

Policy Name: Voluntary Kinship Care Policy

Policy Number: IA 18.00 OCM 11.00

Subject: The Voluntary Kinship Care Program referral, application, approval, and recertification process.

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Any information referenced within this document is considered to be a part of this policy with the exception of the “related resources” section.

Summary:

This policy clarifies the Voluntary Kinship Care Program procedures and the requirements of the contracted agency, who is responsible for administering the program in compliance with Wisconsin State Statute [§48.57](#) (3m)(a)(2) and DCF [Chapter 58](#). This policy outlines the procedure for the Voluntary Kinship Care Program referrals, application process, how assessments are conducted and determinations are made, the appeal process, and annual recertification and reassessment process.

Policy:

Kinship Care is a program to help financially support children, who have experienced, or are at at-risk of experiencing abuse or neglect, to be able to live outside his/her home with a relative, by providing the relative care provider with monthly payments to help with the expenses involved in providing care to the child. Living with a relative may be temporary or a long-term arrangement. A kinship relative is defined in DCF Administrative Chapter 58.03 (18) as an adult who is the child’s:

- Stepparent
- Brother, sister, stepbrother, stepsister
- Half-brother, half-sister
- Brother-in-law, sister-in-law
- First cousin, second cousin

- Aunt, uncle, nephew, niece
- Step-uncle, step-aunt
- The spouse of any person named above even if the marriage is terminated by death or divorce.
- Or any person of a preceding generation as denoted by the prefix of grand, great or great-great, whether by blood, marriage or legal adoption.

If the parents' rights are terminated, the child still legally remains a relative of the kinship relative until and unless adoption takes place, even though the child's parents no longer have rights.

Kinship care is pursued by a relative if a parent is unable or unwilling to provide care and a relative is caring for the child. There are two types of Kinship Care:

- **Voluntary Kinship** - Strictly a financial support program without any children's court involvement.
- **Court Ordered Kinship** - This type of placement is used when a child is removed from the home under a court order. The court then decides that it is in the child's best interest to be placed with the identified relative where foster parent licensing is not an option.

Both types of kinship care require that the relative complete an application; however, this policy only addresses the procedures associated with voluntary kinship care.

Procedures for the Kinship Care Program are detailed in the following sections:

- I. Referrals (page 2)
- II. Application Process, Assessment, and Determination (page 3)
- III. Appeal Process (page 8)
- IV. Annual Reassessment and Reauthorization (page 9)
- V. High School Verification in the Voluntary Kinship Care Program (page 10)

Procedures

I. Referrals to the Voluntary Kinship Care Program

Any member of the community can refer themselves or others to the Voluntary Kinship Care Program by contacting the contracted Kinship Care Agency. Questions regarding the Kinship Care Program should be directed to the Kinship Care Agency and/or DMCPs Kinship Care director. The Kinship Care application ([*Kinship Care Application for Payment form \(DCF-F-CFS2023-E\)*](#)) is accessible on the DCF website.

The DMCPs Initial Assessment specialists (IAS) make referrals to the Kinship Care Agency, if the IAS determines the child is safe and the caregiver intends to continue to provide care for the child (because the parent is unable or unwilling). IAS makes a referral by providing the caregiver with the contact information for Kinship Care Contracted agency, and encourages the caregiver to apply for the Voluntary Kinship Care program with the contracted agency's assistance. The IAS explains that financial support may be available through the Voluntary Kinship Care program, and is not guaranteed. If the relative has questions about the program, IAS should direct the relative to the contracted Kinship Care agency.

II. Processing the Application for Voluntary Kinship Care Payments, Conducting the Assessment and Making a Determination

The Voluntary Kinship Care Program application process begins when the contracted agency receives the completed [*Kinship Care Application for Payment form \(DCF-F-CFS2023-E\)*](#). The contracted agency has 45 days from the date of receipt of the application to approve or deny kinship care. To determine eligibility, the contracted agency must do the following:

- A. Conduct a background check (page 3)
- B. Make initial contact with the care provider (page 4)
- C. Conduct a home visit (page 4)
- D. Contact the biological parents of the child (page 5)
- E. Verify the care provider's and child relationship and residency (page 6)
- F. Assess the information collected to determine eligibility (page 6)

If the results of background check make the care provider ineligible, steps B-E above are not required, unless the individual has completed a successful appeal.

