden infant death syndrome, shaken baby syndrome, and mental health and alcohol and other drug abuse counseling as appropriate. | | | | | | |  | |  |  | |  |  | |
| **57.36(2)(a)7. PARENTING SKILLS – NUTRITION & MEAL PREPARATION** Nutrition and meal preparation. | | | | | | |  | |  |  | |  |  | |
| **57.36(2)(a)8. PARENTING SKILLS – CHILD CARE OPTIONS** | | | | | | |  | |  |  | |  |  | |
| **57.36(2)(b) TREATMENT PLAN – LIFE SKILLS** Life skills instruction that includes all of the following: | | | | | | |  | |  |  | |  |  | |
| **57.36(2)(b)1. LIFE SKILLS – FAMILY PLANNING & RELATIONSHIPS** Family planning and relationships. | | | | | | |  | |  |  | |  |  | |
| **57.36(2)(b)2. LIFE SKILLS – INDEPENDENT LIVING SKILLS** Independent living skills, economic self-sufficiency, budgeting and job skills. | | | | | | |  | |  |  | |  |  | |
| **57.36(2)(b)3. LIFE SKILLS – COMMUNITY RESOURCES** Accessing community resources, transportation, and transitional housing. | | | | | | |  | |  |  | |  |  | |
| **57.36(3) MEDICAL CARE FOR EXPECTANT MOTHERS** An expectant mother shall be provided prenatal and postnatal care from a physician or a nurse-midwife licensed under s. 441.15(3), Stats. The licensee shall ensure that the expectant mother gives birth in a medical facility. | | | | | | |  | |  |  | |  |  | |
| **57.36(4) HEALTH SAFETY & WELFARE OF CHILDREN OF RESIDENTS** The licensee shall ensure the health, safety, and welfare of the children of residents and provide care to those children in compliance with this chapter. | | | | | | |  | |  |  | |  |  | |
| **57.36(5)(a) ON-PREMISES CHILD CARE FOR CHILDREN OF CUSTODIAL PARENT** If the resident is not on the premises or is otherwise unable to care for his or her child, child care may be provided on the premises only as follows: | | | | | | |  | |  |  | |  |  | |
| **57.36(5)(a)1. ON-PREMISES CHILD CARE – STAFF TO CHILD RATIOS** The staff-to-child ratio may not be less than that specified in Table DCF 57.36. If care is provided to a mixed-age group of children, the staff-to-child ratio in Table DCF 57.36 shall be adjusted on a pro-rata basis pursuant to Appendix D. | | | | | | |  | |  |  | |  |  | |
| **TABLE DCF 57.36** | | | | | | |
| Age of Children | | | Minimum Number of Staff  Members or Volunteers to Children | | | |
| Birth to 2 Years |  |  | 1:4 |  |  | |
| 2 Years to 2 ½ Years |  |  | 1:6 |  |  | |
| 2 ½ Years to 3 Years |  |  | 1:8 |  |  | |
| 3 Years to 4 Years |  |  | 1:10 |  |  | |
| 4 Years to 5 Years |  |  | 1:13 |  |  | |
| 5 Years to 6 Years |  |  | 1:17 |  |  | |
| 6 Years and Over |  |  | 1:18 |  |  | |
|  |  |  |  |  | |  |
| **57.36(5)(a)2. ON-PREMISES CHILD CARE – STAFF TRAINING** The staff member or volunteer used to meet staff-to-child ratios as defined in subd. 1. shall have completed the training requirements as set forth under s. DCF 57.37(4). | | | | | | |  | |  |  | |  |  | |
| **57.36(5)(a)3. ON-PREMISES CHILD CARE – LICENSE REQUIREMENTS** If child care is provided for payment, reimbursement or other compensation to 4 or more children under 7 years of age, the child care program must be licensed under ch. DCF 250 or DCF 251. | | | | | | |  | |  |  | |  |  | |
| **57.36(5)(b) OFF-PREMISES CHILD CARE REQUIREMENTS** Child care may be provided off- premises only by a child care provider that is licensed or certified under ch. DCF 202, DCF 250 or DCF 251, as applicable. | | | | | | |  | |  |  | |  |  | |
| **57.36(6) NON–CUSTODIAL PARENTS** The licensee shall give children of residents the opportunity and encouragement to maintain involvement with non-custodial parents. | | | | | | |  | |  |  | |  |  | |
| \***57.36(7) CUSTODIAL PARENTS & EXPECTANT MOTHERS – SPACE REQUIREMENTS** In addition to the floor space required for bedrooms under s. DCF 57.40(6)(b)3., there shall be at least 35 square feet of additional floor space in a bedroom for each child sharing a bedroom with a parent. | | | | | | |  | |  |  | |  | + | |
| \***57.36(8) CUSTODIAL PARENTS & EXPECTANT MOTHERS – WATER SUPPLY** The annual test of private well water under s. DCF 57.40(3)(a)2. shall include testing for nitrate levels. If nitrate levels are determined to be over 10 milligrams per liter, the licensee shall give notice to the department field office that serves the group home within 48 hours. | | | | | | |  | |  |  | |  |  | |
| **57.37(3) CHILDREN AGE 6 OR YOUNGER – TREATMENT PLAN** A treatment plan is not required for children of residents. The treatment plan developed under s. DCF 57.23(2) for a resident under 6 years of age shall include: | | | | | | |  | |  |  | |  |  | |
| **57.37(3)(a) TREATMENT PLAN – MEALS, FEEDING, TYPES OF FOOD** Schedule of meals and feeding and types of food introduced. | | | | | | |  | |  |  | |  |  | |
| **57.37(3)(b) TREATMENT PLAN – TOILETING & DIAPERING** Toileting and diapering procedures. | | | | | | |  | |  |  | |  |  | |
| **57.37(3)(c) TREATMENT PLAN – SLEEP & NAP SCHEDULE** | | | | | | |  | |  |  | |  |  | |
| **57.37(3)(d) TREATMENT PLAN – COMMUNICATION METHODS & COMFORTING TECHNIQUES** | | | | | | |  | |  |  | |  |  | |
| **57.37(3)(e) TREATMENT PLAN – DEVELOPMENTAL HISTORY** | | | | | | |  | |  |  | |  |  | |
| **57.37(3)(f) TREATMENT PLAN – MEDICAL HISTORY & MEDICATION MANAGEMENT** | | | | | | |  | |  |  | |  |  | |
| **57.37(4) CHILDREN AGE 6 OR YOUNGER – STAFF TRAINING** Each staff member who provides care to a child under this section shall successfully complete at least 10 hours of training in infant and toddler care; at least 40 hours or 3 credits of early childhood training and training in infant and child CPR within 6 months after beginning employment, unless the staff member has previously received such training and certification is current. The training in infant and toddler care shall include instruction on SIDS risk reduction and shall be approved by the department. | | | | | | |  | |  |  | |  |  | |
