WI TREATMENT FOSTER CARE PROCEDURE

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Family & Children's Center

Procedure Name:	SIGNED STATEMENT
Procedure Number:	001
Domain:	WI Treatment Foster Care
Approved By:	Vanessa Southworth, Director of Wisconsin Programs
Created/Written By:	Kristen Kingery, Coordinator of Community Services
Effective Date:	12/14/17
Date(s) of Revision:	
References:	DCF 56 and DCF 12

STATEMENT OF PURPOSE

To ensure that all foster parents have read and understand the contents of the manual, rate structure, clothing allowance, insurance and background procedures. A signed copy will be kept in their licensing file.

AREAS OF RESPONSIBILITY

All staff, Coordinator and foster parents should understand this procedure and be able to refer to it in the licensing file.

PROCEDURE

The **TREATMENT FOSTER CARE MANUAL** outlines the procedures followed at Family & Children's Center. As a treatment foster parent, please read it carefully and refer to it as needed. Each treatment foster parent is required to sign the statement below. It will be kept in your licensing file.

I have read the foster parent manual carefully and understand the contents of it. I realize that I am held personally responsible for all deviations from the prescribed procedures contained in this manual.

As a Family & Children's Center Treatment Foster Care parent, I recognize the need for following the plan of treatment developed by the child's treatment team. I understand the importance of the child's biological family and supporting the cultural and religious traditions of that family. I further recognize the importance of client confidentiality and support permanency planning as a primary outcome of placement for children in my home.

Within this manual is the rate structure and the clothing allowance procedure for youth placed in foster care. In addition, a brochure about the State of Wisconsin insurance program was given to me at time of licensure.

I'm aware that Family & Children's Center will conduct thorough background checks on each person in the applicant's home aged 10 and older, including possible contact with the Wisconsin Department of Justice and any similar agency in another state, any federal or local law enforcement agency, social services or other public or private agency to determine if there is any reason specified under x. 48.685, Stats., ch DCF 12, s. DCF 56.05(f)1.a, or any other part of this chapter for the applicant to not be granted a license.

_____ _____

Foster Care Parent Date

_____ _____

Foster Care Parent Date

_____ _____

Foster Care Coordinator Date

This page is to be removed from the Manual and returned to the Foster Care Coordinator.

GETTING HELP/SUMMARY

Any questions regarding the above statement, please contact the Coordinator.

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Procedure Name:	TREATMENT FOSTER CARE OVERVIEW
Procedure Number:	002
Domain:	WI Treatment Foster Care
Approved By:	Vanessa Southworth, Director of Wisconsin Programs
Created/Written By:	Kristen Kingery, Coordinator of Community Services
Effective Date:	12/14/17
Date(s) of Revision:	
References:	

STATEMENT OF PURPOSE

To understand the basic foundation of the treatment foster care programs in Wisconsin and Minnesota.

AREAS OF RESPONSIBILITY

All staff, Coordinator and foster parents should understand the general foundation of the program.

PROCEDURE

Treatment Foster Care means a culturally relevant, community based and family-based method by which planned, integrated treatment services are provided to foster children and their parents by foster parents who are qualified to deliver treatment services. Treatment services may be provided to children with severe emotional disturbance, developmental disabilities, serious medical conditions or serious behavioral problems, including but not limited to, criminal sexual conduct, assaultivenenss, or substance abuse.

Treatment Foster Care serves an integral role in the continuum of specialized services at Family & Children's Center. Professional parents with experience and training provide treatment in their homes to children from birth through age 18 or 21 if they are enrolled in extended foster care. Treatment Foster Care home environments are designed for high-risk children and youth who are placed due to significant behavioral, emotional, and learning needs. Through the use of natural and logical rewards and consequences, children are held accountable for their behavior and are taught ways of identifying and expressing feelings appropriately in tandem with healing from past trauma.

Treatment Foster Care implements a team approach to care. Communication among team members is highly valued and occurs through foster home visits, staffing, telephone calls, and other meetings as needed. Biological parents, guardians, placing agency staff, school representatives, TFC parents, therapist, and others involved with the child's care meet regularly with the Family & Children's Center staff to develop treatment goals and to discuss appropriate interventions.

Treatment Foster Care is an appropriate placement for children requiring a highly structured family environment while the youth and family members are learning new skills. This program is appropriate for short term and long-term care needs. Flexibility in providing services to youth and families is a crucial aspect of the Family & Children's Center's Treatment Foster Care Program.

GETTING HELP/SUMMARY

Any questions regarding the above statement, please contact the Coordinator.

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Procedure Name:	MISSION STATEMENT
Procedure Number:	003
Domain:	WI Treatment Foster Care
Approved By:	Vanessa Southworth, Director of Wisconsin Programs
Created/Written By:	Kristen Kingery, Coordinator of Community Services
Effective Date:	12/14/17
Date(s) of Revision:	
References:	

STATEMENT OF PURPOSE

To understand the mission statement of the program.

AREAS OF RESPONSIBILITY

All staff, Coordinator and foster parents should understand the mission statement of the program.

PROCEDURE

The Family & Children's Center Treatment Foster Care program provides a therapeutic family environment for children from birth through age 18, or 21 in-extended foster care. Children having emotional disturbances, serious behavioral problems, developmental disabilities and cognitive disabilities that might otherwise be placed in institutional settings are provided the treatment option of a supportive family milieu. The ultimate goal of Treatment Foster Care is to assist in the development and facilitation of an individualized treatment plan that address goals and objectives of meeting and achieving the goals.

The agency licenses homes within an hour radius of the La Crosse Main office (Grandview Center) for the Wisconsin program. In Minnesota, homes are licensed within Winona County.

GETTING HELP/SUMMARY

Any questions regarding the above statement, please contact the Coordinator.

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Procedure Name:	PURPOSE & GOALS OF TREATMENT FOSTER CARE PROCEDURE
Procedure Number:	004
Domain:	WI Treatment Foster Care
Approved By:	Vanessa Southworth, Director of Wisconsin Programs
Created/Written By:	Kristen Kingery, Coordinator of Community Services
Effective Date:	12/14/17
Date(s) of Revision:	
References:	

STATEMENT OF PURPOSE

To ensure that all staff and foster parents understand the purpose and goals of treatment level care.

AREAS OF RESPONSIBILITY

All staff, Coordinator, and foster parents should understand this procedure.

PROCEDURE

Goals are as follows:

1. To evaluate and stabilize behavior of youth.
2. To educate youth and families concerning special needs of children having diagnoses such as: Attention Deficit Hyperactivity Disorder, Conduct Disorder, Attachment Disorder, Post-Traumatic Stress Disorder, Major Depression, and other diagnoses.
3. To provide individual, family and milieu therapy for youth experiencing the above problems, as well as issues of sexual, physical, and emotional abuse.
4. To provide support and therapy for youth going through termination of parental rights and adoption processes.
5. To help youth and families understand issues of family dynamics, develop healthy adult/child relationships, and work toward family reunification, adoption or independent living.
6. To identify special learning needs and to help youth assess services and develop skills necessary to function in the public school environment.
7. To encourage youth to develop healthy recreational and leisure time skills, both in the home environment and in the community.

Goals are achieved through a variety of interventions. A program is individualized for each youth, with a focus on returning him or her to a less restrictive environment as quickly as possible.

Purpose of Treatment Foster Care is as follows:

1. All levels of care provide individualized treatment and support services based upon an individual written service plan that identifies for each child and family the treatment goals and needed services and resources.

2. Within the levels of care, there are a variety of treatment options and settings to meet each child's own unique needs for treatment and support no matter where the child resides.
3. At all levels there are children for whom psychotropic medications are prescribed for their mental health conditions. Medication management is more frequent and complex at the higher levels of care.
4. Each child will participate as fully as possible according to the child's own treatment and safety needs in community-based recreation, services and the local public school.
5. Each child is to be served in the least restrictive, most family-centered and community-based setting that meets his or her treatment needs and ensures the safety of the child, the family and the community.
6. Additional wrap-around services to supplement the level of care placement may be utilized for crisis intervention to prevent placement disruption or to stabilize and manage the behavior of a child.

Family & Children's Center maintains high quality in delivering professional services. A consulting psychiatrist through Gundersen Health System is part of the treatment team as well as a Clinical Supervisor who provides therapy and/or therapeutic insight to the team. In addition, we have TFC parents varying in professional and educational backgrounds as an integral component of the team process.

GETTING HELP/SUMMARY

Any questions regarding the above goals or purpose, please contact the Coordinator.

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Procedure Name:	OVERVIEW OF CHILD WELFARE & JUVENILE COURT SYSTEM PROCEDURE
Procedure Number:	005
Domain:	WI Treatment Foster Care
Approved By:	Vanessa Southworth, Director of Wisconsin Programs
Created/Written By:	Kristen Kingery, Coordinator of Community Services
Effective Date:	12/14/17
Date(s) of Revision:	
References:	DCF 56: https://dcf.wisconsin.gov/fostercare/handbook.

STATEMENT OF PURPOSE

To provide foster parents an overview of the Child Welfare System as well as the Juvenile Justice System.

AREAS OF RESPONSIBILITY

It is the responsibility of all staff and foster parents to have a general understanding of how the system works.

PROCEDURE

Children enter care through one of two systems; the child welfare system or the juvenile justice system. Families enter the child welfare system either due to asking for help or there was a report made to child protection and the agency had to become involved due to safety concerns for the child (ren). A report can also be made and it can be filtered through the juvenile justice system. The system then determines what services and interventions that would best suit the child's and family's needs.

Each system has its own laws, guidelines, resources, and services. Because each family is different, the paths each family follows will be chosen based on their needs. Sometimes the family is being served by both the juvenile justice and child in need of protection and services systems. A family may be involved with both the child welfare system, multiple service providers, and many community resources. In both systems, there are often parenting factors that influence the child's behaviors and functioning at home and in the community. A parent's inability to provide adequate supervision, incarceration of a caregiver, mental health issues, alcohol or drug abuse issues, and other issues in the home, along with the challenging behaviors of the youth, are common factors that lead to a child being placed outside of his or her home.

The following information was taken from the DCF Foster parent handbook that outlines the specifics of how a family becomes involved in the systems. To view the full handbook click the link above.

Child Protective Services

A subset of the group of children who are in need of protection or services is children who have been maltreated (abused or neglected). Most children enter the foster care system because the county child welfare agency has determined that they are not safe in their home or due to child

maltreatment. There are also times when children are placed in foster care on a voluntary basis or when their parent(s) signs a petition requesting court jurisdiction to assist in meeting the specific special needs of the child. This section describes the general process that takes place for an agency to determine if a child needs to be removed from his or her home because he or she is unsafe or due to allegations of abuse or neglect.

Step 1: A report is made to the agency.

The process of determining if a child is safe or unsafe in his or her home starts with a report to Child Protective Services (CPS) Access or law enforcement concerning a child who may have been maltreated. A report can be made by anyone who has a reason to believe that a child has been maltreated or who has information that a child has been threatened with abuse or neglect. Some professionals are mandated reporters according to state law (Ref. s. 48.981(2), Stats.). If they see a child in the course of their professional work who they believe has been abused or neglected, threatened with abuse or neglect, or that such abuse or neglect is likely, these individuals are required to make a report to a child welfare agency or local law enforcement. Mandated reporters include social workers, teachers, physicians, professional counselors, police and law enforcement personnel, nurses, court-appointed special advocates (CASAs), clergy (in certain situations), and many other professionals. Under state law, foster parents are not mandated reporters. Foster parents are, however, required to report in certain instances under the state foster care-licensing rule.

Step 2: **The agency makes a decision about the report.**

The child welfare agency then makes a decision about whether the report will lead to an initial assessment to determine if a child is unsafe or has been maltreated. The functions of CPS Access are to:

1. Receive and document reports of alleged maltreatment,

2. Identify families to whom the CPS system must respond,

3. Determine the urgency of a response time, and

4. Initiate an assessment of child safety and family strengths.

This process of screening a report "in" or "out" is the process of determining which families will receive further intervention from the child protective services system. If the report is screened out, the agency has determined that the information reported does not meet criteria found in state standards or statutes to be accepted for further intervention by the child protective services system. If the report is screened in, the agency has decided that additional information needs to be gathered to make a formal determination of whether a child is safe and if maltreatment has occurred. The "CPS Access and Initial Assessment Standards" require agencies to take specific

steps to make a decision about whether to screen a report in or out. These Standards can be found online at: https://dcf.wisconsin.gov/files/cwportal/policy/pdf/access-ia-standards.pdf.