A relative care provider must cooperate with the agency in the assessment process. Lack of cooperation can be grounds for denial of an applicant to the program. Examples of common non-cooperation are failure to respond to phone calls and home visits and failure to provide necessary information needed to determine the care provider's eligibility for kinship care payments.

If a relative care provider moves to a different county in Wisconsin, they must reapply for kinship in their new county of residence. If the county where the provider is moving has a current waitlist, every effort must be made to encourage the receiving county to move the family to the top of the waitlist. Kinship care providers moving from a different state to Milwaukee County may apply for Voluntary Kinship Care.

After receiving the *Kinship Care Application for Payment form*, the following procedure begins to assess the eligibility of the care provider:

- A. The contracted agency initiates a Criminal Background Check** within seven days of receiving the application.
 1. All individuals over the age of 18 who live in the home or employees of the relative care provider who would have frequent regular contact with the child must have a background check completed.
 2. Relative care providers are required to inform contracted agencies of household member changes or new/terminated employees of the care provider who have regular contact with the child within 3 day of a new individual residing in the home. This is required during the application process and as a participant in the Voluntary Kinship Care Program.
 3. The assessor must submit background check requests to the following agencies within seven calendar days: Department of Justice (DOJ), Wisconsin Caregiver Background Check, and criminal background checks from other states where the individual has previously resided within the last 5 years. The results of all background checks must be uploaded under the background check tab in eWiSACWIS.

- a. If there is a delay in receiving the results of a background check, that is not the result of non-cooperation by the relative care provider, exceptions to the 45-day timeline for determining kinship care eligibility are made.
- 4. Review the background checks to ensure the care provider, any household members residing in the home, and any employees of the care provider that would have significant contact with the child do not have any criminal convictions that are barred under Wisconsin law. A relative care provider is ineligible for kinship care payments if any of these individuals have a barred conviction. See appendix 2 for a list of barred offenses.
 - a. If any of these individual has a similar conviction under federal or another state's law, the provider is barred from receiving kinship care payments.

B. The contracted agency assigns the case to an assessor and the assessor must make initial contact with the relative care provider by phone or email within seven days of receiving the *Kinship Care Application for Payment form* to initiate information collection and arrange a home visit. Initial contact involves the following:

- 1. Send a letter to the relative care provider at the address provided in the application requesting contact with the assessor/contracted agency within the next three business days.
- 2. If no response is received, a second letter must be sent asking that the relative care provider initiate contact within three business days of receiving the second letter.
- 3. If on the 14th day after receiving a completed application the relative care provider has not responded, a final letter stating that their application process is suspended due to a lack of response. The letter must also state the relative can reinstate the application process by contacting the agency.
- 4. If the relative care provider responds to initial contact, a home visit must occur by the 14th day after the completed application is received.

C. Conduct a home visit with all the relative care provider

- 1. The assessor must assess the following: the adult functioning of the relative care provider, the discipline methods of the relative care provider, the functioning of the child(ren) involved in the Voluntary Kinship Care Program and their contact with their biological parent(s), and the safety of the home. See appendix 3 for questionnaire guideline.
- 2. The assessor must document the following about other children in the home in the contracted agency's kinship file:
 - a. Child(ren)'s functioning
 - b. Child(ren)'s names and ages
 - c. Child(ren)'s relation to the provider
 - d. Child(ren)'s involvement in the court system (through JIPS) that could endanger the health, safety, and welfare of the kinship child.
- 3. The assessor must verify that the biological parent does not live in the same home as the relative care provider, as it is not permitted and would make the relative ineligible for kinship care. Kinship care is not available to relatives, if a child is cared for by their biological parent 50% or more of the time.