| **57.37(5) CHILDREN AGE 6 OR YOUNGER – DIAPERING** Wet or soiled diapers and clothing shall be changed promptly. Each child shall be changed on a surface that is cleaned with soap and water and a disinfectant solution after each use. Soiled diapers shall be placed in a plastic-lined, covered container, which shall be emptied, washed and disinfected daily. | | | | | | |  | |  |  | |  |  | |
| \***57.37(6)(a) CHILDREN AGE 6 OR YOUNGER – CRIB, BASSINET, BED** Each child shall be provided with a bassinet, crib, or bed that is safe and appropriate to the needs of the child. Cribs shall have crib slats that are securely fastened in place and are spaced no more than 2 3/8 inches apart. Crib mattresses shall fit snugly. Bassinets and cribs shall be washed and disinfected between changes in occupancy. The top bunk of a bunk bed shall not be used for a child under 4 years of age. The top bunk shall have a safety rail if occupied by a child under 8 years of age. | | | | | | |  | |  |  | |  |  | |
| \***57.37(6)(b) CHILDREN AGE 6 OR YOUNGER – PILLOWS & SHEEPSKINS** Pillows and sheepskins shall not be used with infants. | | | | | | |  | |  |  | |  |  | |
| \***57.37(6)(c) CHILDREN AGE 6 OR YOUNGER – APPROPRIATE FURNISHINGS, EQUIPMENT** The group home shall provide eating utensils and cups, infant seats, high chairs, car seats, strollers, rocking chairs, tables and seating and other furnishings and equipment appropriate for size and developmental level and the needs of children under 6 years of age. | | | | | | |  | |  |  | |  |  | |
| \***57.37(7)(a) CHILDREN AGE 6 OR YOUNGER – STRINGS / CORDS** Strings and cords long enough to encircle a child’s neck shall not be accessible to children. | | | | | | |  | |  |  | |  |  | |
| \***57.37(7)(b) CHILDREN AGE 6 OR YOUNGER – STAIRWAYS / SAFETY GATES** When infants and toddlers are present, open stairways shall be protected at the top and bottom with child safety gates. Gates shall have latching devices that adults can open easily in an emergency. Pressure gates or accordion gates shall not be used. | | | | | | |  | |  |  | |  |  | |
| \***57.37(7)(c) CHILDREN AGE 6 OR YOUNGER – ELECTRICITY, HOT SURFACES** Steam radiators, fireplaces, wood-burning stoves, electric fans, electric outlets, electric heating units and hot surfaces, such as pipes, shall be protected by screens or guards. | | | | | | |  | |  |  | |  |  | |
| \***57.37(7)(d) CHILDREN AGE 6 OR YOUNGER – DIFFERENCES OF ELEVATION** Differences of elevation, including platforms, walkways, balconies and open sides of stairways shall be protected by railing at least 36 inches in height and with bars no greater than 4 inches apart. | | | | | | |  | |  |  | |  |  | |
| \***57.37(8) CHILDREN AGE 6 OR YOUNGER – WATER SUPPLY** If an infant under 6 months old is in care, the annual test of private well water required under s. DCF 57.40(3)(a)2., shall include testing for nitrate levels. If nitrate levels are determined to be over 10 milligrams per liter, the licensee shall give notice to the department field office that serves the group home within 48 hours. | | | | | | |  | |  |  | |  |  | |
| **57.37(9)(a) CHILDREN AGE 6 OR YOUNGER – MEAL PATTERNS** Food shall be available to infants and toddlers in accordance with the meal patterns consistent with those specified in Appendices B and C, as applicable. | | | | | | |  | |  |  | |  |  | |
| \***57.37(9)(b) CHILDREN AGE 6 OR YOUNGER – MICROWAVE** If a microwave is used to heat or prepare food, procedures for heating and cooking infant formula, milk, or food in a microwave oven shall be posted near the microwave. | | | | | | |  | |  |  | |  |  | |
| **57.37(9)(c) CHILDREN AGE 6 OR YOUNGER – CHILD UNABLE TO HOLD BOTTLE** Bottles shall not be propped. A child unable to hold a bottle shall be held whenever a bottle is given. | | | | | | |  | |  |  | |  |  | |
| **57.37(9)(d) CHILDREN AGE 6 OR YOUNGER – BOTTLES IN BED** Infants and toddlers shall not be put to bed with a bottle. | | | | | | |  | |  |  | |  |  | |
| **57.37(10) CHILDREN AGE 6 OR YOUNGER – PHYSICAL EXAM, IMMUNIZATIONS** Each child shall receive routine physical examinations and immunizations pursuant to s. 252.04, Stats., and ch. DHS 144, by a licensed medical professional. | | | | | | |  | |  |  | |  |  | |
| **57.38(1) RESIDENT RECORDS – REQUIREMENTS** The licensee shall maintain on the premises a record for each current resident. Each record shall contain all of the following information: | | | | | | |  | |  |  | |  |  | |
| **57.38(1)(a) RESIDENT RECORDS – PERSONAL INFORMATION** Resident’s first name, last name, and alias, if any, date of birth, and gender. | | | | | | |  | |  |  | |  |  | |
| **57.38(1)(b) RESIDENT RECORDS – RECENT PHOTOGRAPH** Recent photograph of the resident. | | | | | | |  | |  |  | |  |  | |
| **57.38(1)(c) RESIDENT RECORDS – VOLUNTARY PLACEMENT AGREEMENT, COURT ORDER** Voluntary placement agreement or court order or both as appropriate. | | | | | | |  | |  |  | |  |  | |
| **57.38(1)(d) RESIDENT RECORDS – REFERRAL INFORMATION** Referral information such as court reports and assessments from the placing agency. | | | | | | |  | |  |  | |  |  | |
| **57.38(1)(e) RESIDENT RECORDS – RESPONSIBLE PERSON / AGENCY CONTACT INFORMATION** Name, address and telephone number of the placing agency, parent, guardian, or legal custodian that is responsible for the resident. | | | | | | |  | |  |  | |  |  | |
| **57.38(1)(f) RESIDENT RECORDS – EMERGENCY CONTACT INFORMATION** Name, address, and telephone number of the person or placing agency and physician to be called in an emergency. | | | | | | |  | |  |  | |  |  | |
| **57.38(1)**(g) **RESIDENT RECORDS –** Reasonable and prudent parenting decision records required under s. DCF 57.245 (2) (e). | | | | | | |  | |  |  | |  |  | |