Step 3: The agency conducts an initial assessment.

When the agency screens in a report, an initial assessment is completed. This is a comprehensive assessment of individual and family conditions, functioning, and dynamics in order to:

1. Assess and analyze threats to child safety;

2. Take action, when necessary, to control threats to child safety (an in-home safety plan or an out-of-home placement);

3. Determine the need for CPS ongoing services (court ordered or voluntary);

4. Determine whether maltreatment occurred; and

5. Assist families in identifying community resources.

Within 60 days after receiving a report of alleged child maltreatment, the CPS agency makes a maltreatment determination based upon the comprehensive assessment of the family. The "CPS Access and Initial Assessment Standard" also establishes specific requirements for agencies to follow when assessing reports of child maltreatment and in making a maltreatment or maltreater determination. The "CPS Safety Intervention Standards" outlines procedures and responsibilities for child protective services workers in managing child safety. These Standards can be found at: https://dcf.wisconsin.gov/files/cwportal/policy/pdf/safety-interventionstandards.pdf.

Step 4: Services are provided to the family.

When a child is unsafe, child protective services staff first attempt to control threats to child safety by implementing a safety plan in the child's home.

Maltreatment Findings in the Initial Assessment:

- Substantiated is used when there is a preponderance of evidence that the child was maltreated. This means it is more likely or probable that maltreatment occurred than not.
- A maltreater has the opportunity to request an agency review a substantiation determination before it becomes a Final Determination, which could affect employment or licensure.
- Unsubstantiated is used when there is not a preponderance of evidence to demonstrate that a child was maltreated or unsafe or the evidence indicates that the harm suffered does not meet the statutory definition of abuse or neglect.
- Unsubstantiated/Critical Sources of Information are Not Available is used only when critical sources of information, such as observation of or interviews with the child and parent, necessary to complete the initial assessment cannot be obtained.

When an in-home safety plan cannot assure a child's safety, CPS staff develops an out-of-home safety plan and, through a court order, places the child in out-of-home care. Agency staff will then provide services to the parents in an effort to return the child home with an in-home safety plan. Some agencies provide services to families whose children are not removed but where some safety concerns may exist. Sometimes children are removed from their homes after an agency has begun providing services to their families or if the situation changes and the agency makes a determination that the child cannot remain safely in the home. Caseworkers continually assess child safety in that child's living situation, whether at home with his or her family or in out-of-home care.

Juvenile Justice System

The placement of a youth based on Chapter 938, Stats. (Juvenile Justice Code), is typically done to assure the safety of the community and to meet the needs of the child. Families in both the child welfare and juvenile justice systems share similarities and can be involved with both systems at the same time. Juveniles may be supervised by the juvenile justice system either for breaking the law when they are the age of 10 or older (delinquency) or under a juvenile in need of protection or services order (JIPS). JIPS orders are due to behaviors that a youth exhibited prior to turning age 18 (e.g., runaway, truancy, dropping out of school, uncontrollability, committing a delinquent act before age 10, or not responsible for a delinquent act due to mental disease or defect).

Step 1: A report comes into the agency.

The process for a youth becoming involved with the juvenile justice system generally starts with a report from the community of a law violation or from a parent or school about uncontrollable or truant behavior.

Step 2: The agency conducts an intake to make a decision about the needs of the youth and the safety of the community.

The agency evaluates the behavior of the youth and makes a decision about whether the community is safe or the child requires services.

Step 3: The agency makes a decision about custody and placement of the youth.

If the youth's behaviors are determined to cause a continued risk to the safety of the public or community, the juvenile may be placed under a temporary non-secure order at a shelter care facility or in a community placement. If a youth's behaviors are determined to cause a substantial risk of physical harm or a substantial risk of running away, the youth may be held in temporary secure custody in a detention center, county jail, or similar facility. Out-of-home care placements may also occur if a child is already under a delinquency order. This could occur if the child is not

in compliance with the rules of supervision, commits another criminal act, runs away, the parents or guardians are unable to provide adequate care and supervision, or there is significant conflict in the home that requires assistance. State of Wisconsin Foster Parent Handbook (2017 ed.) Chapter 1 – p. 9

Foster care placement for youth in the juvenile justice system does not generally occur on an emergency basis, as most juveniles initially remain in their parents' homes. When placement is necessary, youth are often placed under temporary custody orders in a shelter care facility or a detention center. There are circumstances under which the juvenile justice system may contact foster parents to provide temporary placements, especially if the child is already living in a home. This may happen if a youth placed in a foster home commits a new law violation, but the offense does not necessitate a higher level of care. Placements may also be made into foster homes if the agency does not have shelter care resources in the community or the agency determines that placement in a foster home can assure the safety of the community.

Step 4: Services are provided to the youth or family.

When determined to be appropriate, the youth may be released back into the community to parents, relatives, responsible adults, themselves if they are 15 years or older, or placed in out-of-home care. Like the child protection system, some youth are served in their own homes, while others initially receive placement and services in their homes and may end up needing placement after it is determined that the child's needs and community safety cannot be managed. Caseworkers will meet regularly with the youth and their caregivers to ensure that the safety of both the juvenile and the community are being adequately planned for whether the youth is living at home or in out-of-home care.

Child Welfare System Summary

Some families may be involved with both of the systems described above at the same time. Sometimes a youth under a delinquency order may become or has been a victim of abuse or neglect, leading both systems to work together for a period of time. In some agencies, the same caseworker will handle both child protection and delinquency cases; in other agencies, there will be different workers assigned. Children under court orders for child abuse or neglect may also commit delinquent acts or be juveniles in need of protection or services. The actual reason that the youth is living in out-of-home care may be due to child protective reasons or involvement in delinquent activities. It is essential that the foster parent know the reasons that a child or youth is being placed in the foster home in order to effectively meet his or her needs and the needs of the community.

GETTING HELP/SUMMARY

Any questions regarding child welfare or juvenile justice contact the social worker or Coordinator.

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Procedure Name:	PERMANENCY
Procedure Number:	006
Domain:	WI Treatment Foster Care
Approved By:	Vanessa Southworth, Director of Wisconsin Programs
Created/Written By:	Kristen Kingery, Coordinator of Community Services
Effective Date:	12/14/17
Date(s) of Revision:	
References:	DCF 56

STATEMENT OF PURPOSE

To provide an overview of permanency and permanency options for youth in out-of-home care. Permanence means safe and nurturing legal relationships that can be expected to last for the child's lifetime. These laws were created because there were many children living in foster care without ever finding permanent connections or relationships, either with their families or others and their outcomes were poor.

AREAS OF RESPONSIBILITY

All staff and licensed providers should have an understanding of permanency for youth so they can appropriate advocate for youth in out-of-home care.

PROCEDURE

When a child is placed in out-of-home care, the child welfare agency works with the family to either create a healthy and safe environment or looks at other permanent options. In most cases, the goal is to work to reunify the child. In other cases the agency may have to work to find another permanent option for the child, this could mean several different options, looking at a fit and willing relative, guardianship, adoption, or another living situation.

The county agency creates a permanency plan, which then identifies goals for both child and family, services the family and child receives, as well as permanency goals. It is important for a child to feel connected to significant people in their lives, so it is imperative to consider several permanency options for children.

Permanency plans often involve concurrent planning which means two permanency goals are identified and are both being worked on at the same time. Concurrent plans are worked on with the primary permanency goal so that if the primary goal is not able to be reached, a child can quickly be found another permanent option. Concurrent planning is often confusing and difficult for foster parents because they may be asked to help work the reunification goal; in which they are hands on helping the natural parents or guardian and at the same time being asked to be a permanent option for the youth. It is important for the foster parent to be actively talking about these feelings with their caseworker as well as to be asking questions if there is confusion.

There are six identified permanency goals:

1. Reunification
2. Placement with fit and willing relative
3. Adoption
4. Guardianship
5. OPPLA (Other Planned Permanent Living Arrangement)
6. Aging out of care

Please follow the link to read more specifics about the above procedure on permanency.
https://dcf.wisconsin.gov/fostercare/handbook

It is important to note that as a foster parent you are required to follow the agency's case plan even if you don't agree with it. It is your right as a foster parent to report if you have serious concerns about birth parents' ability to provide a safe environment for the child(ren). Foster parents also have the right under state law to provide information to the court about the child, the child's progress, and any concerns they may have about the child.

For more information about a foster parent's responsibility to cooperate with the licensing agency, see s. 56.05(1) (c)1.c. in Ch. DCF 56, Adm. Rule, and the foster home licensing requirements.

GETTING HELP/SUMMARY

Any questions regarding permanency contact the social worker or Coordinator.

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Procedure Name:	LICENSING PROCESS
Procedure Number:	101
Domain:	WI Treatment Foster Care
Approved By:	Vanessa Southworth, Director of Wisconsin Programs
Created/Written By:	Kristen Kingery, Coordinator of Community Services
Effective Date:	12/14/17
Date(s) of Revision:	
References:	DCF 56.04, 56.05, 56.055, DCF 12.06; 48.685

STATEMENT OF PURPOSE

To outline the licensing process for prospective foster parents to ensure they understand licensing process and are willing to commit to all that the process entails.

AREAS OF RESPONSIBILITY

All staff, Coordinator and foster parents should understand the licensing requirements to ensure the licensing process is completed appropriately.

PROCEDURE

Any person proposing to provide foster care for children shall apply to the licensing agency for a foster home license. The agency will not issue a license to any employee of the agency or to the relative of an employee of the agency if the employee works in the area of the agency that issues foster care licenses.

Initial License:

1. At least 21 years of age
2. Application completely filled out and signatures of all who are considering becoming licensed foster parents.
3. References (SAFE Reference Forms are used to complete these): 3 unrelated persons, 1 unrelated professional, 1 reference from a relative (adult child, preferably)
4. Personal Requirements & Background: DCF 56.05 and DCF 12.06
5. Fingerprints: Completed by anyone over the age of 18 living in the home where the persons are asking to be licensed. Only completed at initial licensing.
6. Background Information Disclosure: This background check will be run on anyone over the age of 18. It needs to be filled out by any other children living in the home over the age of 10.
7. Human Services Background Check: This is completed in the county that the family is living. If there is a recent move, a check will be done in that county as well. This is for anyone over the age of 18.
8. Sheriff's Department Background check: This is completed in the county that the family is living. If there is a recent move, a check will be done in that county as well. This is for anyone over the age of 18.

9. Local Police Department Background check: This is completed in the county that the family is living. If there is a recent move, a check will be done in that county as well. This is for anyone over the age of 18.
10. Sex Offender Background Check and Reverse Address Check: The individual checks are completed on anyone of the age of 18 living in the home. This is also completed for the address of the home. A list of offenders near your home will be given to you.
11. Motor vehicle check
12. Verification of Homeowners and Vehicle Insurance
13. Verification from a physician that indicates any physical or mental conditions of the applicant of any household members that would affect the ability of the family to provide care for a foster child or threaten the health or safety of a foster child. Must be completed in the last 6 months.
14. A drawing of the layout of the foster home with fire escape plan
15. SAFE Questionnaire 1 & 2 completed by TFC parent(s)
16. Several interviews will be conducted with all family members according to the SAFE Homestudy Tool. Topics covered are, but not limited to:
    a. Family history
    b. Current Relationship as well as relationship history
    c. General parenting
    d. Personal characteristics
    e. Specialized parenting
    f. Physical/social environment
17. Independent Contractor Agreement
18. Business Associate Agreement
19. Water supply test (if home has well water)
20. Pet Vaccinations certificates (if applicable)
21. Licensing Checklist
22. Disaster Plan
23. Determining if foster home will be licensed as a level 3 or 4, based on the following factors:
    a. A minimum of one year of experience as a foster parent or kinship care provider with a child placed in his or her home for at least one year
    b. A minimum of 5 years experience working with or parenting children
    c. A minimum of 500 hours of experience as a respite care provider for children under the supervision of a human services agency
    d. A high school diploma or the equivalent
    e. A college, vocational, technical, or advanced degree in the area of a child's treatment needs, such as nursing, medicine, social work, or psychology.
    f. A substantial relationship with the child to be placed through previous professional experience or personal experience.

   g. Work or personal experience for which the applicant has demonstrated the knowledge, skill, ability, and motivation to meet the needs of a child with a level of need of 3 (or 4)
24. Confidentiality Agreement
25. Signed Statement stating the licensed provider has received the following:
   a. A brochure that explains the foster care reimbursement and rate structure, including the clothing allowance (procedure in the manual)
   b. A brochure that explains the foster parent insurance program and information regarding how to file a claim with that program (procedure in the manual)
   c. Notice that the licensing agency may contact the Wisconsin department of justice and any similar agency in another jurisdiction, any federal or local law enforcement agency, any social service agency or any other public or private agency to determine if there is any reason specified under s.48.685, Stats., ch. DCF 12, s. DCF 56.05 (1)(a) 3. Or any other part for the applicant to not be granted a license.