- a. The following circumstances are the exception, allowing a biological parent to reside with relative providing care to a child, and require consultation with the Kinship director:
 - i. The biological parent is in the home for 30 days or less annually
 - ii. The biological parent is severely incapacitated
- 4. The assessor must explain the Cooperation with Child Support/Medical Assistance and Good Cause Claims requirement
 - a. All kinship care applicants are required to cooperate with obtaining child support and medical assistance for the child in their care through Wisconsin State Medicaid programs including but not limited to Title 19, Badger Care and Badger Care Plus.
 - b. The assessor must provide Milwaukee Enrollment Services phone number (888-947-6583) to initiate obtaining medical coverage for the child/ren and information about other available resources.
 - c. The assessor must explain and provide the Kinship Care Good Cause Notice form DCF-F-CFS2093 form.
 - d. If the relative care provider is refusing to seek child support for the child, the assessor must provide the relative with the [Kinship Care Good Cause Claim DCF-F-CFS2094 form](#) to be submitted to the contracted agency ([§58.09](#)). If a good cause claim is filed the contracted agency should seek direction from the Kinship director on how to proceed with a decision.

D. Contact the biological parents: the assessor must make diligent efforts to contact the biological parents of the child for which Voluntary Kinship Care is being sought by doing the following:

- 1. Contact the biological parents by phone. If phone contact occurs the following information should be gathered:
 - i. The reason the parent is unable/unwilling to care for the child.
 - ii. If the parent is employed and where they work.
 - iii. Are there any other children in the parent's care?
 - iv. Are these children safe to remain in the care of this parent?
 - v. It must be documented how the situation with the child in question is different than the situation of the other children who are remaining in the home.
 - vi. If the parent is in agreement with their child being cared for by this relative caregiver.
 - vii. Advise them of the possibility of child support being collected for the child's care.
- 2. If phone contact does not occur the assessor must send a letter asking the parent if they are in agreement with the placement of their child with the relative care provider and notifying them of impending child support collection. The letter must invite the parent to contact the agency as well as sending the document back stating they agree or disagree with the placement of their child.
 - a. It is best practice, if the definite address of the parent is unknown, to send this letter to all available addresses listed on the application, in eWiSACWIS, in CARES, on CCAP and any other regularly available

source. All efforts must be documented in the contracted agency's kinship care file.

3. If a parent (communicates by phone or in the return letter) that they do not want the relative to care for their child, the assessor must contact the parent and inform the parent of their legal responsibility to care for their child. Therefore, the parent can either resume care for their child or find an alternative care provider if they do not want the current relative to care for their child.
 4. The assessor must document diligent efforts to contact the parent and the result in the kinship care file.
- E. **The assessor must confirm the child's and relative's relationship and residency by having the relative complete two forms ([Kinship Care Documentation of Child's Residence Form \(DFC-CFS2099A\)](#) and [Kinship Relationship Verification Form DCF-F-2604](#)) and reviewing information in eWiSACWIS and CARES.** The process is noted below:
1. Collect these required forms:
 - a. [Kinship Care Documentation of Child's Residence Form \(DFC-CFS2099A\)](#) must be completed by the relative and signed by the biological parent and assessor. If the parent is unavailable the form can be signed by another relative, who is not the care provider, attesting that the relative and child are kin.
 - b. [Kinship Relationship Verification Form DCF-F-2604](#) must be completed by the relative and signed by the biological parent and assessor. If the parent is unavailable the form can be signed by another relative, who is not the care provider, attesting that the relative and child are kin.
 2. Review residency and relationship information in eWiSACWIS and CARES.
 3. If there is not enough information in the required forms and information systems to validate the child and care providers relationship or that they reside in the same home, or if contradictory information is found, the assessor must ask for the following evidence:
 - a. For Residency:
 - i. Official mail addressed to the child at the relative's address
 - ii. School registration or similar documents
 - iii. The child's Medical Assistance card
 - iv. Any other document which substantiates the residence of the child
 - a. If the caregiver provides any of these forms of documentation, the residency is considered proven and no further verification is needed.
 - b. For Relationship:
 - i. Birth certificates
 - ii. Social security cards
 - iii. Letters of guardianship
 - iv. Passports
 - v. Previous or new paternity testing and results
 - vi. Any other legal document which substantiates the identity of the relative caregiver as a relative of the child

F. **Eligibility Determination: the assessor must review the information collected in bullets A-E (above) to determine eligibility for kinship care.** The requirements below must be answered to support an eligibility determination and must be documented in the kinship care case file:

1. The kinship relationship between the child and the relative care provider has been verified
2. The residency of the child in the relative care provider's home has been verified
3. No barred convictions were found on the background checks of any adult household member or employee of the relative care provider who would have significant contact with the child.
4. The relative care provider has agreed to cooperate with obtaining medical assistance for the child.
5. The relative care provider has agreed to cooperate with obtaining child support for the child or their good cause claim has been approved.
6. The relative care provider has cooperated with the kinship application process.
7. The contracted agency has determined that if the child remains in their home of origin the child meets, or will likely meet, the jurisdictional criteria under Wisconsin Statute Chapter 48.13. (See Appendix 1)
8. At least one of the following **needs of the child** has been identified:
 - a. The child's need for adequate food, shelter, and clothing can be better met with this caregiver.
 - b. The child's need to be free from physical, sexual or emotional injury, neglect or exploitation
 - i. Note: If during the application and review process of a voluntary kinship case there is evidence of abuse or neglect assessors should make a referral to child protective services
 - c. The child's need to develop physically, mentally and emotionally to his or her potential
 - d. The child's need for a safe and permanent family can be better met by this caregiver.
9. Placement of the child in the relative care provider's home must be in the best interest of the child. The following steps must be conducted to make the best interest determination:
 - a. Parental consent is obtained or diligent efforts have been made to obtain consent but the parent is unable to be located. See bullet C for more information
 - b. No minor child residing in the relative care provider's home has committed any delinquent acts that could endanger the other children in the home.
 - c. Parenting ability of the caregiver is sufficient. The relative care provider's parenting history or behaviors do not include elements that are contrary to the health, safety, or welfare of the child.
 - i. If a relative care provider has an extensive criminal history, but it does not include a barred offense (see appendix 2), they may still be considered as a care provider in conjunction with the overall information collected by the assessor.

- G. Notification of the Kinship Care Determination must be sent the kinship care provider by the assessor
1. If approved, the contracted agency must do the following:
 - a. Determine when the care provider was eligible for payments, and determine if they owed any back payments. Eligibility for an approved applicant begins on the date their completed application was received by the contracted agency.
 - b. Update ewisacwis and enter a new payment strip.
 - c. Internal tracking practices for approved applications should be followed based on contracted agency's internal policies.
 - d. A letter of approval must be sent to the applicant and include:
 - i. The date the contracted agency received the completed application
 - ii. The amount of the back payment, if any, to be received
 - iii. The date on which payments will begin
 - iv. The amount of the monthly payment
 - v. A contact number for questions or concerns
 - vi. An estimated timeline for when checks are mailed
 - vii. An explanation that reassessments occur every 12 months and are required in order to continue participation in the program
 2. If denied, the contracted agency must do the following:
 - a. Mail the applicant the [*Kinship Care Denial of Payment and Appeal Rights Form DCF-F-CFS2202-E*](#).
 - b. Send the Kinship director a weekly email listing the denials and attach a copy of the denial letter, the *Kinship Care Payment Application form*, and the related background checks.
 - c. Document the denial according to the contracted agency's internal policy.

III. Appeal Process

The relative care provider can appeal the contracted agency's decision to deny Kinship Care Payments if the basis of the denial was due to a criminal conviction and/or reasoning provided in the best interest determination. Details about each process and whom the care provider submits their appeal to is detailed below.

A. Kinship director Appeals – Criminal Conviction Automatic Denials

The denied applicant must make this appeal to the DMCPs Kinship director within 45 days of their denial letter. Upon receipt of an appeal from a denied applicant the Kinship director must inform the primary kinship contact person at the contracted agency that an appeal has been filed. The Kinship director will use the guidelines defined in Wisconsin State Statute 48.57(3p)(h)3 to make an appeal determination. Only barred convictions which are greater than 5 years old will be considered for possible overturn of the denial of kinship care. Specifically, the length of time between the date of the conviction and the date of the review will be considered as well as the nature of the conviction or penalty and how that could affect the ability of the care provider to care for the child.

Overall, the Kinship director must consider whether making an exception to the denial would be in the best interests of the child.

At any time, the Kinship director can request a meeting with a petitioner in order to clarify the conviction that occurred and gather further information relating to an individual's criminal background. The Kinship director shall hold a hearing or review if necessary within 30 days of receiving the appeal. The Kinship director issues a written decision on the appeal ten days after any necessary review or hearing. The decision is mailed to the applicant and the appropriate contracted agency is notified.