| **57.38(1)(h) RESIDENT RECORDS – TREATMENT PLAN, REVIEW, POST-DISCHARGE PLAN** Treatment plan and reviews and post-discharge plan. | | | | | | |  | |  |  | |  |  | |
| **57.38(1)(i) RESIDENT RECORDS – MEDICAL INFORMATION** Current medical information including all of the following: | | | | | | |  | |  |  | |  |  | |
| **57.38(1)(i)1 MEDICAL INFORMATION – CONSENTS, RELEASES** Medical consent and signed releases. | | | | | | |  | |  |  | |  |  | |
| **57.38(1)(i)2. MEDICAL INFORMATION – PHYSICIAN & DENTIST** Name of physician and dentist. | | | | | | |  | |  |  | |  |  | |
| **57.38(1)(i)3. MEDICAL INFORMATION – EXAMINATIONS & FOLLOW-UP CARE** Dates of medical and dental examinations and recommendations for follow-up care. | | | | | | |  | |  |  | |  |  | |
| **57.38(1)(i)4. MEDICAL INFORMATION – IMMUNIZATIONS** | | | | | | |  | |  |  | |  |  | |
| **57.38(1)(i)5. MEDICAL INFORMATION – ILLNESSES & ACCIDENTS** Illnesses and accidents and dates of each. | | | | | | |  | |  |  | |  |  | |
| **57.38(1)(i)6. MEDICAL INFORMATION – MEDICATIONS & TREATMENTS** Medications and treatments received and dates of each. | | | | | | |  | |  |  | |  |  | |
| **57.38(1)(i)7. MEDICAL INFORMATION – ALLERGIES** Allergies, including allergies to food or medication. | | | | | | |  | |  |  | |  |  | |
| **57.38(1)(i)8. MEDICAL INFORMATION – PHYSICAL LIMITATIONS** | | | | | | |  | |  |  | |  |  | |
| **57.38(1)(j) RESIDENT RECORDS – SCHOOL & GRADE LEVEL** Name of school and current grade. | | | | | | |  | |  |  | |  |  | |
| **57.38(1)(k) RESIDENT RECORDS – RELIGIOUS PREFERENCE** | | | | | | |  | |  |  | |  |  | |
| **57.38(1)(L) RESIDENT RECORDS – INCIDENT REPORTS** Incident reports involving the resident for whom the record was made. | | | | | | |  | |  |  | |  |  | |
| **57.38(1)(m) RESIDENT RECORDS – RIGHTS LIMITATIONS, DENIALS, GRIEVANCES** Description of any resident rights that are denied or limited and disposition of any grievances. | | | | | | |  | |  |  | |  |  | |
| **57.38(1)(n) RESIDENT RECORDS – INVENTORY OF RESIDENT'S BELONGINGS** Inventory of the resident’s clothing and other possessions. | | | | | | |  | |  |  | |  |  | |
| **57.38(1)(o) RESIDENT RECORDS – NON-MEDICAL RELEASES & CONSENTS** Non-medical signed releases and consents. | | | | | | |  | |  |  | |  |  | |
| **57.38(1)(p) RESIDENT RECORDS – DISCHARGE SUMMARY** | | | | | | |  | |  |  | |  |  | |
| **57.38(1)(q) RESIDENT RECORDS – OTHER INFORMATION** Any other information as appropriate. | | | | | | |  | |  |  | |  |  | |
| **57.38(2) RESIDENT RECORDS – STORAGE** Resident records shall be maintained in a secure location pursuant to the confidentiality requirements in s. DCF 57.39. The record required in sub. (1) shall be maintained by the licensee until the resident reaches the age of 19 or 7 years after the resident is discharged from the group home, whichever is later. The record of a resident that has been discharged may be stored off the premises, but must be made available to the department upon request. | | | | | | |  | |  |  | |  |  | |
| **57.39 CONFIDENTIALITY – RESIDENT INFORMATION & RECORDS** Information and records on residents shall be kept confidential and shall be protected from unauthorized examination pursuant to s. 48.78 and 48.981(7), Stats., or where applicable s. 51.30(4), Stats., and ch. DHS 92. | | | | | | |  | |  |  | |  |  | |
| **57.40(1)(a) PHYSICAL PLANT & ENVIRONMENT – GENERAL REQUIREMENTS** In addition to maintaining the premises in compliance with state and local building code requirements, the licensee shall maintain the premises in a state of good repair and in a clean, safe and sanitary condition. | | | | | | |  | |  |  | |  |  | |
| **57.40(1)(b) PHYSICAL PLANT & ENVIRONMENT – INSPECTIONS** The department may require a licensee to obtain an inspection of the premises and of the heating, electrical, plumbing, water and sewage systems to determine if any safety or health problems exist. | | | | | | |  | |  |  | |  |  | |
| \***57.40(2)(a) EXITS – HALLWAYS, DOORWAYS** Halls leading to exits shall be clear and unobstructed at all times. At least one exit door shall be at least 3 feet in width. | | | | | | |  | |  |  | |  |  | |
| \***57.40(2)(b) EXITS – STAIRWAYS** All stairways serving 3 or more levels shall have a door at either the bottom or top of the stairway which shall be kept closed at all times. | | | | | | |  | |  |  | |  |  | |
| \***57.40(2)(c)1. EXITS – SECOND FLOOR** Habitable rooms on the second floor shall have access to at least 2 exits. At least one of the exits shall be a stairway to the first floor or to grade. | | | | | | |  | |  |  | |  |  | |
| \***57.40(2)(c)2. EXITS – SECOND FLOOR – CHILD AGE 6 OR OLDER** If a child 6 years of age or over occupies a room on the second floor a window may be used as an exit if the window can be opened from the inside without the use of tools, is at least 22 inches in the smallest dimension, is at least 5 square feet in area, and has a lower sill not more than 4 feet from the floor and a window escape ladder for use in an emergency evacuation. | | | | | | |  | |  |  | |  |  | |
| \***57.40(2)(c)3. EXITS – SECOND FLOOR – CHILD UNDER AGE 6** If a child under 6 years of age occupies a room on the second floor, the second exit may be an additional stairway to the first floor or grade or an exit to a balcony that is not more than 15 feet above grade with a floor that measures at least 3 feet by 3 feet and a rail that is not more than 36 inches high. | | | | | | |  | |  |  | |  |  | |
| \***57.40(2)(d) EXITS – ABOVE THE SECOND FLOOR** Habitable rooms above the second floor shall have at least 2 exits that are both stairways to the second floor or to grade or that are to one stairway to the second floor and one stairway to grade. Windows and balconies may not be designated as exits. | | | | | | |  | |  |  | |  |  | |