Once the homestudy is written, it will be sent to be reviewed by the TFC Clinician and TFC parents to correct any factual information. Once both approved all persons will sign off on it; Coordinator, Clinician and TFC parents. There are also several trainings that need to be completed prior to placement. Please see training procedure that outlines the requirements.

All required documents will be sent to Maximus to be input into eWISACWIS; documents can be scanned and emailed or faxed. If sending via email, the FBI results have to be sent via fax.

Required documents sent to Maximus are:

1. License with signature, issued by the Coordinator
2. All background checks and the results, in addition a sex offender letter
3. Layout of the home with fire escape plan
4. Foster Home Information form (filled out by the Coordinator)
5. SAFE Homestudy Assessment
6. Disaster plan

Licenses are renewed by the request of the TFC parent. A license can be issued for up to two years but not any longer. If requesting to renew, a renewal application needs to be submitted 30 days prior to the renewal date.

Once a renewal application is turned in, the Coordinator will determine what documents need to be completed. All background checks, with the exception or sex offender and motor vehicle, are required to be completed every 4 years. Sex offender and motor vehicle are to be completed ever 2 years. A new completed Background Information Disclosure is to be completed at every renewal. An updated SAFE homestudy is to be completed with every re-licensure.

All required documents are then submitted to Maximus prior to the end of licensure date.

There are several reasons a license may need to be modified. If you are seeking a modification, an application is to be filled out based on the guidelines below:

a. Before the date the licensee plans to change location from the location specified on the current license
b. Before the date, an applicant wishes to have one or more license conditions changed.
c. No later than 30 days before the date the marital status of the licensee changes.
d. Within 10 days after a household member leaves.
e. At least 30 days before someone enters the household when this is known that far in advance or otherwise as soon as possible before that person enters the household.

The required background checks and other licensing requirements will then be completed once the application is received and all required documents are complete by the licensee, all documents will be submitted to Maximus.

GETTING HELP/SUMMARY

Any questions regarding the above licensing policy, please contact the Coordinator.

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Procedure Name:	TRAINING REQUIREMENTS
Procedure Number:	102
Domain:	WI Treatment Foster Care
Approved By:	Vanessa Southworth, Director of Wisconsin Programs
Created/Written By:	Kristen Kingery, Coordinator of Community Services
Effective Date:	12/14/17
Date(s) of Revision:	
References:	DCF 56; Pre-Placement Training

STATEMENT OF PURPOSE

Treatment Foster Care/Foster Care Parent must meet all training requirements outlined in the DCF standards. The purpose of this procedure is to ensure all licensed providers understand and meet their requirements. If requirements are not met their license may be at risk of being put on hold or suspended.

AREAS OF RESPONSIBILITY

All staff and licensed providers should know and follow the following procedure regarding training requirements to ensure their license remains in compliance.

PROCEDURE

Level 3 Training

Initial Pre-Placement Training: Foster parent(s) licensed as a level 3 must complete 36 hours of training prior to their first placement. This includes 30 hours of Foundations training and 6 hours of online pre-placement modules.

Online pre-placement modules contain modules on the following topics: Foster Care overview; expectations of foster parents, caring for children in foster care part one and part two; developing and maintaining family connections; and foster family self-care.

Foundations curriculum contains the following topics: Partners in permanency; cultural dynamics in placement; maintaining family connectedness; dynamics of abuse and neglect; impact of maltreatment on child development; attachment; separation and placement; guidance and positive discipline; and effects of fostering on your family

Initial Licensing Period: After Pre-placement training is complete; within the first licensing period the foster parents must complete 24 hours of training. Topics include crisis management, sexuality and sexual development, sexual abuse, effects of maltreatment and trauma on child development, building life skills, and building birth family connections.

Ongoing Training: 18 hours per year after initial licensing period.

Level 4 Training

Initial Pre-Placement Training: Foster parent(s) licensed as a level 4 must complete 36 hours of training prior to their first placement. This includes 30 hours of Foundations training and 6 hours of online pre-placement modules. In addition to these 36 hours, 4 hours of child-specific training must be completed prior to receiving placement.

Online pre-placement modules contain modules on the following topics: Foster Care overview; expectations of foster parents, caring for children in foster care part one and part two; developing and maintaining family connections; and foster family self-care.

Foundations curriculum contains the following topics: Partners in permanency; cultural dynamics in placement; maintaining family connectedness; dynamics of abuse and neglect; impact of maltreatment on child development; attachment; separation and placement; guidance and positive discipline; and effects of fostering on your family

Initial Licensing Period: After Pre-placement training is complete; within the first licensing period the foster parents must complete 24 hours of training. Topics include crisis management, sexuality and sexual development, sexual abuse, effects of maltreatment and trauma on child development, building life skills, and building birth family connections. In addition to the 24 hours foster parent(s) must complete 6 hours of child-specific training.

Ongoing: 24 hours per year after initial licensing period.

GETTING HELP/SUMMARY

Any questions regarding training contact the social worker or Coordinator.

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Procedure Name:	PERSONNEL
Procedure Number:	103
Domain:	WI Treatment Foster Care
Approved By:	Vanessa Southworth, Director of Wisconsin Programs
Created/Written By:	Kristen Kingery, Coordinator of Community Services
Effective Date:	12/14/17
Date(s) of Revision:	
References:	DCF 56

STATEMENT OF PURPOSE

The intent of this procedure is to ensure that all treatment foster care parents are aware of what is expected of them in regards to personnel procedures.

AREAS OF RESPONSIBILITY

Treatment foster care parents are responsible for following all of the guidelines below.

PROCEDURE

GUIDELINES FOR LICENSING OF TFC HOMES:

All TFC homes will be licensed by the Family & Children's Center TFC Coordinator according to the State of Wisconsin Foster Home Administrative Code DCF 56.

Licensing information along with the licensing rules booklets will be provided during orientation training. All TFC parents are responsible for familiarity with these rules.

Before a child is placed in a new TFC home, a home inspection is conducted, the DCF 56 rules checklists are completed, and the foster home license is issued. No license will be issued until the home is in full compliance with the licensing rules.

STIPEND:

- The state of Wisconsin began utilizing the CANS (Child and Adolescent Needs and Strengths Assessment) tool for all youth placed in out of home care. When a youth is placed in out of home care, a CANS will be completed on the child/adolescent to determine what needs should be addressed during the placement as well as identifying the strengths of that youth and family to build upon. The placing social worker, Treatment Foster Care social worker and treatment foster parent(s) should be a part of the assessment process. The CANS must be completed within the first 30 days of the placement. When a youth changes placement, the CANS needs to again be redone with the first 30 days of that placement. If at any time, a foster parent or TFC social worker

feels the youth should be reassessed, the FC social worker can request that of the placing social worker. CANS are reassessed every 6 months while a youth is in placement.

- The CANS determines a rate. For youth who need an exceptional rate, the TFC social worker can advocate for an exceptional rate to be added based upon the criteria outlined in the CANS.
- This money is to be utilized for the child's care to cover costs such as clothing, food, shelter, school supplies/activities, one transportation per month to and from home visits and any other costs related to day-to-day activities/needs of a youth.
- Typically, youth that are accepted into the TFC program are level 3 or level 4 youth.
- At times, youth that are not level three or level four are referred to FCC's TFC program. This will be known to a foster parent prior to placement if the youth referred already has had the CANS assessment completed. If the youth hasn't had a CANS assessment completed, the foster parent will have the option to state they aren't willing to keep a youth at a lower level in their home.

ADMINISTRATIVE RATE:

There is an administrative rate that is also charged to placement agencies when a youth in placed in an FCC TFC home. That administrative rate covers the staff, respite, some training and other allowable costs as determined by the state. Each year, FCC submits a proposal for our administrative rates to the state to ascertain if they will be approved.

FOSTER CHILD EXPENSE:

In TFC, a stipend covers physical maintenance of the children. This includes food, housing, clothing, transportation, and personal allowance (money for entertainment, personal care items, and other incidentals) for the treatment foster care children. Any stipend beyond maintenance needs compensates for difficulty of care. Medical and dental services are paid for by Medical Assistance unless the child's biological parents have health insurance coverage for them. This stipend is paid directly to the TFC parent from the placing county.

PRE-PLACEMENT VISITS:

Pre-placement visits are reimbursed at a daily rate of $55 per day or $6.88 per hour up to eight hours. TFC Parent's document dates and times utilizing the respite vendor contract. Respite care will occur during pre-placement visits only for emergencies with the approval of the TFC Coordinator. We suggest to TFC parents to have at least one pre-placement visit prior to

accepting placement of a youth to assure they are a fit with your family. We also suggest that pre-placement visits are as typical as possible to how your family generally operates.

RESPITE USEAGE:

Each youth in placement acquires 4 days of respite per month. TFC parents within their first year of providing care, are required to utilize at least 2 days of respite per month. It is highly suggested that all 4 days per month of respite are utilized to keep TFC parents and youth from being burned out. If youth have home visits, then that can be counted as getting a break/respite.

If emergency or extra respite is utilized for youth at any time then foster parents will have 3 choices: 1) not be paid, 2) utilize respite time that wasn't utilized in previous months, or 3) utilize extra respite time. **All emergency/extra respite still must be pre-approved by the Coordinator.**

When youth go on home visits, TFC parents are expected to provide transportation for at least one home visit per month. If the placing social worker is asking that TFC parents provide more transportation that that per month, TFC social worker will ask the placing worker to re-assess the needs of the youth in regards to transportation for home visits to increase the reimbursement to the TFC parent. This may or may not be granted.

Kids should not be on respite or on home visits every weekend of a month. For example, if a youth receives 4 days a month of respite and there are 2 home visits in that month, only 2 days of respite should be utilized.

SOCIAL SECURITY TAXES:

TFC parents have tax exempt status by the IRS. A ruling was issued by the IRS on April 23, 1987. It states that under Code Section 131, foster care stipends and difficulty of care stipends are excludable from gross income. Parents will not be issued a W-2 form. (A copy of the IRS ruling is available from the TFC Program Coordinator. Parents should have one on file.)

RESTRICTIONS ON OTHER EMPLOYMENT:

Treatment Foster Care provides specialized services to severely emotionally disturbed children. This population requires FC parents to demonstrate a high degree of responsibility and availability. The role of TFC parents within a treatment setting is described in DCF 38.03 (27) as, "The approach utilizes specially selected and specifically trained TFC parents who, as members of a treatment team, have shared responsibility for implementing the child's treatment plan as the primary change agents in the treatment process." Due to this role, TFC parents will consider that TFC parenting is their primary obligation and will provide a high degree of supervision to their foster children, as well as be available to attend all scheduled meetings.

As a full-time TFC parent, the first three years of licensure are a time to gain experience with both the needs of foster children and, specifically, the transition within the foster family environment. During this time period, one TFC Parent must be available full-time year round to the needs of youth placed in your home.