B. Division of Hearings and Appeals - Best interest determination

If an applicant or reassessed kinship care provider is denied or terminated based on something other than a criminal bar they have the opportunity to appeal to the Division of Hearings and Appeals (DHA). These types of denials are often referred to as Best Interest of the Child denials. This denial can be based on any aspect of the analysis of the kinship care application outside of automatic denials based on the criminal conviction record. If an applicant is denied based on the "Best interests of the child" the Kinship director must be notified via a weekly email and provided the provider name and date of birth, the child's name and date of birth and the reason for denial. The Kinship director receives all DHA notices for hearings and forwards them to the contracted agencies. Contracted agency staff prepares for and defends their decision-making during appeals with DHA. Contracted agencies are responsible for submitting evidence to both the Administrative Law Judge and to the petitioner.

Payment During and After Appeals Process

Reassessed kinship care providers who are receiving kinship and are then denied have ten days to request an appeal before their payments are terminated AND another 35 days to request an appeal and have the appeal heard by either the Kinship director or DHA, depending on the type of appeal. If the denied reassessed kinship care applicant appeals within ten days of date on their denial letter their payments will continue through the appeal process. The appeal process must be concluded within the 45 day timeline that is authorized for an appeal. If they then lose their appeal their payments can be terminated immediately.

If the reassessed kinship care provider does not appeal within ten days but does appeal within the next 35 days their payments will be terminated after ten days and remain terminated through the appeal process. If they subsequently their appeal is successful, their payments are back dated to the date their original payments were terminated.

If the individual has **never** received kinship payments and their denial is overturned by the Kinship director or DHA they will receive a back payment going back to the date that their completed application was received by the agency.

IV. Annual Reassessments of Kinship Care Provider Homes

After a kinship care provider is accepted to the Voluntary Kinship Care Program and been enrolled for at least 12 months, an annual reassessment must be conducted by the contracted agency no less than every 12 months after the date the agency initially began making payments. A reassessment should include:

- A. New background checks for all adults in the home and any employees of the kinship care provider who would have frequent regular contact with the child.
- B. A new home visit to the kinship care provider's home that includes face-to-face contact with the kinship child.
- C. A reassessment of eligibility focusing on:
 - 1. Ensuring jurisdictional criteria are still relevant under §48.13. (See appendix 1)
 - 2. Assessing the level of contact between the child and their biological parent.
 - i. If child is being cared for by their biological parent 50% or more of the time, the assessor should deny the kinship care application. If this determination is made during an annual reassessment the assessor should schedule a follow up assessment in three months. Providing the family with notice that participation in the kinship care program is likely to be discontinued. If in three months, the biological parent has maintained consistent care for the child the assessor should inform the family that a plan for the child to return to the home of the biological parent needs to be implemented as soon as possible. The assessor must staff the case with their supervisor and a notice shall be sent to the family indicating that the next payment they receive will be the last payment. If at any time the child is no longer living with the relative care provider kinship care payments should be denied.
 - 3. There is still an identified need of the child as defined above in Section F.8.
 - 4. There remain no delinquent minors in the home.
 - 5. The parenting ability of the caregiver remains appropriate for care of the child.

V. High School Verification in the Voluntary Kinship Care Program

Two months prior to the child's 18th birthday the contracted agency must send the [DCF-F-CFS2167 Kinship Care School Verification Form](#) to the kinship care provider. The contracted agency designee must request that the care provider return the completed form to them within 20 days.

When the *school verification form* is returned, the contracted agency will make a determination within ten calendar days regarding the continuation of kinship care following these requirements:

- A. If the child is under 18 years old and is not enrolled in high school or is not in good standing payments will continue until the child's 18th birthday. One month prior to the child's 18th birthday the contracted agency shall send a letter informing the provider that their last payment will be coming next month.