| \***57.40(2)(e) EXITS – BELOW GRADE** Habitable rooms below grade shall have at least 2 exits. At least one exit shall be a stairway to grade or a door that is below grade level that leads to grade level by an outdoor stairway. The second exit may be either a stairway leading to a first floor above grade or a window that meets the requirements in par. (c)2. | | | | | | |  | |  |  | |  |  | |
| **57.40(3)(a)1. WATER SUPPLY – ADEQUATE & SAFE** The group home shall have an adequate and safe water supply. | | | | | | |  | |  |  | |  |  | |
| \***57.40(3)(a)2. WATER SUPPLY – PRIVATE WELL** If the group home’s water supply is from a private well, the well shall be approved by the department of natural resources. Water samples from an approved well shall be tested at least annually for lead and bacteria by a laboratory certified under ch. HSS 165. If the group home population includes children under 6 years old or expectant mothers the water shall be tested as required in ss. DCF 57.36(8) or 57.37(8), as applicable. | | | | | | |  | |  |  | |  |  | |
| \***57.40(3)(b) SEWAGE** The group home shall have an adequate sewage disposal system. If the group home has a private sewage disposal system, the system shall be approved by the appropriate governmental approving authority. | | | | | | |  | |  |  | |  |  | |
| \***57.40(3)(c) WATER TEMPERATURE** The group home shall be equipped with a water heater sufficient to meet the needs of all residents. The hot water delivered to the group home’s sinks, tubs, and showers shall not exceed 110 degrees Fahrenheit. | | | | | | |  | |  |  | |  |  | |
| **57.40(4)(a) HEATING SYSTEM** The group home shall be equipped with a heating system that is capable of maintaining a temperature of at least 68 degrees Fahrenheit. | | | | | | |  | |  |  | |  |  | |
| \***57.40(4)(b) HEATING, COOLING & VENTILATION** All rooms, including bedrooms must be provided with adequate heating, cooling and ventilation. | | | | | | |  | |  |  | |  |  | |
| \***57.40(4)(c) TEMPERATURE IN THE GROUP HOME** If the temperature inside the group home exceeds 80 degrees Fahrenheit during summer months, the licensee shall provide for air circulation with fans or by other means. | | | | | | |  | |  |  | |  |  | |
| \***57.40(4)(d) HEATING UNIT MAINTENANCE & INSPECTION** The heating unit shall be maintained in a safe condition as determined by an annual inspection by an individual professionally qualified to conduct such inspections. | | | | | | |  | |  |  | |  |  | |
| \***57.40(4)(e) PORTABLE SPACE HEATERS** Portable space heaters shall not be used. | | | | | | |  | |  |  | |  |  | |
| \***57.40(4)(f) BATH & TOILET ROOM VENTILATION** Bath and toilet rooms shall have either a window that opens or be equipped with exhaust ventilation to the outside. | | | | | | |  | |  |  | |  |  | |
| \***57.40(5) LIGHTING** All habitable rooms shall have electric lighting sufficient to meet the needs of the group home and its residents. | | | | | | |  | |  |  | |  |  | |
| \***57.40(6) LIVING SPACE REQUIREMENTS** There shall be at least 200 square feet of living space for each resident of the home. “Living space” includes any area that is used by a resident in daily living and excludes unfinished basement, attic, attached garage or similar areas, not usually occupied by a resident in daily living. The licensee shall ensure compliance with all of the following space requirements: | | | | | | |  | |  |  | |  |  | |
| \***57.40(6)(a)1. BATHROOMS – INDOORS** Bathrooms shall be indoors. | | | | | | |  | |  |  | |  |  | |
| \***57.40(6)(a)2. BATHROOMS – GENDER SPECIFIC** A group home serving only males or only females shall have at least one full bathroom that contains a toilet, sink, and a tub or shower available for use by residents. A group home initially licensed on or after January 1, 2006, serving males and females shall have 2 full bathrooms that are gender specific, each containing a toilet, sink and a tub or shower, unless the department grants an exception under s. DCF 57.02. | | | | | | |  | |  |  | |  |  | |
| \***57.40(6)(a)3. BATHROOMS – AVAILABILITY** A bathroom that can be accessed only through a room used as a bedroom may not be counted as being available for use by residents who do not occupy that bedroom. | | | | | | |  | |  |  | |  |  | |
| \***57.40(6)(a)4. BATHROOMS – REQUIRED NUMBER** If the total number of residents and children of residents over the age of 2 years exceeds 10, there shall be 2 full bathrooms. | | | | | | |  | |  |  | |  |  | |
| \***57.40(6)(b)1. BEDROOMS – PRIVACY & NATURAL LIGHT** Each bedroom shall have a door that allows for privacy and a window that allows natural light to enter. | | | | | | |  | |  |  | |  |  | |
| \***57.40(6)(b)2. BEDROOMS – OUTSIDE WALL** At least one wall of each room used as a bedroom by a resident shall be an outside wall. | | | | | | |  | |  |  | |  |  | |
| **57.40(6)(b)3. BEDROOMS – PRE-2006 FLOOR SPACE** For group homes licensed before January 1, 2006, the floor space of each bedroom shall be as follows: | | | | | | |  | |  |  | |  |  | |
| **57.40(6)(b)3.a BEDROOM FLOOR SPACE PRE-2006 – 1 RESIDENT** A bedroom that is used by one resident shall have at least 55 square feet of floor space. | | | | | | |  | |  |  | |  |  | |
| **57.40(6)(b)3.b. BEDROOM FLOOR SPACE PRE-2006 – 2 RESIDENTS** A bedroom that is occupied by 2 residents shall have at least 50 square feet of floor space for each resident. | | | | | | |  | |  |  | |  |  | |
| **57.40(6)(b)3.c. BEDROOM FLOOR SPACE PRE-2006 – 3 OR MORE RESIDENTS** A bedroom that is occupied by 3 or more residents shall have at least 45 square feet of floor space for each resident. | | | | | | |  | |  |  | |  |  | |
| **57.40(6)(b)3.d. BEDROOM FLOOR SPACE PRE-2006 – CUSTODIAL PARENT** A bedroom that is occupied by a custodial parent and that parent’s child or children shall have the additional square footage required in s. DCF 57.36(7). | | | | | | |  | |  |  | |  |  | |