It is not recommended that the primary TFC parent seek any kind of additional employment outside of providing foster care due to the high needs of the children in care. However, some TFC parents determine that it would be beneficial to work in the community in conjunction with their TFC parent position. Often times, this is in conjunction with decreasing the number of TFC placements in their home to part-time, participate in work that assists in developing community supports (working at schools or in other environments in which the foster child participates), or assist a spouse in their work. If a TFC parent considers any additional employment, this must be discussed with the TFC Coordinator and written approval must be received, in accordance with DCF 56.09 (2)(b) which states that "Both TFC parents may not be employed away from the home on a full-time, part-time or seasonal basis without written approval of the licensing agency". Part-time work that allows flexibility and does not interfere with TFC parenting may be considered, dependent on: the amount of hours, type of employment, number of current placements, quality of past and current work performance, and benefit to the foster family unit.

Foster home licensing rules state that an agency cannot license its own employees as TFC parents. This means that TFC parents cannot hold any other employee positions at FCC.

INSERVICE TRAINING:

It is expected that TFC parents will update their skills and abilities by participating in educational programs pertinent to their role as a professional parent. In-service programs are scheduled regularly at Family & Children's Center and are available to parents. Note that 18 hours are required for level 3 and 24 hours for level 4 are required annually of TFC parents, which follows the licensing and accreditation standards. This can be increased by eight hours depending upon the needs of the TFC parent(s). As per DCF 56.12 (1) (i) 1; Training shall be responsive to demonstrated needs of TFC parents. Within the first 2 years of becoming a licensed TFC parent, TFC parents will receive a significant amount of training in an effort to make sure TFC parents are as prepared as possible for TFC youth. This training includes the state required Pre-service training during the licensing process as well as Foundations training. Foundations training is approximately 30 hours of training.

Also available are periodic events specific to TFC and TFC parenting. Periodic seminars and regional and state conferences will be announced. Should parents find an interesting educational program on their own, they should discuss it with the TFC Coordinator for approval prior to attendance. Reading books, articles, and watching videos are counted toward required hours.

However, it is expected that parents personally participate in two to three in-services per year. FCC also has an online training system set up. When TFC parents become licensed, you will be given a log in ID and then TFC parents can complete some training online, including some FCC required trainings.

Mandatory, annual in-service for TFC staff and parents includes: Behavior Management Skills Training, CPR & First Aid (every two years), Blood Borne Pathogens, and Trauma Informed Care. Each time parents acquire any in-service outside of the agency, this needs to be emailed or a copy of the training must be given to the Coordinator. The TFC Coordinator will approve this training. The hours are then logged and a permanent record of parent training is kept in their foster parent file.

SUPPORT MEETINGS:

TFC parents' support meetings are held twice each month. Attendance at these meetings by a FC parent is **mandatory**. Occasionally, scheduling conflicts with youth become an issue. TFC parents need to talk with your TFC social worker and Coordinator to communicate if parents won't be at a support meeting. These meetings are designed for TFC parents to be able to problem solve concerns regarding youth, schools, therapists or any other issue that arises. It is also a time when TFC parents and staff are together; therefore, a lot of information is passed out during that time. If TFC parents miss a support meeting, it is that parent's responsibility to find out what happened during that support meeting. Notes will also be kept of each meeting and passed out to the TFC parents via email and copy in their mailboxes.

LIABILITY:

1. Each parent is required to have homeowner's/renter's insurance and vehicle insurance. Verification of homeowner's/renter's insurance assumes third party coverage unless a rider excludes foster children. Without a rider attached, foster children are included in the coverage as if they were biological or adopted children.

2. If a claim is refused by the homeowner's/renter's or vehicle insurance company, TFC parents may file with the Foster Parent Insurance Program. See Foster Parent Insurance Program procedure (next), which describes how that program works and how to file a claim.

WRITTEN REPORTS:

Because we are accountable to licensing and accreditation agencies as well as our own internal Program Quality Improvement Review process, it is essential that paperwork is completed in a timely manner.

Paperwork demands are always mandated by some necessity, whether it is to meet criterion for the above processes or to meet the needs for communication within our program. Some paperwork, such as our staffing reports, meet multiple needs including reviewing the treatment program of foster children, keeping biological parents and social workers clearly informed of a child's progress, and acting as a component of our public relations effort. Due to the importance of having our paperwork completed on time and in a well thought out way, when regular paperwork (Treatment Plans, Summary Logs, etc.) or something special that has been requested (CPR certification, etc.) is late, the TFC Coordinator or Program Assistant will notify the TFC parents in writing of what paperwork needs to be completed and a date for return.

Due to licensing and legal requirements, all paperwork will be closely monitored and recorded when late. If paperwork is consistently late, written disciplinary action will be placed in your file and referred to at the annual performance review. Paperwork training will occur prior to youth being placed in your home as well as ongoing if TFC parents require it.

TFC PARENTS APPEAL RIGHTS:

DCF 56.10 Hearing.

(1) **APPEAL.** An applicant for a license to operate a foster home who is denied a license or a licensee whose license is revoked or whose application for renewal of the license is denied may appeal the decision by asking for a hearing in accordance with ch. 227, Stats.

Note: The appeal rights described in this section relate only to licensure decisions. TFC parents also have appeal rights for non-licensure decisions as provided under s. 48.64 (4), Stats., and ch. HA 3 rules. Any decision made by a circuit court regarding a placement or a placed child is not appealable by the FC parent under this section. Appeal of a finding that a TFC parent abused or neglected a child shall also be pursuant to ch. 227, Stats.

(2) **REQUEST FOR A HEARING.** A request for a hearing shall be in writing and shall be addressed to the department of administration's division of hearings and appeals. The date of the request for a hearing shall be the date on which the request is received by that office. Any request for a hearing received more than 10 days after the fifth day following the notification of the decision of the agency that is being appealed shall be denied.

Note: The request for a hearing should be sent to the Division of Hearings and Appeals, P.O. Box 7875, Madison, Wisconsin 53707 or delivered to the Division at 5005 University Avenue, Suite 201, Madison, Wisconsin 53705-5400.

(3) **ARRANGEMENTS FOR A HEARING**. In response to a request for a hearing under this section, the division of hearings and appeals shall appoint a hearing examiner, set a date for the hearing and notify the parties in writing at least 10 days before the hearing of the date, time and place of the hearing and of the procedures to be followed.

GETTING HELP/SUMMARY

Any questions regarding the above procedure, please contact the Coordinator.

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Procedure Name:	FOSTER PARENT INSURANCE PROGRAM
Procedure Number:	104
Domain:	WI Treatment Foster Care
Approved By:	Vanessa Southworth, Director of Wisconsin Programs
Created/Written By:	Kristen Kingery, Coordinator of Community Services
Effective Date:	12/14/17
Date(s) of Revision:	
References:	https://dcf.wisconsin.gov/fostercare/insurance

STATEMENT OF PURPOSE

To provide knowledge and resources to the foster parent in cases of damage done by foster children in the home that is not covered by their insurance.

AREAS OF RESPONSIBILITY

The foster parent and Coordinator shall review the below information when an issue of destruction arises in the home that was brought on by youth to determine if eligible.

PROCEDURE

WHAT IS THIS LIABILITY INSURANCE PROGRAM FOR?

This program was created by the Wisconsin Legislature to ensure that foster parents are reimbursed for damages or loss they experience caused – on purpose or by accident – by children placed in their care and are not covered by private insurance procedures.

WHO IS ELIGIBLE?

Any foster parent licensed in the state of Wisconsin is eligible to file a claim under this program when the child is in custody of the county or state and was placed in their home at the time the damage or loss occurred. However, this program is the "insurer of last resort" and should only be used when a private insurer will not cover any damages or loss.

WHAT KINDS OF DAMAGE OR LOSS ARE COVERED?

Foster parents are required to have homeowner's or renter's insurance (unless waived by the licensing agency) that covers negligent acts committed by foster children that result in bodily injury or property loss to the foster home resident's personal property, insurance on buildings on the property, coverage on vehicles, boats, snowmobiles, ATV's, etc. This program is designed to cover injury or damage caused by the foster child to foster parents that is not covered by private insurance procedures. In some cases, private insurers will not cover damage or loss. In addition, this program may cover injury or damage caused by foster parents to the foster child or for acts by foster parents for which they are sued by the child's parent. The state Foster Parent Insurance Program does not cover third party claims, unless the foster parent is sued by the third party. It is recommended that all valuables such as jewelry, cash, keys, antiques and vehicles be safeguarded or protected from loss or theft.

WHEN MUST I FILE MY CLAIM?

If the damage or loss was suffered by foster parents, the claim must be filed within 90 days after the damage or loss occurs or is discovered. If the foster child suffered the damage or loss, the claim must be filed within 90 days after the foster parents learn that a legal action has been commenced against them. Regardless of any other circumstances (e.g., waiting to hear from private insurers, the child going to court for a possible restitution order), the foster parents should file a claim with the Coordinator as soon as possible after the damage or loss occurs or is discovered. If restitution is granted by the court, the Department of Children and Families (DCF) shall be notified and restitution monies must be returned up to the amount of the paid claim.

HOW DO I FILE A CLAIM?

In order to file a claim, the foster parent should discuss the damage or loss with the agency that placed the child, and ask the agency for a claim form (form DCF-F-CFS0116). The form must be filled out completely with as much detail as possible. The completed form, with any documentation, needs to be returned to the agency that placed the child. An IRS W-9 form, also known as Employee Identification Form, and a STAR Vendor Information Form are to be filled out by the foster parent and submitted with the DCF-F-CFS0116. The foster care agency will complete another form (form DCF-F-CFS0117) and may request additional information and/or permission to view the damage. The agency will then forward all of the materials to the Department of Children and Families for review. The DCF-F-CFS2198, Foster Parent Insurance Program Checklist, will give additional information on filing the claim. The Coordinator will need to determine the IV-E federal eligibility of the child.

WHAT INFORMATION SHOULD I SUBMIT WITH THE CLAIM?

The more documentation you have, the better. It is recommended that you photograph, videotape, or inventory your home and contents now. If damage or loss occurs, you can then photograph the damage and submit all of the photographs for comparison. You must submit written estimates on printed business forms or letterhead for repairs or replacement costs, receipts for replacement items, written insurance company estimates of damages, police reports, fire reports, or other documentation that indicates what happened, what item is damaged or lost, and what the value of the damages or loss is. If possible, retain any damaged items until your claim has been approved. The department cannot pay claims if there is no documentation regarding the loss or damage. You will also need to submit proof that your private insurance will not cover any of the damages or loss by sending a current copy of a letter from your insurance agent. In addition, the department is only able to reimburse foster parents for parts or section of a set of items. For example, if a couch is damaged beyond repair and it is part of a set of a love seat and chairs, we are only able to reimburse for the couch that is damaged.

IS THERE A DEDUCTIBLE?

The department is required to deduct $100 for all claims submitted within the same state fiscal year (July 1 through June 30). If your private insurer pays part of the claim and charges a deductible, $100 will be subtracted from that deductible. If your claim is for less than $100, you should file it with your agency in case you have another claim within the same fiscal year. For example, if you have a claim in August for $50 and another in January for $150, the $100 would be deducted from the total of both claims.

HOW LONG BEFORE I RECEIVE MY CLAIM CHECK?

Claims are reviewed quarterly in January, April, July, and October. It takes about six weeks from the time your claim is approved for you to receive a claim check. If your claim is incomplete or does not include adequate documentation, the processing time will be increased.

GETTING HELP/SUMMARY

For additional information, contact the Coordinator. For each quarter, if the total claims exceed the state budget of $15,000, plus applicable federal funds, the reimbursement will be prorated. If any funds are left at the end of the state fiscal year, these funds will be prorated to foster parents not receiving full reimbursement. All forms necessary to complete a claim can be found on the DCF website: https://dcf.wisconsin.gov/fostercare/insurance.

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Procedure Name:	CONFIDENTIALITY
Procedure Number:	105
Domain:	WI Treatment Foster Care
Approved By:	Vanessa Southworth, Director of Wisconsin Programs
Created/Written By:	Kristen Kingery, Coordinator of Community Services
Effective Date:	12/14/17
Date(s) of Revision:	
References:	Wisconsin Law (s.51.30)

STATEMENT OF PURPOSE

To provide guidance on areas of confidentiality in regards to the youth the program.