- B. If the child is under 18 years old and has graduated high school payments will continue until the child's 18th birthday. One month prior to the child's 18th birthday the contracted agency shall send a letter informing the provider that their last payment will be coming next month.
- C. If a child is 18 years of age or older and is enrolled full-time in a high school education and is in good standing payments will continue until the child graduates or turns 19 whichever occurs first.
- If payments continue after the child turns 18 the kinship care provider is required to inform the contracted agency when the child graduates high school. The contracted agency should contact the kinship care provider a month prior to the date of anticipated graduation (provided on the [DCF-F-CFS2167 Kinship Care School Verification Form](#)). The contracted agency must confirm the anticipated graduation date and provide written notice of denial of further payments after the date of graduation.
 - If the child has not graduated, high school one month prior to their 19th birthday the contracted agency shall send a letter informing the provider that their last payment will be coming next month.

If the *school verification form* is not returned within the 20 day requirement the contracted agency sends a notice to the kinship care provider. The notice informs the provider that their payment will be denied in the month coinciding with the child's 18th birthday and that by not returning the form they have not cooperated with the kinship care application process. The contracted agency must provide information on how to obtain and complete a *school verification form* if they feel the child would remain eligible beyond their 18th birthday.

Responsibilities:

Contracted Agency assessor
Contracted Agency Kinship supervisor
DMCPS Kinship director
Initial Assessment specialist

Related Resources:

[Wisconsin State Statutes Chapter 48 Children's Code](#) (Also see jurisdiction excerpt 48.13 in Appendix 1)

DCF website: [Kinship Care Worker Information](#)

DMCPS Policies

- Access 2.00 CPS Referrals on Court-Ordered Kinship/Relative Placements
- IA 52.00, OCM 51.00 Verification of Kinship Relationship and Residency

DCF Kinship Forms

- Kinship Care Application for Payment Form DCF-F-CFS2023-E
- Kinship Relationship Verification Form DCF-F-2604
- Kinship Care Documentation of Child's Residence Form

- Kinship Care Good Cause Notice form DCF-F-CFS2093
- Kinship Care Good Cause Claim form DCF-F-CFS2094
- Kinship Care Denial of Payment and Appeal Rights Form (DCF-F-CFS2202-E)
- Kinship Care School Verification Form DCF-F-CFS2167

Appendices

- Appendix 1: Chapter 48.13 Jurisdiction
- Appendix 2: Barred Criminal Offenses Handout
- Appendix 3: Home Visit Guidelines for Information Collection
- Appendix 4: Reporting Requirements

Appendix 1: Chapter 48.13 Jurisdiction

Chapter 48.13 Jurisdiction

- (1) Who is without a parent or guardian;
- (2) Who has been abandoned;
- (2m) Whose parent has relinquished custody of the child under s. [48.195 \(1\)](#);
- (3) Who has been the victim of abuse, as defined in s. [48.02 \(1\) \(a\)](#), [\(b\)](#), [\(c\)](#), [\(d\)](#), [\(e\)](#), [\(f\)](#), or [\(g\)](#), including injury that is self-inflicted or inflicted by another;
- (3m) Who is at substantial risk of becoming the victim of abuse, as defined in s. [48.02 \(1\) \(a\)](#), [\(b\)](#), [\(c\)](#), [\(d\)](#), [\(e\)](#), [\(f\)](#), or [\(g\)](#), including injury that is self-inflicted or inflicted by another, based on reliable and credible information that another child in the home has been the victim of such abuse;
- (4) Whose parent or guardian signs the petition requesting jurisdiction under this subsection and is unable or needs assistance to care for or provide necessary special treatment or care for the child;
- (4m) Whose guardian is unable or needs assistance to care for or provide necessary special treatment or care for the child, but is unwilling or unable to sign the petition requesting jurisdiction under this subsection;
- (5) Who has been placed for care or adoption in violation of law;
- (8) Who is receiving inadequate care during the period of time a parent is missing, incarcerated, hospitalized or institutionalized;
- (9) Who is at least age 12, signs the petition requesting jurisdiction under this subsection and is in need of special treatment or care which the parent, guardian or legal custodian is unwilling, neglecting, unable or needs assistance to provide;
- (10) Whose parent, guardian or legal custodian neglects, refuses or is unable for reasons other than poverty to provide necessary care, food, clothing, medical or dental care or shelter so as to seriously endanger the physical health of the child;
- (10m) Whose parent, guardian or legal custodian is at substantial risk of neglecting, refusing or being unable for reasons other than poverty to provide necessary care, food, clothing, medical or dental care or shelter so as to endanger seriously the physical health of the child, based on reliable and credible information that the child's parent, guardian or legal custodian has neglected, refused or been unable for reasons other than poverty to provide necessary care, food, clothing, medical or dental care or shelter so as to endanger seriously the physical health of another child in the home;
- (11) Who is suffering emotional damage for which the parent, guardian or legal custodian has neglected, refused or been unable and is neglecting, refusing or unable, for reasons other than poverty, to obtain necessary treatment or to take necessary steps to ameliorate the symptoms;
- (11m) Who is suffering from an alcohol and other drug abuse impairment, exhibited to a severe degree, for which the parent, guardian or legal custodian is neglecting, refusing or unable to provide treatment; or
- (13) Who has not been immunized as required by s. [252.04](#) and not exempted under s. [252.04 \(3\)](#).