| **57.40(6)(b)4. BEDROOMS – POST-01/2006 FLOOR SPACE** For a group home that is licensed after January 1, 2006, all of the following shall apply: | | | | | | |  | |  |  | |  |  | |
| \***57.40(6)(b)4.a BEDROOM FLOOR SPACE POST-01/2006 – 1 RESIDENT** A bedroom that is used by one resident shall have at least 80 square feet of floor space. If the resident is non-ambulatory or uses adaptive devices for ambulating, the bedroom shall have at least 100 square feet of floor space. | | | | | | |  | |  |  | |  |  | |
| \***57.40(6)(b)4.b. BEDROOM FLOOR SPACE POST-01/2006 – 2 OR MORE RESIDENTS** A bedroom that is used by more than one resident shall have a minimum of 60 square feet of floor space for each resident. If either or both of the residents are non-ambulatory or uses adaptive devices for ambulation, the bedroom shall have at least 80 square feet of floor space for each resident. | | | | | | |  | |  |  | |  |  | |
| \***57.40(6)(b)5. BEDROOMS – MINIMUM CLEARANCES** The minimum space between beds, cribs, and bassinets shall be at least 2 feet. There shall be at least 5 feet of space between bunk beds. The top deck of a bunk bed shall be at least 3 feet below the lowest point of the ceiling and there shall be at least 3 feet between upper and lower bunks. | | | | | | |  | |  |  | |  |  | |
| \***57.40(6)(c) DINING AREA SPACE REQUIREMENTS** Dining areas shall be of sufficient size to permit all residents and staff to sit down for meals at one time. | | | | | | |  | |  |  | |  |  | |
| \***57.40(6)(d)1. KITCHEN – EQUIPMENT & SUPPLIES** The kitchen shall be equipped with a stove, refrigerator, cooking and eating utensils, and any other appliance or utensil that may be required to meet the needs of each resident. | | | | | | |  | |  |  | |  |  | |
| \***57.40(6)(d)2. KITCHEN – REFRIGERATOR & FREEZER** Each refrigerator and freezer shall be equipped with a clearly visible, accurate thermometer. Refrigerators shall be maintained at 40 degrees Fahrenheit or lower. Freezers shall be maintained at 0 degrees Fahrenheit or lower. | | | | | | |  | |  |  | |  |  | |
| \***57.40(6)(e) STORAGE SPACE** A group home shall have storage space to accommodate clothing and other personal items of each resident of the group home. | | | | | | |  | |  |  | |  |  | |
| \***57.40(6)(f) STUDY AREAS** There shall be a quiet area in the group home suitable for study. | | | | | | |  | |  |  | |  |  | |
| \***57.40(6)(g) LAUNDRY** Laundry facilities shall be available to meet the needs of all residents. Any laundry equipment in the group home shall be installed and vented in accordance with the manufacturer’s recommendations. | | | | | | |  | |  |  | |  |  | |
| **57.40(7) STAIRWAYS** Each stairway shall have a handrail. | | | | | | |  | |  |  | |  |  | |
| \***57.41(1) WINDOW & DOOR SCREENS** Windows and doors that are used for ventilation shall be properly screened. | | | | | | |  | |  |  | |  |  | |
| \***57.41(2) ELECTRICAL SYSTEMS & APPLIANCES** Electrical systems and appliances shall be in good repair and properly protected. | | | | | | |  | |  |  | |  |  | |
| \***57.41(3) TUBS & SHOWERS – NON-SLIP SURFACES** Tubs and showers shall have safety strips or other non-slip surfaces applied to prevent slipping. | | | | | | |  | |  |  | |  |  | |
| \***57.41(4) GROUND FAULT OUTLETS** Group homes constructed on or after January 1, 2006, shall provide ground fault outlets for any electrical outlet within 6 feet of a water source in bathrooms, kitchens, laundry rooms, basements, in the garage and on the exterior of the group home. | | | | | | |  | |  |  | |  |  | |
| \***57.41(5) UNIVERSAL PRECAUTIONS** Staff members and volunteers shall use universal precautions when exposed to blood and blood containing body fluids and tissue discharges. | | | | | | |  | |  |  | |  |  | |
| \***57.41(6) INDOOR & OUTDOOR HAZARDS** The indoor and outdoor premises shall be free of hazards. | | | | | | |  | |  |  | |  |  | |
| \***57.41(7) FLAKING / DETERIORATING PAINT** There shall be no flaking or deteriorating paint on exterior or interior surfaces. | | | | | | |  | |  |  | |  |  | |
| \***57.41(8) LEAD BASED PAINT / OTHER TOXIC MATERIALS** No lead based paint or other toxic finishing material may be used on the premises of the group home. | | | | | | |  | |  |  | |  |  | |
| \***57.41(9) STAIRWAYS, HALLS & AISLES – MAINTENANCE, LIGHTING, OBSTACLES** Stairways, halls, and aisles shall be maintained in good repair, adequately lighted and free from obstacles. | | | | | | |  | |  |  | |  |  | |
| \***57.41(10) STAIRS – NON-SLIP SURFACES** Stairs shall have a non-slip surface. | | | | | | |  | |  |  | |  |  | |
| \***57.41(11) EXTERIOR STAIRS, WALKS, RAMPS, PORCHES – SAFE CONDITION** Exterior stairs, walks, ramps and porches shall be maintained in a safe condition and free from the accumulation of water, ice, or snow. | | | | | | |  | |  |  | |  |  | |
| \***57.41(12) DANGEROUS EQUIPMENT & HARMFUL SUBSTANCES** Dangerous equipment and harmful substances unnecessary for the operation of the group home may not be kept on the premises. All necessary but potentially dangerous equipment, toxic substances and medications shall be kept inaccessible to residents. | | | | | | |  | |  |  | |  |  | |
| \***57.42(1)(a) FIRE SAFETY – SMOKE DETECTION SYSTEM** Each group home shall have a smoke detection system. The system shall be an electrically interconnected system listed by Underwriter’s Laboratory or a radio signal-emitting system which has at least one centrally mounted alarm horn which, when activated can be heard throughout the premises. | | | | | | |  | |  |  | |  |  | |
| **57.42(1)(b) FIRE SAFETY – SMOKE DETECTOR LOCATIONS** A smoke detector shall be located at each of the following locations in the home: | | | | | | |  | |  |  | |  |  | |