AREAS OF RESPONSIBILITY

The Coordinator, foster parents and staff are all responsible for ensuring confidentiality.

PROCEDURE

FCC respects each individual's right to confidentiality concerning their mental health, criminal, personal, or employment information. Each employee, volunteer, intern, or client is responsible to maintain the confidentiality of this information protecting it against loss, defacement, tampering, access, or use by unauthorized individuals.

Confidential Information: Verbal communication, written records, observations, or computerized information, including but not limited to:

Treatment Information: All information and records related to the treatment plan of a client. This would include diagnosis, treatment, progress, or other information contained in client files, photographs, videotapes, and verbal reports.

Criminal Information: All records of past criminal behavior including any verbal accounts, police documents, physical restraints, or other documented behaviors.

Personal Information: Client address, phone numbers, admission and discharge dates, doctor's or therapist's name, family or social information.

Employment Information: Employee addresses, phone numbers, personnel files, job applications, performance appraisal, discipline, termination, investigations, compensations and benefits.

Business Information: Propriety information, not a matter of public record, related to marketing, finances, operations, strategic planning, or performance measures.

All written confidential records must be kept in a locked, secure location at the foster home. Breach of confidence is a serious offense and may result in dismissal/legal action.

During treatment related discussions that involve people from outside the agency, residents other than those for whom the discussion is being held should be referred to by first name only. This

is especially important during staffings, where the need to refer to another resident comes up frequently.

Confidentiality relates to specific youth - their life situations, their families. It does not relate to the purpose of the agency. How we function, what we do, etc., is information that can be shared with those in the community who are genuinely interested.

The following guidelines on confidentiality are consistent with Wisconsin Law (s.51.30) and are written specifically for Family & Children's Center to cover usual day-to-day operation. For special circumstances not covered in the guidelines, refer to s. 51.30, of Wisconsin Law. For Minnesota the guidelines on confidentiality are consistent with Minnesota Statutes, Chapter 13.

A. <u>Informed Consent, Required Elements</u>:

Treatment information shall not be released without informed consent. An informed consent for disclosure of information from treatment records from or to an individual, agency, or organization must be in writing.

A valid authorization must be written in plain language and contain at least the following elements:

- A description of the information to be used or disclosed that identifies the information in a specific and meaningful fashion;
- The name or department authorized to make the requested use or disclosure;
- The name or organization to whom Family & Children's Center may make the requested use or disclosure;
- A description of each purpose of the requested use or disclosure. The statement "at the request of the individual" is a sufficient description of the purpose when an individual initiates the authorization and does not provide a statement of the purpose;
- An expiration date or an expiration event;
- Signature of the individual and date. If the authorization is signed by a personal representative of the individual, a description of such representative's authority to act for the individual must also be provided;
- A statement of the individual's right to revoke the authorization in writing;
- A statement that information used or disclosed pursuant to the authorization may be subject to re-disclosure by the recipient and no longer be protected by this rule;

- A statement that Family & Children's Center will not condition treatment, payment or enrollment in the health plan or eligibility for benefits on the individual's providing the authorization.

B. Access Without Informed Consent:

Notwithstanding the above guidelines, treatment records of a youth may be released without informed consent in the following circumstances:

- Pursuant to lawful order of a court of record
- To the agency's on site Psychiatrist/Psychologist during consultation
- Another TFC Parent or respite care provider when the child is changing placement or receiving respite
- To law enforcement (i.e. run away)

All information released to the persons listed above shall be limited to only that part of the records required in the performance of their duties.

C. Releasing Treatment Information Verbally:

Information on youth or their treatment may be given verbally when written, informed consent has been obtained and as stipulated under Section B of these guidelines. If written consent is given, the information called for in the consent may be given verbally providing all conditions of the consent are adhered to.

D. Notation of Release of Information:

Each time written or verbal information is released from a treatment record, a notation shall be made in the record that includes the following:

* Name of the person to whom the record or information was released
* Identification of information released
* Purpose of release
* Date of Release
* Name or signature of person making disclosure

GETTING HELP/SUMMARY

Any questions regarding confidentiality; refer to agency procedure on confidentiality or ask the Coordinator for clarification.

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Procedure Name:	FAMILY CONTACT
Procedure Number:	107
Domain:	WI Treatment Foster Care
Approved By:	Vanessa Southworth, Director of Wisconsin Programs
Created/Written By:	Kristen Kingery, Coordinator of Community Services
Effective Date:	12/14/17
Date(s) of Revision:	
References:	

STATEMENT OF PURPOSE

The purpose of this procedure is to understand the expectations surrounding family contact once a youth is placed in the TFC home.

AREAS OF RESPONSIBILITY

The Treatment Foster Care parents are responsible for following this procedure. The Social Worker and Coordinator are responsible to ensure the Treatment Foster Care parents are following through as well as to check in as well as discuss at staffings.

PROCEDURE

Family Contact:

Family contact is arranged upon admission and addressed at all subsequent staffings. Reasonable efforts are made for the child to maintain contact with their parent(s) at least weekly. Family interaction between parent(s) and the child corresponds with the child's wishes, age, developmental level, case plan and permanency goals. Additionally, if the child is separated from siblings, then visits and/or contact is coordinated by the Treatment Foster Care Social Worker and/or Coordinator to occur at least once per month. The impact of contact is reviewed regularly by staff and discussed by the treatment team during staffing. For WI this also falls in line with the State of Wisconsin Family Interaction Plan.

Visits:

All family visits for TFC children will be determined on an individual basis at the discretion of the child's county/state social worker and other members of the treatment team.

Each TFC child is permitted to have visits from their county/state social worker during normal working hours, both at the treatment home or in other settings.

All family visits that the TFC child has will be documented by the TFC parents and submitted to the TFC Social Worker. The status of visits, as well as the TFC child's reaction before, during or after family visits may be discussed with members of the child's treatment team.

Restrictions may only be placed on family visits with parents by court order or via verbal and/or written direction of the child's county/state social worker.

Telephone Calls:

Telephone calls that TFC children are allowed to make/receive each week with family members are determined on an individual basis at the discretion of the child's county/state social worker and other members of the treatment team.

Each TFC child is permitted to have telephone calls to/from their lawyers and state/county social worker during normal working hours.

All telephone calls that the TFC child makes/receives will be documented by the TFC parents and submitted to the TFC Social Worker. These telephone calls may be discussed with members of the child's treatment team.

Restrictions may only be placed on telephone calls with parents by court order or via verbal and/or written direction of the child's county/state social worker.

Mail:

Each TFC child is allowed to send/receive mail. FC parents can assist in this process if the child requests.

Outgoing mail is not censored.

Incoming mail may be restricted only by court order or by an individual from the referral agency that has been given that power by the court. If indicated by specific treatment needs and documented in the client file, a child may be requested to open and read incoming mail in the presence of their therapist or TFC parent.

Mail suspected of containing unauthorized, injurious, or illegal material or substance must be opened by the youth in the presence of designated personnel (typically the TFC parents, therapist, Social Worker, or Coordinator).

GETTING HELP/SUMMARY

Any questions regarding family contact ask the Coordinator.

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Procedure Name:	REPORTING ABUSE & NEGLECT
Procedure Number:	108
Domain:	WI Treatment Foster Care
Approved By:	Vanessa Southworth, Director of Wisconsin Programs
Created/Written By:	Kristen Kingery, Coordinator of Community Services
Effective Date:	12/14/17
Date(s) of Revision:	
References:	Wisconsin Administrative Code: Ch. DCF 56.06 (1)(c) and Chapter 48.98; Minnesota State Statue 626.556

STATEMENT OF PURPOSE

To provide guidance in reporting abuse or neglect

AREAS OF RESPONSIBILITY

The placing/licensing agency is required to take action as listed below in an instance of abuse allegations.

PROCEDURE

All Treatment Foster Care staff, parents and respite care providers are considered mandated reporters according to the laws of Wisconsin & Minnesota.

Wisconsin State Statute 48.981 states "A physician, coroner, medical examiner, nurse, dentist, chiropractor, optometrist, other medical or mental health professional, social or public assistant worker, school teacher, administrator or counselor, youth care worker in a day care center or child caring institution, day care provider, alcohol or other drug abuse counselor, member of the treatment staff employed by or working under contract with a board, physical therapist, occupational therapist, speech and language disorder specialist, emergency medical technician - advanced (paramedic) ambulance attendant or police or law enforcement officer having reasonable cause to suspect that a youth seen neglected or having reason to believe that a youth seen in the course of professional duties has been threatened with an injury and that abuse of the youth will occur shall report as provided in sub. (3). Any other person including an attorney having reason to suspect that a youth has been abused or neglected, or reason to believe that a youth has been threatened with an injury and that abuse of the youth will occur may make such a report. No person making a report under this subsection may be discharged from employment for doing so."

In addition, DCF 56.06(1)(c)(1-2) states that all TFC parents will: "Immediately notify the supervising agency if the licensee has reasonable cause to believe that a foster child has been abused or neglected, or has been threatened with abuse or neglect and it is likely that the foster child will be abused or neglected."

Refer to the Minnesota State statute 626.556 for reporting of maltreatment to minors regarding being neglected of physically or sexually abused as defined in subdivision 2 or has been neglected or physically or sexually abused within preceding three years.

Accordingly, it is our procedure that any staff who, in the course of professional duties, sees a youth and has reasonable cause to suspect that the youth has been, or may be, abused or neglected will make a report within these parameters, as outlined below.

Any TFC staff or parent working with foster children will immediately report the suspected abuse to the local child welfare agency. An additional report may be made to the local police department or county sheriff. These agencies will notify one another of the report. The reporter will then call the TFC Coordinator and/or the child's placing agency Social Worker to report the incident. The incident should be documented (using a Special Incident Report, which is filled out by the TFC social worker). The TFC Coordinator will be notified if there is imminent danger to the youth, and appropriate steps will be taken immediately to protect the youth involved.

Summary:

1. A report will be made by the mandated reporter staff or TFC parent to the local child welfare agency. In addition, a report may also be made to the local police department or the county sheriff.

2. The reporter will call the TFC Coordinator and/or child's placing agency to report the incident.

3. A Special Incident Report will be written by the TFC social worker with the help of the parties involved.

4. No TFC parent's independent contractor status will be endangered by making a report nor will any disciplinary action be taken.

Considerations when determining whether abuse is suspected:

1. Legally, youth 15 and under cannot consent to sexual activity.

2. Sex play between similar age peers can constitute abuse and is then reportable.

3. It is better to err on the side of reporting when in doubt.

GETTING HELP/SUMMARY

Any questions regarding reporting, contact the Coordinator or social worker.

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Procedure Name:	ALLEGATIONS AGAINST FOSTER PARENTS
Procedure Number:	109
Domain:	WI Treatment Foster Care
Approved By:	Vanessa Southworth, Director of Wisconsin Programs
Created/Written By:	Kristen Kingery, Coordinator of Community Services
Effective Date:	12/14/17
Date(s) of Revision:	
References:	

STATEMENT OF PURPOSE

This TFC procedure is provided as a framework for allegations of abuse against TFC parents/families. Each case is handled uniquely and therefore slight modifications of this procedure may occur depending upon the presenting circumstances. This procedure also provides an understanding of how the County agencies handle these allegations along with timelines.

AREAS OF RESPONSIBILITY

It is the responsibility of FCC staff to ensure that this procedure is followed when allegations take place as well as handle all reporting to treatment team members and support the foster family. It is the responsibility of the TFC parents to be familiar with the agency's stance on allegations.

PROCEDURE

Statistically, one out of ten foster parents are accused of abuse by their foster child. Of those cases reported and investigated by the county, 60%-70% are unfounded. Of those cases where abuse was substantiated, one-third of the reporters were teenagers. The best protection for allegations of abuse levied by the foster child against foster parent includes:

1. Assure that teens and other children at risk for making allegations are not in a situation that could be interpreted as a potentially compromising setting by the child, such as being in a foster parent's bedroom for any reason.
2. Document daily behavior and interactions between child and other household members.
3. Document anything that is out of the ordinary, particularly threats by the foster child to allege abuse or discipline that may result in child retaliation.
4. Acquire education in dealing with sexually abused children.
5. Seek education concerning typical parent reactions to being accused of abuse for normalization purposes.
6. Consult with the TFC Social Worker and Coordinator for ongoing support.