Appendix 2: BARRED CRIMINAL OFFENSES

ALL CHAPTER 940 CONVICTIONS (except as below)

Crimes Against Life & Bodily Security

Exceptions to chapter 940 denials are:

- 940.291..... Failure of police officer to provide first aid
- 940.34..... Failure to call police or aid a crime victim exposed to bodily harm

ALL CHAPTER 944 CONVICTIONS (except as below)

Crimes Against Sexual Morality

Exceptions to the chapter 944 denials are:

- 944.36..... Allowing an employee or entertainer to solicit alcohol

Exception to Automatic Denial Twenty Years after the Violation Occurred:

- 944.30(1m).....Prostitution
- 944.31..... Patronizing prostitutes
- 944.33..... Pandering

ALL CHAPTER 948 CONVICTIONS (except as below)

Crimes Against Children

Exceptions to chapter 948 denials are:

- 948.45..... Encouraging or contributing to truancy
- 948.63..... Receiving property from a minor (pawn, trade, etc.)
- 948.70..... Tattooing a child

ONLY FELONY CONVICTIONS UNDER CHAPTER 961

Uniform Controlled Substances Act

There are **no** exceptions to denials based on felony convictions under chpt. 961.

ONLY THE CONVICTIONS LISTED BELOW IN CHAPTER 939

THESE SPECIFIC CHAPTER 939 CONVICTIONS CAUSE A DENIAL

- 939.62 Habitual criminality
- 939.621.....Certain domestic abuse crimes
- 939.63..... Use of a dangerous weapon
- 939.645..... Hate crimes
- 939.64, 1999 Statutes.....Use of bulletproof garment while committing a felony
- 939.641, 1999 Statutes.....Concealing identity while committing a crime

Appendix 3: HOME VISIT GUIDELINES FOR INFORMATION COLLECTION

1. Is the relative care provider employed?
 - a. Note that financial means are not considered in the approval and denial process. Therefore, employment is simply a factor in the caregiver's overall functioning.
2. Does the relative care provider have a social/family support system?
3. Are there significant health problems among the members of the household?
4. What do they see as the strengths and weaknesses of the child/ren in their care?
5. What are the discipline methods of the relative care provider?
6. Is each child adjusting well to the placement?
7. What is the child/ren's understanding of their living situation and permanency within the home?
8. Ask each kinship child, what their strengths and interests are.
9. Ask each kinship child the name of their school, their grades and grade level.
10. Ask each child (and caregiver) if the child has any medical, emotional or physical issues that need to be addressed.
11. Are there working smoke detectors?
12. Are there firearms in the home? Are they stored in a locked container?
13. Are there adequate and safe sleeping environments available for the child/ren in the home?

Reporting Requirements

The contracted agency shall submit a monthly report to the Kinship director. Monthly status reports will include the following statistics:

- i. Number of applications
- ii. Timeliness of application decisions
- iii. Number of approvals
- iv. Number of Denials
- v. Number of Criminal Bar appeals to Kinship director
 - a. Appeal outcome
- vi. Number of 'Best Interest' Appeals to DHA
 - a. Appeal outcome
- vii. Number of reassessments
- viii. Timeliness of reassessments
- ix. Number of children continuing in the program after the age of 18
- x. Number of discharges from the program
 - a. Sorted by reason for discharge