| \***57.42(1)(b)1. SMOKE DETECTORS – OPEN STAIRWAYS** Head of every open stairway. | | | | | | |  | |  |  | |  |  | |
| \***57.42(1)(b)2. SMOKE DETECTORS – NEXT TO DOORS TO ENCLOSED STAIRWAYS** Next to doors leading to every enclosed stairway on each floor level. | | | | | | |  | |  |  | |  |  | |
| \***57.42(1)(b)3. SMOKE DETECTORS – HALLS** Every hall. Smoke detectors located in a hall shall not be spaced more than 30 feet apart nor more than 15 feet from any wall. | | | | | | |  | |  |  | |  |  | |
| \***57.42(1)(b)4. SMOKE DETECTORS – COMMON USE ROOMS** Common use rooms, including living rooms, dining areas, lounges, family rooms and recreation rooms, except the kitchen. | | | | | | |  | |  |  | |  |  | |
| \***57.42(1)(b)5. SMOKE DETECTORS – BEDROOMS** | | | | | | |  | |  |  | |  |  | |
| \***57.42(1)(b)6. SMOKE DETECTORS – BASEMENTS** | | | | | | |  | |  |  | |  |  | |
| \***57.42(1)(b)7. SMOKE DETECTORS – ATTICS** Attic, if accessible. | | | | | | |  | |  |  | |  |  | |
| **57.42(1)(c) FIRE SAFETY – SMOKE DETECTION SYSTEM TESTING** The smoke detection system shall be tested at least monthly and results documented and kept on file at the group home. | | | | | | |  | |  |  | |  |  | |
| \***57.42(1)(d) FIRE SAFETY- BEDROOMS** A smoke detector that is located in a room used as a bedroom may be battery operated, free-standing and separate from the interconnected system. | | | | | | |  | |  |  | |  |  | |
| \***57.42(2)(a) FIRE EVACUATION – DIAGRAMMATIC FLOOR PLAN** There shall be a diagrammatic floor plan of the group home posted on each floor level of the group home clearly indicating the direction of each exit for emergency evacuation. | | | | | | |  | |  |  | |  |  | |
| **57.42(2)(b) FIRE EVACUATION – DRILLS** Evacuation drills shall be conducted with residents at least monthly and documented, including the date and time of the drill, the evacuation time and any problems encountered during the drill. An evacuation drill shall be conducted during sleeping hours, or which, simulates sleeping hours at least once every 6 months. | | | | | | |  | |  |  | |  |  | |
| **57.42(2)(c) FIRE EVACUATION – RESIDENTS WITH SPECIAL NEEDS** Staff members shall personally evacuate each resident with limited mobility or having limited understanding regarding evacuation procedures from the group home. If the group home population includes a hearing impaired resident, there shall be written procedures specifying that a staff member shall immediately alert the resident in case of fire. | | | | | | |  | |  |  | |  |  | |
| \***57.42(3)(a) FIRE EXTINGUISHERS – SIZE, TYPE, LOCATION** Each group home shall have a fire extinguisher in the size, type, and location specified by the local fire department. At least one fire extinguisher shall be located in the kitchen and on each floor level of the group home. | | | | | | |  | |  |  | |  |  | |
| **57.42(3)(b) FIRE EXTINGUISHERS – OPERABLE & INSPECTED** Each extinguisher shall be operable at all times, inspected at least once a year by a qualified fire safety expert and have a label indicating its present condition and date of its last inspection. | | | | | | |  | |  |  | |  |  | |
| \***57.42(4) ANNUAL FIRE SAFETY INSPECTION** The licensee shall have an annual fire safety inspection. The results of the inspection shall be reported to the department field office that serves the group home as required under s. DCF 57.13(9). | | | | | | |  | |  |  | |  |  | |
| **57.425(1) CARBON MONOXIDE DETECTOR** A group home in a one-unit or two-unit building shall have a functional carbon monoxide detector installed in the basement and on each floor level, except the attic, garage, or storage area of each unit, in accordance with the requirements of s. 101.647, Stats. | | | | | | |  | |  |  | |  |  | |
| **57.425(2) CARBON MONOXIDE DETECTOR** A group home in a building with at least 3 units shall have one or more functional carbon monoxide detectors installed in accordance with the requirements of s. 101.149, Stats. | | | | | | |  | |  |  | |  |  | |
| \***57.43(1) FURNISHINGS – MAINTENANCE & REPAIR** The living space shall be sufficiently furnished and in a good state of repair, maintained in a clean condition, and shall allow for free and informal use by residents. | | | | | | |  | |  |  | |  |  | |
| \***57.43(2) BEDS & BEDDING** Each bed shall be of such size as to ensure comfort of the resident. Each bed shall have suitable springs in good condition, a clean, comfortable mattress that is covered with a mattress pad and a waterproof covering when necessary, a pillow, at least 2 sheets, a bedspread, and blankets adequate for the season. | | | | | | |  | |  |  | |  |  | |
| \***57.43(3) BUNK BEDS** The top bunk of a bunk bed shall not be used by residents with conditions limiting mobility and shall have a safety rail if used by a child under 8 years of age. | | | | | | |  | |  |  | |  |  | |
| \***57.43(4) TRIPLE-DECK BUNK BEDS** Triple-deck bunk beds shall not be used. | | | | | | |  | |  |  | |  |  | |
| \***57.44(1) SANITATION – GARBAGE CONTAINERS / REMOVAL** All garbage containing food waste shall be kept in covered, non-combustible watertight containers. Garbage shall be removed from the group home daily. | | | | | | |  | |  |  | |  |  | |
| \***57.44(2) SANITATION – DISHES, SILVERWARE & UTENSILS** Dishes, silverware, and utensils shall be maintained and stored in a clean and sanitary manner. Eating and drinking utensils shall be thoroughly cleaned with detergent and hot water and rinsed after each use. | | | | | | |  | |  |  | |  |  | |
| \***57.44(3) SANITATION – SINGLE SERVICE DINNERWARE & UTENSILS** Single service dinnerware and utensils shall not be used at meals on a regular basis and may not be reused. | | | | | | |  | |  |  | |  |  | |