Be certain that you, as treatment foster parents, are well informed and as mentally prepared as possible concerning this information. There is a strong possibility that allegations of abuse by a foster child will eventually occur to your family. Also, continue to bear in mind that statistically, allegations of abuse are not a question of "if" but rather of "when.

AGENCY RESPONSIBILITY/PERSPECTIVE

Criteria for decisions:

TFC parents should notify the TFC Social Worker of all potentially abusive situations and allegations of abuse stated to the FC parent by the child and/or child's family. Allegations of abuse in the foster home need to be reported by the child, child's family, or outside community sources to the department of human services of the county where the incident occurred. Wisconsin & Minnesota Laws mandate that a licensing agency cannot, in any way, interfere with an investigation so as to influence the outcome and findings. The safety of the TFC child must take priority in all decision-making.

Case Management:

The TFC Coordinator and/or social worker will be designated to provide support to the TFC family and will keep the child's county/state worker apprised of all details and findings as they become known. Decisions are made regarding the child in consultation with agency staff.

Legal status:

TFC parents may want to seek their own legal counsel by an Administrative Law attorney. If the Family & Children's Center will not pay legal fees.

Agency response:

When the TFC Coordinator becomes aware of abuse allegations, the following steps will be taken immediately:

1. After the allegation of abuse has been reported, the child may immediately be scheduled by the county/state social worker for a physical examination.

2. Temporary alternate living arrangements may be made for the foster child. This alternative arrangement is for the protection of the alleging child as well as for the protection of the TFC family and other foster children who may also be temporarily moved. Living arrangements will be decided on a case by case basis. Alternative living arrangements will remain in effect until the findings are reported to the TFC Coordinator.

3. After contact with the accused family and with their permission, the TFC Coordinator may notify an Emergency Response and Support Team (ERST). This support team

consists of two senior FC families that are willing to provide support during emotional trauma. Their specific responsibilities will be defined by the presenting situation but a minimum will include:

1. Immediate telephone contact to the other ERST representative in order to develop a preliminary plan for action with the accused family. Telephone or personal contact will be made to the accused parent(s) by the support team within two hours of the initial contact by this agency. The job for the ERST representative is to listen and support the accused parent(s).

2. An offer is made to meet with the family in their home (personal contact).

3. Ongoing telephone or personal contact will continue until the crisis has passed. The assistance offered may include, but is not limited to, child care coordination, meal preparation, transportation of children, and verbal, physical, and emotional support.

After the report is made to the county and during an investigation, the TFC staff may not intervene with the investigatory process. This includes:

1. Efforts to influence the findings other than statements of fact.

2. Any intervention that may be construed as an attempt to inhibit or influence accurate information gathering.

Parents, if not given the opportunity to make a statement on their own behalf, are encouraged to work with the TFC Coordinator to develop an unemotional letter to the county so as to document their perceptions of events (reasons for false allegations may include such things as revenge for discipline, attempt to have a transfer facilitated, repeat of the past, etc.). The TFC input may be useful for the investigation process to proceed more quickly. Expect this investigatory process to last anywhere from one week to four or five weeks. Be aware that the county/state worker will not, in all likelihood, be readily available to TFC parents as they are covered by similar (but stricter) laws that govern staff. Additionally, be aware that children may, and probably will, be interviewed at school without your permission or foreknowledge. Further and perhaps surprisingly, the county/state worker is minimally involved in the investigation process and therefore knows little until the investigation is concluded. A TFC Coordinator and/or social worker will communicate between the county and the TFC parents. The TFC Coordinator and/or social worker will relate conclusions of the investigation as soon as the report is made available.

When a case is investigated, and unfounded, the TFC parents are encouraged to contact the TFC Coordinator to pursue a request for a letter declaring the allegations as unfounded, accompanied with any other information as appropriate to document their innocence.

The TFC social worker will meet with the foster child making the allegation to process the child's view and assist the child, if appropriate, to put their allegations into writing. However, at no time may the social worker attempt to influence the findings of the investigation other than with statements of fact.

Unfounded allegations:

Upon conclusion of unfounded allegations, and if the TFC parents are willing to continue to provide care, any children who were removed should be returned to the foster home. Documented research shows that the more a child is moved from home to home, the greater the chances of that child failing in the foster care system.

The TFC parents or family may wish to address the false allegations with the child. If so, the parents should contact the TFC Coordinator and social worker to request this meeting. The TFC Coordinator will be involved in this process, as well as other relevant agency staff, and/or treatment team members.

The TFC Coordinator will assist the TFC parents in developing a family safety plan to prevent further allegations.

SUMMARY

The TFC parents may expect that close coordination and consulting will occur between them and the TFC social worker or Coordinator throughout the process. Information will be shared as it becomes available regarding the status of their foster children and their care. Assistance that can be expected includes additional respite, consultation, and therapy through TFC staff, legal consultation, and other related elements. It is difficult to enumerate all services, as each case is individually developed as needs dictate. After an unfounded allegation, the child may be returned and additional meetings may occur as appropriate.

If the allegation is substantiated, use of the foster home is temporarily suspended. Before placement of children can resume, meetings must occur with TFC staff to determine if their home continues to be an appropriate placement setting for emotionally disturbed children. The frequency of these meetings will be determined on a case by case basis.

Regardless of which Family & Children's Center's program is involved, the following guidelines always apply.

1. The staff who suspects abuse must notify the TFC Coordinator, who in turn must immediately notify the Director and President/CEO.

2. The situation must be reported to the Department of Human Services within 24 hours. The licensing specialist must also be notified at the same time. Either the TFC Coordinator or the Director may make those telephone calls.

3. Making a report will not endanger a TFC parent's independent contractor status, nor will any disciplinary action be taken.

4. Reports will be made to the intake worker at the county where the alleged incident occurred. Reports can also be made to the sheriff's department in the county where the alleged incident occurred.

Allegations of abuse between TFC youth:
If there are allegations of abuse that occurs between foster care or respite youth, the county in which the foster home is located will be notified to investigate the allegations. To assure safety, at least one of the youth will be removed from the TFC home until the situation is investigated and safety is assured. If allegations are substantiated, the treatment team of all youth involved will discuss whether a safety plan can be put in place in order to keep all youth safe. If not, it will be decided how to handle moving a youth in the least traumatizing manner possible.

GUIDELINES REGARDING THE COUNTY DEPARTMENT OF HUMAN SERVICES RESPONSE TO REPORTS OF ALLEGED ABUSE

When the county receives a report of concern regarding abuse of a child, information is obtained and an intake worksheet is completed. If the reports are reviewed and determined appropriate for the Department of Human Services, a caseworker from Child Protection Services is assigned to investigate. Investigation is mandated to begin within twenty-four (24) hours of receiving the report.

The child is interviewed prior to others. This can occur in school without parental permission/notification. An effort is also made to interview all family members. Following the interview process, the investigator makes an initial assessment regarding the safety or risk of maltreatment for the child and then decides if removal of the child is necessary.

An attempt to remove the perpetrator, if known, is made before removing the child from the home. However, Family & Children's Center has the authority to remove a child from a foster home whenever an abuse report occurs. Foster children are not automatically removed from their foster home following a report of abuse. Decisions to do so are made on a case-by-case basis by the investigating county and this agency. The average length of time to complete an investigation is forty (40) days. Follow-up is provided to mandatory reporters.

GETTING HELP/SUMMARY

Any questions regarding the above procedure, please contact the Coordinator.

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Procedure Name:	CHART FOR CONTACT
Procedure Number:	110
Domain:	WI Treatment Foster Care
Approved By:	Vanessa Southworth, Director of Wisconsin Programs
Created/Written By:	Kristen Kingery, Coordinator of Community Services
Effective Date:	12/14/17
Date(s) of Revision:	
References:	

STATEMENT OF PURPOSE

The purpose of this procedure is to provide TFC parents with a general outline of when to call the FCC on-call phone and when they can contact within 24 hours on the social worker and/or Coordinator's office phone.

AREAS OF RESPONSIBILITY

All staff and foster parents have a responsibility in following these guidelines.

PROCEDURE

TFC Emergency Call (immediately using office, cell & on-call)	TFC Office Contact (within 24 hours, can leave a message)
• **When safety of client or household members are at risk (call police first if immediate safety is at risk)** • **When a client runs away** • **When client is making verbal threats toward self or others and refuses to de-escalate** • **All sexual contact between client and another person** • **All law enforcement involvement** • **All emergency medical staff involvement (including psychiatric) and medical attention** • **Major structural damage to foster home, including fire** • **When TFC parents need emergency respite** • **When TFC parents need to make a mandated report** • **When a BBP exposure occurs**	• Notification of initial appointments upon placement • When clients behavior/emotions affect placement, permanency, family contact • When clients behavior/emotions need to be assessed by team members • When clients behavior/emotions affect services (school, therapy, medical, etc.) • When TFC parents need extra level of support or respite • When TFC parents have a family emergency that affects household

GETTING HELP/SUMMARY

Any questions regarding when to make contact with the TFC team, ask the Coordinator.

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Procedure Name:	AGENCY & OUTSIDE SUPPORT
Procedure Number:	111
Domain:	WI Treatment Foster Care
Approved By:	Vanessa Southworth, Director of Wisconsin Programs
Created/Written By:	Kristen Kingery, Coordinator of Community Services
Effective Date:	12/14/17
Date(s) of Revision:	
References:	https://dcf.wisconsin.gov/fostercare/handbook

STATEMENT OF PURPOSE

To provide foster parents with outside resources for support and information

AREAS OF RESPONSIBILITY

It is the role of the Coordinator to ensure foster parents to help seek out new resources if needed. It is the responsibility of both the Social Worker and Coordinator to ensure the foster parents are feeling supported by the agency.

PROCEDURE

Family & Children's Center provides ongoing support services to foster families licensed through the agency. The program offers a monthly support meeting where the team shares state updates, procedure change, agency updates, training and an opportunity to connect and share ideas or ask for ideas from other foster parents. The program provides opportunities for training outside of the parent support meeting as well as provides resources for training in the community. The program has a full time social worker employed to provide day to day support for each of the families and children placed. The program has an on-call crisis phone that is carried by the Coordinator or social worker 24/7. The program also provides 4 days of respite per month with an additional 9 days that are able to be used. The agency understands the amount of work that foster parents put in with placements and find it imperative that foster parents have ample opportunity to receive a break; the agency has a respite specialist who dedicates time to helping foster parents find appropriate providers as well as certifies these providers. Please see the respite procedure for more details. The program also has a clinician that is available for consults and support as well as sees some of the clients that are placed in the foster homes if it is deemed a good fit. The program and agency have a working relationship with Gundersen Health and are able to receive psychiatric support from Dr. Paula Bank, Child/Adolescent Psychiatrist.

Other resources foster parents can access for support and/or training provided by the DCF Foster Parent Handbook:

- Wisconsin Foster and Adoptive Parent Association: WFAPA provides a quarterly newsletter containing legislative updates, articles about foster care issues, a calendar of upcoming events, and information about their spring and fall conferences. WFAPA conferences are a great way for foster parents to obtain education, training, support, and

encouragement from fellow foster parents. For more information about WFAPA, visit their web site at: www.wfapa.org.

- National Foster Parent Association (NFPA): This is the only national organization that supports foster parents and advocates on behalf of all children. The NFPA hosts an State of Wisconsin Foster Parent Handbook (2017 ed.) Chapter 5 – p. 11 annual conference and offers a variety of information on their web site. Membership in the NFPA is open to anyone interested in improving the foster care program and enhancing the lives of children and families. For more information about the NFPA, visit their web site at www.nfpaonline.org or call 1-800-557-5238.
- Wisconsin Foster Care and Adoption Resource Center: For more information about other support groups, associations, and resources available in Wisconsin, talk to your licensor or contact the Foster Care and Adoption Resource Center at www.wifostercareandadoption.org or call 1-800-762-8063.

GETTING HELP/SUMMARY

Any questions regarding supports contact the social worker or Coordinator.

