**DEPARTMENT OF CHILDREN AND FAMILIES**

Division of Milwaukee Child Protective Services

**Assessment/Stabilization Center (DCF 59)**

**Contract Registration Information**

**Registration Information**

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m), Wisconsin Statutes].

The checklist below identifies the information that must be completed and submitted as part of the registration process with the Division of Milwaukee Child Protective Services. A separate registration packet is required for each licensed facility.

**This document must be returned to Division of Milwaukee Child Protective Services by emailing it to** [**DCFDMCPSProvider@wisconsin.gov**](mailto:DCFDMCPSProvider@wisconsin.gov)**. Registration materials are due by September 15, 2022, for contracts to begin on January 1, 2023. Late submissions may impede your ability to receive a contract by January 1st.**

***Note: You must also submit your 2023 Budget for approval to DMCPS with this Registration Information.***

Upon review and approval of your registration materials, the Department of Children and Families (DCF) will issue a one-year contract that will be in effect from January through December of the following year. This contract will constitute an offer to do business with Division of Milwaukee Child Protective Services and will stipulate mutual rights and responsibilities. Acceptance of the offer to do business will, of course, be at the discretion of the provider.  **NOTE:** Although a contract may be granted, DMCPS does not guarantee placements within any placement. All placements are determined based on the specific needs of the child.

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| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Facility Licensing Information** | | | | | | | Name – Facility: | | | | | | | Licensing Capacity | | | Specialized Populations Accepted for Admittance | | | | Sex of Children: | Male  Female | | Cognitive Disabilities  Autism  LGBTQIA+  Medically Needy  Teen Parenting  Other: | | Emotional/Behavioral Disorders  Alcohol/Drug Use/Abuse  Hx of Sexualized Behaviors  Victims of sexual assault (not HT)  Victims of human trafficking  Transition to Adulthood | | Age Range of Children: |  | | | Number of Children: |  | | | Wraparound Contract: | Yes  No  TBD | Accreditation Status: | | Accredited (Organization):  In Process (Completion Date):  N/A (Describe): | |   **Program Information Narrative** | |
| 1. | Describe how you will provide a safe and nurturing environment in which adolescents can be stabilized, monitored and assessed for the most appropriate placement for permanency. |
| 2. | Describe how you will ensure that the required weekly assessments are comprehensive and are completed by staff with the experience and education necessary to provide useful assessment information. |
| 3. | Describe your recreational / social activities. |
| 4. | Describe your staffing levels. Include details of your plan to add staff for emergency situations and to meet any special needs of the children. |

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| **Facility Contact Information** | | | | | |
| Provide **complete** facility contact information as specified below. | | | | | |
| Name – Facility | | | | | |
| Address (Street, City, State, Zip Code) | | | | | |
| Mailing Address (if different than above) | | | | | |
| Telephone Number | | Telephone Number for Placements | | Emergency Telephone Number | |
| Facility Fax Number | | Facility Email Address | | | |
| Name – Facility Director | | | | Telephone Number – Facility Director | |
| Name – Facility Program Director | | | | Telephone Number – Facility Program Director | |
| Name – Facility Fiscal Contact | | | | Telephone Number – Facility Fiscal Contact | |
| FEIN Number | | | | UEI Number | |
| **Corporate Information (If different from facility information)** | | | | | |
| Name – Corporation | | | | | |
| Name – Corporate Contact | | | | | |
| Address – Corporate Office (Street, City, State, Zip Code) | | | | | |
| Telephone Number | | Email Address | | | |
| **Facility Licensing Information** | | | | | |
| Name – Licensee | | | | | |
| Address (Street, City, State, Zip Code) | | | | | |
| Telephone Number | | | Email Address | | |
| **License Capacity** | | | | | |
| Number of Children | | | Age of Children | | Gender of Children  Male  Female |