| \***57.44(4) SANITATION – BED LINENS** All bed linens shall be changed at least once a week or more often if necessary. | | | | | | |  | |  |  | |  |  | |
| **57.45(1) GROUP HOME LOCATION – LICENSE** A person who operates a group home shall be licensed by the department pursuant to this chapter and s. 48.625, Stats. Only one group home license may be issued for any one location. | | | | | | |  | |  |  | |  |  | |
| \***57.45(2) GROUP HOME LOCATION – COMMUNITY ADVISORY COMMITTEE** For each location proposed for licensure by an applicant in sub. (1), the individual, corporation, or agency as applicable shall make a good faith effort to establish and maintain a community advisory committee as specified in s. 48.68(4), Stats. | | | | | | |  | |  |  | |  |  | |
| \***57.46 OTHER LICENSES & USES** Upon licensure, a licensee may not accept any other license, including a child welfare or child care license, perform a service, or conduct a business on the premises, or combine group home activities with any service or business owned or operated by the licensee without the written approval of the department. | | | | | | |  | |  |  | |  |  | |
| \***57.47 GROUP HOME CAPACITY LIMITS** The combined total of the number of residents residing in a family-operated group home and the number of children of the licensee shall not exceed 10. | | | | | | |  | |  |  | |  |  | |
| \***57.48(1) LICENSEE – FIT & QUALIFIED** Any person licensed to operate a group home shall be a responsible, mature individual who is fit and qualified. | | | | | | |  | |  |  | |  |  | |
| \***57.48(2) PHYSICAL / MENTAL HEALTH – WRITTEN STATEMENT BY HEALTH PROFESSIONAL** If the department has reason to believe that the physical health or mental health of an applicant, licensee, or household member may endanger a resident, the department may issue a denial or revocation of the license or may require that a written statement be submitted by a physician, or if appropriate, by a licensed mental health professional that certifies the condition of the individual and the possible effect of that condition on the group home or the residents in care. | | | | | | |  | |  |  | |  |  | |
| **57.51(2) REGULAR LICENSE – SUBMISSION OF MATERIALS** If a probationary licensee wishes to apply for a regular license, the probationary licensee shall submit to the department, the application and materials specified in s. DCF 57.49, at least 30 days before the date the probationary license expires. | | | | | | |  | |  |  | |  |  | |
| **57.51(4) CONTINUATION OF REGULAR LICENSE** If the licensee wishes to continue a regular license, the licensee shall submit to the department, the application and materials specified in s. DCF 57.49 at least 30 days before the end of the 2 year period. Upon receipt of a complete application to continue a regular license, and except as provided in s. DCF 57.50, the department may continue a regular license for an additional 2 years. | | | | | | |  | |  |  | |  |  | |
| **57.51(5) REGULAR LICENSE – COMPLETE CONTINUANCE APPLICATION** If the department does not receive a complete application to continue a regular license at least 30 days before the end of each 2 year period, the department shall issue a written warning to the licensee. If the licensee fails to apply for a continuance of the license within 30 days after receipt of the warning, the department may revoke the license under s. DCF 57.56 for failure to apply for a continuance of the license as required in sub. (3), or take any other action appropriate to protect the health safety and welfare of the residents. | | | | | | |  | |  |  | |  |  | |
| **57.515 LICENSE PROVISIONS – AMENDMENTS** The licensee may not change a license provision without first receiving approval from the department. The licensee shall submit to the department a written request for approval to amend the license. The request shall identify the provision that the licensee wishes to have amended or included under the license and the specific reasons that the provision should be amended or included under the license. Receipt of an amended license from the department shall be evidence of the department’s approval of any requested changes to the license provisions. | | | | | | |  | |  |  | |  |  | |
| \***57.52(1) CORPORATE LICENSURE** Before a corporation may be issued a license to operate a group home the corporation shall be incorporated under the laws of Wisconsin or shall have written authorization from the department of financial institutions to do business in Wisconsin. | | | | | | |  | |  |  | |  |  | |
| \***57.52(2) CORPORATE LICENSURE** The corporation shall designate an authorized representative who shall have responsibility for the administration of the group home. | | | | | | |  | |  |  | |  |  | |
| **57.53 TRANSFERABILITY OF LICENSE** A group home license may not be transferred. | | | | | | |  | |  |  | |  |  | |
| **57.54 POSTING OF LICENSE & CITATIONS** The group home license and any exceptions to the license granted by the department under s. DCF 57.02, citations issued by the department in its most recent inspection on the department’s form DCF-F-CFS0294-E, and any notice of enforcement action including notices of license revocation, non-renewal, or summary suspension shall be posted in a place in the group home where it can be easily viewed by the public. | | | | | | |  | |  |  | |  |  | |
| **57.60(1) RATE DETERMINATION** The department shall determine the maximum per client rate that each group home may charge for costs associated with room, board, administration, service provision, and oversight of youth in the group home based on all of the following: | | | | | | |  | |  |  | |  |  | |
| **57.60(1)(a)** **RATE DETERMINATION** A maximum per client rate determined by the department that no group home may exceed. | | | | | | |  | |  |  | |  |  | |