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Family & Children's Center

Procedure Name:	CLOTHING & INVENTORY
Procedure Number:	112
Domain:	WI Treatment Foster Care
Approved By:	Vanessa Southworth, Director of Wisconsin Programs
Created/Written By:	Kristen Kingery, Coordinator of Community Services
Effective Date:	12/14/17
Date(s) of Revision:	
References:	Clothing Inventory

STATEMENT OF PURPOSE

To understand and follow through with the clothing inventory process to ensure youth have the appropriate amount of clothing upon entering the treatment foster care home.

AREAS OF RESPONSIBILITY

All staff, Coordinator and treatment foster care parents are responsible for knowing the below procedure. It is the responsibility of the treatment foster care parents to complete the inventory as well as purchase appropriate clothing. It is the responsibility of staff to follow up with the treatment foster care parents to ensure it is completed in a timely manner as well as to follow up with the placing county social worker if a clothing allowance is being requested.

PROCEDURE

Clothing for each foster child is carefully monitored by the foster parent. Clothing should be neat and clean, appropriate for the weather and the age of the child, be typical of mainstream youth in so far as style and quality is concerned, and be adequate in quantity (so that a youth will have a fresh change of socks and underwear daily, for example).

Clothing, hats, belt buckles, and so forth having drugs, violence, alcohol, smoking, and similar subjects as motifs will not be allowed. If a youth has clothing with this type of content, the articles will be returned to either the child's parents or the child's social worker.

TFC parents are responsible for purchasing basic clothing items. If youth would like "special" items or brands, it is often possible for them to do extra chores or save their allowance to purchase these extra items.

It is the TFC parents' responsibility to supervise and teach youth regarding the proper care of their clothing. These tasks include: sorting clothing and doing laundry, folding and putting clothes away, selecting appropriate clothing for activities, weather conditions, and so forth.

At the time of admission, an inventory of all clothes should be taken and clothing labeled for identification. If a youth has less than the state recommended amount of clothing, TFC Social Workers will talk with the placing social worker to assess if the referral source is willing to provide the clothing allowance for the youth.

WI: In respect to the CANS Assessment, it is stated that placing counties may elect to provide a clothing allowance for youth that are placed in foster care.

Borrowing, selling, or giving away clothing items by the youth is prohibited unless approved by the foster parent. Restitution of damaged clothing, either belonging to the child or to another individual will be made. Restitution for "lost" clothing items may be paid at the discretion of the foster parent.

CLOTHING INVENTORY--TAKE THE FOLLOWING STEPS:

1. Upon admission, with child present, inventory clothing and other personal property by filling out the first three columns of a clothing inventory form.
2. Purchase approved clothing that the child requires at placement within the first two weeks of placement.
3. Complete column four (purchase date and cost).
4. Submit completed inventory form TFC Social Worker and/or Coordinator.
5. Review clothing needs throughout placement and secure necessary items.
6. Update wardrobe and personal items upon discharge, making sure the child is discharged with the minimum clothing required. Again, fill out clothing inventory and personal property items form and submit a copy to the TFC Social Worker and/or Coordinator.

GETTING HELP/SUMMARY

Any questions regarding the above procedure, please contact the Coordinator.

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Procedure Name:	FORMS INDEX
Procedure Number:	113
Domain:	WI Treatment Foster Care
Approved By:	Vanessa Southworth, Director of Wisconsin Programs
Created/Written By:	Kristen Kingery, Coordinator of Community Services
Effective Date:	12/14/17
Date(s) of Revision:	
References:	DCF 56 Intake Checklist, Dental Form, Teen Physical Form, Pediatric Physical Form, Physician Form, 30 Day Assessment Tool, Discharge Checklist, Respite Agreement Form

STATEMENT OF PURPOSE

The intent of this procedure is to ensure that all treatment foster care parents have an outline of all required documents that need to be turned in and are required by the licensing agency as well as DCF.

AREAS OF RESPONSIBILITY

Treatment foster care parents are responsible for following all of the guidelines below.

PROCEDURE

1. **New Admission Checklist:** To be completed following admission of a child to your home and turned in to the administrative assistant and/or social worker. This form is due within 10 days of the client's admission to the program. If it is not possible for the client to be seen for his or her physical or dental appointments, or if they were recently completed, make that notation on the checklist before submitting.

2. **Releases:**

    a. Medical Release

    b. Information Release(s)

    c. School Authorization

    d. Safety Consent Form

    e. Post-Discharge Consent

    f. HIPPA Confidentiality Acknowledgement

    Note: Signatures for the above forms are obtained by TFC staff at an intake meeting. The original documents are kept in the client's file. You will receive a copy of each of these forms for your records.

3. **Request for Permission:** Whenever a TFC youth will travel with the Treatment Foster Care family for an extended time out of state or participate in other out of the ordinary events permission may need to be granted by the county social worker and parents/guardians.

4. **Immunization Record:** This must be on file at admission for all TFC youth. If you do not have one, contact the administrative assistant, TFC social worker, and/or Coordinator.

5. **Dental Exam Form:** When TFC youth have dental exams, there is a dental exam form that needs to be completed and signed by the dentist and returned to the administrative assistant, TFC social worker, and/or Coordinator. If follow up is needed a new form can be completed for each visit.

6. **Health Examination Form (Physical):** To be completed at the admission physical and for each yearly physical by your TFC youth's physician. Completed forms need to be submitted to the administrative assistant, TFC social worker and/or Coordinator.

7. **Physician Visit Forms:** To be completed each time the youth goes to the doctor and it is not for their initial or yearly physical. After completion, these forms are to be given to the administrative assistant, TFC social worker and/or Coordinator to be placed in the client's file.

8. **Special Incident Report:** Refer to the TFC social worker and/or Coordinator.

9. **Request for Annual Leave:** TFC parents receive 9 extra days of respite per year on top of 4 days a month. To utilize this time, you must have this pre-approved through the TFC Coordinator.

10. **30 Day Assessment Tool:** Questionnaire completed before 30 day staffing and used to assist in completing verbal and written reports at the staffing as well as for the Social Service Assessment report.

11. **Social Service Assessment:** Used to assess TFC youth's first 30 days of placement. Provides written report of Social Service Assessment staffing. The TFC parent section is due within 5 business days after the staffing.

12. **Service Plans:** Completed on each TFC child every 90 days to evaluate treatment progress or regression and interventions being utilized. Provides written report of quarterly staffing. The TFC parent section of this report is due within 5 business days after the staffing

13. **Discharge Summary:** Summarizes child's placement within TFC. Provides written report and recommendation for discharge staffing. The TFC parent section of this report is due within 5 business days after the staffing.

14. **Discharge Checklist:** To be completed at time of discharge of child from the TFC program and turned in to the social worker and/or Coordinator along with the client file.
15. **Respite Care Agreement Form:** To be completed following respite. Record hours of respite and which provider was used.
16. **Any other legal documents (birth certificate, social security card, etc.):** Make copies and hand in to social worker and/or Coordinator.

GETTING HELP/SUMMARY

Any questions regarding the above procedure, please contact the Coordinator.

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Procedure Name:	ADMISSION
Procedure Number:	201
Domain:	WI Treatment Foster Care
Approved By:	Vanessa Southworth, Director of Wisconsin Programs
Created/Written By:	Kristen Kingery, Coordinator of Community Services
Effective Date:	12/14/17
Date(s) of Revision:	
References:	

STATEMENT OF PURPOSE

The purpose of this procedure is to understand the general outline and guidelines of admission as well as the qualifications the Social Worker and/or Coordinator evaluate prior to admission into the Treatment Foster Care program.

AREAS OF RESPONSIBILITY

The Social Worker and/or Coordinator are responsible for following the below procedure as well as assessing the appropriateness of each step in the process. The TFC parents are responsible for having a general understanding and asking questions when approached about a potential placement.

PROCEDURE

Qualifications for Admission:

Children and youth from birth through age 21 may be accepted for placement in Treatment Foster Care. In accordance with Wisconsin Administrative Codes DCF 56, these youth may include children who:

- Have been unsuccessful in foster care placement or their biological home.
- Have improved significantly in residential treatment or group home settings, making residential placement no longer appropriate.
- Have behavioral control problems such as emotional disturbance, adjustment disorder, and attachment issues.
- May be cognitively or physically challenged, or both.

For Wisconsin: If youth aged 18-21 are placed in foster care they need to be enrolled in school full time as well as have an IEP. **For Minnesota:** If a child is in placement at the age of 18 and agrees to stay in extended foster care they may until the age of 21.

Referral Procedure:

The initial contact is made by telephone to the TFC Social Worker and/or Coordinator. If the screening call indicates that the placement may be appropriate, referral information is requested. This includes a social history, psychological/psychiatric summaries, school records, or any other pertinent information. No youth will be denied services on the basis of race or cultural identification, sex, sexual orientation, age, creed, ancestry, disability, political affiliations, religious beliefs, color, or national origin.

Items Considered for Admission:

- The presenting problems, types of less intrusive interventions already attempted, and reasons why they were not successful.
- The youth's involvement with chemicals; assessment of the youth's chemical abuse or chemically dependent behavior.
- The youth's tendency to run away.
- The youth's size and tendency toward physical aggression.
- The youth's treatment history.
- The youth's potential for danger to him/herself or others (such as fire setting, physical aggression, sexual perpetration, suicidal ideation, and so forth).

Pre-Placement & Admission Guidelines:

When a referral is made, an appropriate family is selected based on several factors:

1. Treatment needs of child with consideration of FC parents' expertise
2. Referral source request/need
3. Suitable home (other children? younger children? other sexual abuse perpetrators? availability to place siblings?)
4. Nurturing versus highly structured environment
5. Compatibility (nuclear family, foster kids, biological parents, and FC parents)
6. Consideration for religious preference/cultural background when possible

7. Location (rural versus city, out of community versus within, school programming, proximity to biological parents).
8. Therapy needs
9. Educational needs
10. Physical layout of the home

After a tentative home is selected for the child, an optional pre-placement or intake meeting is scheduled. This meeting would include the child, family members, referral source representative, TFC parents and TFC Social Worker and/or Coordinator. The purpose of this meeting is to orientate the child, biological family, and referral source representative to the TFC program and the TFC families, answer any questions, and arrange pre-placement visits if so desired. If the referral source and TFC Social Worker and/or Coordinator believe that it would be beneficial for a pre-placement visit to occur at the foster home, this visit can be arranged as soon as possible.

The initial pre-placement meeting between the TFC family and the referred client can range from a short and informal one hour meeting to a formal one or two night overnight stay in the treatment home or any arrangement within these bounds. There is no fixed number of pre-placement visits, as each child is unique in their needs. As few as one pre-placement visit before final admission to as many as five such visits before final admission may be arranged. The purpose of the pre-placement visit is for the TFC parents and staff, the child and the child's county social worker to make decisions about moving into that home. Prior to admission, no commitments are expected regarding admission. It is also clearly stated at the initial meeting that once the child is placed in the TFC home, the TFC parents are committed to the child and their care.

Family and Youth Involvement at Admission:

Prior to an admission and throughout the intake process, as well as during the actual placement, all efforts are made to involve the youth and family in treatment. The family and county/state worker are asked to escort the youth to Family & Children's Center for admission, depending on the circumstances.

An intake meeting is held with them that also includes the TFC family and the TFC Social Worker and/or Coordinator. During this time a number of guidelines are reviewed.

- Role and responsibilities of the family. This includes communication frequency and visiting procedures in view of family history.

- Role and responsibility of the county worker.
- Role and responsibilities of Family & Children's Center staff who are involved in the case.
- Rights and responsibilities of the youth.
- Family rules and procedures.

When the review of guidelines is concluded, the youth will leave with the TFC family for their home.

Health Care & Treatment Services:

All children admitted into Treatment Foster Care must have timely access to basic, emergency, and specialized medical, mental health, and dental care and treatment services by a qualified person. A history and review of each child's needs related to the above will be assessed by the Treatment Foster Care Social Worker and/or Coordinator at the time of intake; a health care and treatment plan will be developed with the Treatment Foster Care Parents.
All children admitted into TFC need to have:

1. A TB test within 72 hours.
2. A physical exam within 30 days of admission (ongoing every year)
3. A dental exam within 30 days of admission (ongoing every 6 months)

Medical Assistance:

All youth entering out-of-home placement are eligible for Medical Assistance. County social workers are requested to bring the permanent Medical Assistance card of the youth or a temporary card the day of intake. If parents have insurance, a copy of the insurance card will be made as part of the intake process.