| **57.60(1)(b) RATE DETERMINATION** A per client rate that the department determines is appropriate for each group home based on the reasonable and necessary costs of the services provided by that group home. | | | | | | |  | |  |  | |  |  | |
| **57.60(2) RATE DETERMINATION** A group home shall charge all Wisconsin public purchasers the same rate for the same services. | | | | | | |  | |  |  | |  |  | |
| **57.62(1) RATE METHOLOGY- COST AND SERVICE INFORMATION** Each year by July 1, a licensee shall submit the following information to the department | | | | | | |  | |  |  | |  |  | |
| **57.62(1)(a) RATE METHOLOGY** A cost and service report in which the licensee reports the group home’s costs, types of services provided, and number of children served in the previous year. The report shall be submitted on a department-prescribed form. | | | | | | |  | |  |  | |  |  | |
| **57.62(1)(b) RATE METHOLOGY** The group home’s most recent audit report under s. DCF 57.07 (1). | | | | | | |  | |  |  | |  |  | |
| **57.62(2) MAXIMUM ALLOWABLE RATE** Each year no later than September 1, the department shall notify licensees of the per client rate that no group home may exceed for services provided in the following calendar year. | | | | | | |  | |  |  | |  |  | |
| **57.62(3)(a) PROPOSED RATE** Each year no later than October 1, a licensee shall submit to the department a proposed rate for the following calendar year for each group home that the licensee operates. The licensee shall submit the proposed rate on a department-prescribed form. | | | | | | |  | |  |  | |  |  | |
| **57.62(3)(b) PROPOSED RATE** A licensee may request an exception to the department’s maximum rate under sub. (2) if the licensee provides a specialized service or specialized programming to a specific population of children. The exception request shall explain the benefits of the service or programming and why the licensee cannot provide the service or programming within the maximum rate. The exception request shall be made on the rate request form. | | | | | | |  | |  |  | |  |  | |
| **57.62(5)(a) RATE APPROVAL** Each year no later than November 1, the department shall notify each licensee that submitted the information as required under subs. (1) and (3) of the maximum approved per client rate for the group home for the following year. | | | | | | |  | |  |  | |  |  | |
| **57.62(5)(b) RATE APPROVAL** If the department determines that a proposed rate submitted under sub. (3) is appropriate based on the factors in sub. (4), the department shall approve the proposed rate. | | | | | | |  | |  |  | |  |  | |
| **57.62(5)(c)** **RATE APPROVAL** If the department determines that a proposed rate submitted under sub. (3) is not appropriate based on the factors in sub. (4), the department shall negotiate with a licensee to determine an agreed to rate. The department’s approved rate under par. (a) shall be based on the factors in sub. (4) and additional relevant information presented during negotiations. | | | | | | |  | |  |  | |  |  | |
| **57.62(5)(d)** **RATE APPROVAL** The department may grant a licensee’s request for an exception to the department’s maximum rate under sub. (3)(b) if the department determines that the licensee has shown by clear and convincing evidence that the licensee’s costs are reasonable and necessary given the costs and benefits of the licensee’s specialized service or specialized programming. | | | | | | |  | |  |  | |  |  | |
| **57.62(6) NONCOMPLIANCE** If a licensee does not submit all information as required under subs. (1) and (3), the department may impose sanctions and penalties under s. DCF 57.56 and s. 48.715, Stats., including license revocation. | | | | | | |  | |  |  | |  |  | |
| **57.63(1)(a) RATE RESOLUTION – MEDIATION** If a licensee has negotiated with the department under s. DCF 57.62(5)(c) and does not agree to the department’s approved rate under s. DCF 57.62(5)(a), the licensee may request that the department and the licensee engage in mediation. A licensee shall send a request for mediation within 5 business days after the date of the notice in s. DCF 57.62(5)(a). The request shall be sent by electronic mail to an address specified by the department. | | | | | | |  | |  |  | |  |  | |
| **57.63(1)(b) RATE RESOLUTION – MEDIATION** The department shall notify the licensee of the date of the mediation no later than 10 working days after receiving the request under par. (a). | | | | | | |  | |  |  | |  |  | |
| **57.63(1)(c)** **RATE RESOLUTION – MEDIATION** The issues discussed in the mediation shall be limited to the factors in s. DCF 57.62(4). | | | | | | |  | |  |  | |  |  | |
| **57.63(2)** **ORDER A RATE** If after mediation a rate is not agreed to, the department shall order a rate after considering the factors in s. DCF 57.62(4) and relevant information presented during negotiation and mediation. | | | | | | |  | |  |  | |  |  | |
| **57.63(3)(a)** **CONTESTED RATE** A licensee may appeal the rate ordered by the department under sub. (2) as a contested case under ch. 227, Stats. A request for hearing may be submitted to the division of hearing and appeals within 30 days after the date of the order. | | | | | | |  | |  |  | |  |  | |
| **57.63(3)(b)** **CONTESTED RATE** The basis for a request for hearing shall be limited to the factors in s. DCF 57.62(4). | | | | | | |  | |  |  | |  |  | |
| **57.63(3)(c)** **CONTESTED RATE** The division of hearings and appeals shall notify the parties in writing at least 10 days before the hearing of the date, time, and location of the hearing and the procedures to be followed. | | | | | | |  | |  |  | |  |  | |

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| **COMMENTS:** |

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| **SIGNATURE** – Facility Representative |  | Date Signed |  |