Additional Information needed at time of Intake:

Parents and Social Workers are requested to bring:

- A copy of the child's birth certificate
- A current immunization record

- The name of the child's previous school and the school address where the child's cumulative records may be (if different).
- The date of the child's most recent medical, dental, and optical examination.

Summary of Placement Process:

1. Preliminary review of client's history and screening by TFC Social Worker and/or Coordinator.
2. Selection of potential TFC home.
3. Potential parent(s) review case with TFC Social Worker and/or Coordinator.
4. Potential parent(s) meet child for personal evaluation of child.
5. Pre-placement meeting with child and treatment team, including child's parents or guardian and placing agency representative.
6. Additional pre-placement visits at the foster home.

GETTING HELP/SUMMARY

Any questions regarding admission ask the Coordinator.

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Procedure Name:	PRE-PLACEMENT
Procedure Number:	202
Domain:	WI Treatment Foster Care
Approved By:	Vanessa Southworth, Director of Wisconsin Programs
Created/Written By:	Kristen Kingery, Coordinator of Community Services
Effective Date:	12/14/2017
Date(s) of Revision:	
References:	

STATEMENT OF PURPOSE

The purpose of the procedure is to assess compatibility between the Treatment Foster Care family and the child; as well as the child's willingness to invest in the placement.

AREAS OF RESPONSIBILITY

It is the Social Worker and/or Coordinator responsibility to help facilitate pre-placement visits and what those will look like with the TFC parents as well as communicating with the County Social Worker to ensure that everyone is on the same page. Then the Social Worker and/or Coordinator will follow up with everyone after the visit to determine next steps and potential placement. If moving forward with placement the Social Worker and/or Coordinator will facilitate a placement meeting if appropriate and/or possible.

PROCEDURE

1. Attending: Child, biological parent(s), county/state social worker, FC parents and FC Coordinator.

2. Treatment Foster Care Social Worker and/or Coordinator:

    a. Describes TFC

    b. Discusses goal setting

    c. Explains therapy

    d. Pre-placement assessment/subsequent visits

3. Treatment Foster Care Parents:

    a. Ask child what he/she wants to see happen in the next 3 months, 6 months, year

    b. Ask if he/she could choose where they could live, where that might be.

    c. Ask child what they want to get out of the program.

d. Explain to child what they stand to gain from being there (allowance, stability, safety, structure, guidance, sorting out their life, etc.).

e. What he/she can expect from you (honesty, assistance in working on problems, and so forth).

f. FC parents may ask the following questions as part of the pre-placement

Interview:

- What will be the hardest thing for you living with a family?
- What brought you here?
- If you find you don't like living with a family, what will you do?
- What is a parent's job in a family? What is your job in a family?
- What are good reasons to run? Be violent? Be uncooperative? Be truant from school?
- What will help you succeed or fail?
- What are your strengths/liabilities?

4. County/State Social Worker:

a. Explain purpose of placement

b. Discusses options for child should he/she succeed in the placement

c. Discuss options for child should he/she fail the placement

5. Biological parents and child have opportunity to ask questions.

6. Assessment visitation in TFC home. Recognize that an evaluation process is taking place on everyone's part.

a. Are the TFC parents, biological children, and foster child compatible?

b. Can the TFC parents work with this child?

c. Does the child want to be there? (Secure commitment for the child).

d. Is the child an appropriate candidate for TFC?

7. If child is appropriate for the next phase, notify necessary parties and arrange a schedule for following pre-placement visit(s) or prepare for placement.

8. Placement Decision:
    a. Evaluate impact of visits.
    b. Secure commitment by TFC parents.
    c. Secure commitment from the child.
    d. Secure commitment from the biological parent(s) if possible.

9. Placement Meeting
    a. Attending: child, county/state social worker, FC parents, biological parents, and FC staff.
    b. Review TFC programming.
    c. Set up family contact schedule.
    d. Review house rules.
    e. Releases obtained and photo taken for identification purposes.
    f. Child goes home with TFC parents.

GETTING HELP/SUMMARY

Any questions regarding pre-placement ask the Coordinator.

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Procedure Name:	INITIAL PLACEMENT
Procedure Number:	203
Domain:	WI Treatment Foster Care
Approved By:	Vanessa Southworth, Director of Wisconsin Programs
Created/Written By:	Kristen Kingery, Coordinator of Community Services
Effective Date:	12/14/17
Date(s) of Revision:	
References:	

STATEMENT OF PURPOSE

The purpose of this procedure is to understand the expectations during the initial placement period after a youth is placed in the treatment foster care home.

AREAS OF RESPONSIBILITY

The Treatment Foster Care parents are responsible for following this procedure. The Social Worker and Coordinator are responsible to ensure the Treatment Foster Care parents are following through as well as to check in to see how the youth is settling in.

PROCEDURE

Transition to the Treatment Foster Care home is the first goal set for any child. The initial thirty (30) day period is considered a transition and adjustment time. TFC parents may not use respite for the first two weeks of placement. During this time, as trust is developed, TFC parents must provide eyes-on supervision at all times. The child is not allowed to be without adult supervision in any setting.

Recognize that family loyalties run deep and the child/youth may be traumatized by separation issues, being homesick, and/or anger about being removed from their home. There will be confusion surrounding loyalties toward biological parents, feeling of abandonment, and self-blame for disruption in the family. Discuss with the child what you prefer, and they are comfortable with, calling you.

Incorporate behavioral interventions immediately. Be clear in your expectations, supportive of the child's specific emotional status, and affirmative in your belief of a positive adjustment period and overall placement experience.

GETTING HELP/SUMMARY

Any questions regarding this procedure ask the Coordinator.

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Procedure Name:	DISCHARGE PLANNING
Procedure Number:	204
Domain:	WI Treatment Foster Care
Approved By:	Vanessa Southworth, Director of Wisconsin Programs
Created/Written By:	Kristen Kingery, Coordinator of Community Services
Effective Date:	12/14/17
Date(s) of Revision:	
References:	

STATEMENT OF PURPOSE

The purpose of this procedure is to understand that discharge planning can look different dependent on each child's case and what was originally planned may not be the outcome.

AREAS OF RESPONSIBILITY

It is the responsibility of the TFC social worker, Coordinator and TFC parents to support the discharge plan as well as make recommendations, if appropriate.

PROCEDURE

As stated in the TFC Mission Statement, "The ultimate goal of FC is to assist in the development and facilitation of a permanency plan for each child in the program."

With this in mind, Family & Children's Center offers a variety of services to the youth and family throughout placement. Individual and/or family therapy is available as frequently as needed.

Youth are encouraged to keep in touch with family. This is done through home visits, telephone calls, and encouragement to communicate with letters.

TFC parents support biological parents as they work towards family reunification by advising natural parents of school conferences, doctor appointments, and so forth. Natural parents are encouraged to participate in as many aspects of parenting as possible.

TFC Social Workers and TFC parents, as well as the TFC Coordinator, are available to meet with in-home services teams and others who will be facilitating a child's return to a natural family environment. In-home workers are encouraged to participate in pre-discharge staffings, and TFC staff is available for post-discharge consultations provided parental releases are signed.

In the event it is determined that it is not in the child's best interest to return home, options will be explored via a team process. Termination of parental rights, adoption, long-term care, "good-bye meetings" are all issues and concerns that may be appropriate to address. Increased therapy sessions with the child and the child's family will be scheduled as appropriate. The foster family will be supported with help in assisting the child through the transition period.

DISCHARGES WILL OCCUR AS FOLLOWS:

1. Successful discharge will occur to the child's biological home, relative's home, adoptive home, or to a traditional foster care home when the child's behavior becomes stable and the receiving environment is adequate to meet the needs of the child. Accelerated visits prior to discharge will occur for the purpose of separation (from the foster family) and transition (into the permanent family).
2. Discharge will occur if a more restrictive setting is warranted. When a child fails to follow the treatment program over time and his/her behavior escalates, discharge will be considered. The child is confronted on his/her intent and the need to participate in the treatment plan. The child is warned that his/her behavior needs to improve or a move will be justified. The county worker is notified and there is discussion regarding appropriate placement. If behavior continues to escalate, an alternative placement is identified. A minimum of two to four weeks is allowed to assess the situation.
3. Immediate discharge occurs if a child's behavior warrants inpatient mental health stabilization, or shelter care/incarceration. Justification for removal is discussed with the child.

CHANGE OF PLACEMENT WHILE IN PROGRAM:

Occasionally, children will be moved from one TFC home to another for a variety of reasons. The child's behavior may prompt burn-out in one family; yet, a family with different dynamics may be willing to continue working with the child. Personal reasons within the foster family may also prompt a child's change in placement. Regardless of the situation, every attempt will be made to encourage a stabilized placement for each child. If a move is necessary, the involved team members will be kept informed of the situation at each point of the decision-making process. Team members, led by the child's therapist, will determine the most effective timeframe and format for the change of placement.

GETTING HELP/SUMMARY

Any questions regarding discharge planning ask the Coordinator.

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Procedure Name:	WRITTEN REPORTS
Procedure Number:	301
Domain:	WI Treatment Foster Care
Approved By:	Vanessa Southworth, Director of Wisconsin Youth & Family Programs
Created/Written By:	Kristen Kingery, Coordinator of Community Services
Effective Date:	12/14/2017
Date(s) of Revision:	
References:	

STATEMENT OF PURPOSE

This procedure reflects the expectations of treatment foster care parents in regards to report writing.

AREAS OF RESPONSIBILITY

The treatment foster care parents are responsible for completing written reports in a timely manner. It is the responsibility of the social worker/ and/or coordinator to ensure the treatment foster care parents are informed of when it is due as well as follow up if they are late.

PROCEDURE

Treatment Foster Care parents will be responsible for maintaining documentation concerning each child's specific behavioral, emotional, medical, and educational needs. It is important for TFC parents to ensure that they are either updating the TFC social worker weekly or bi-weekly via email with details regarding treatment status, needs, and interventions.

Written reports are coordinated with staffing for each child. For MN 10 days after intake a treatment plan and crisis plan are developed by the treatment foster care social worker, coordinator and treatment foster care parents. For both WI & MN 30 days after intake, a Social Service Assessment report is completed by members of the child's treatment team. Quarterly Service Plans will be written every ninety days after the assessment report. These plans will detail specific progress or regression on treatment goals and provide interventions used within the treatment foster care home. At time of discharge, the treatment foster care team will provide written documentation of final treatment status and recommendations for continued care appropriate to the child's future environment.

Treatment foster care parents may enter treatment information directly onto a computerized form and then email the information or turn in the handwritten report upon completion and the treatment foster care social worker will copy the information. Security of all client information on computers or data storage equipment must comply with HIPPA Privacy.

It is extremely important that reports be completed in a timely manner.

GETTING HELP/SUMMARY

Any questions regarding written reports ask the coordinator.

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Procedure Name:	INTERDISCIPLINARY STAFFINGS
Procedure Number:	302
Domain:	WI & MN Treatment Foster Care
Approved By:	Vanessa Southworth, Director of Wisconsin Youth & Family Programs
Created/Written By:	Kristen Kingery, Coordinator of Community Services
Effective Date:	12/14/2017
Date(s) of Revision:	
References:	

STATEMENT OF PURPOSE

The purpose of this policy is to understand and structure interdisciplinary staffing as well as for staff, TFC parents and clients to understand their role in these meetings.

AREAS OF RESPONSIBILITY

The Treatment Foster Care Social Worker and/or Coordinator to ensure that staffings are set up according to the policy as well as to ensure all treatment team members are included. It is the role of the social worker and/or coordinator to update treatment team members who are unable to be in attendance.

PROCEDURE

Thirty (30) days after admission, an initial staffing is held to develop a full treatment plan. The county/state worker, natural family, TFC parents, TFC Social Worker and relevant others (guardians, school counselor, and so forth) attend this meeting. Reports are heard from all disciplines represented. The team selects priority treatment needs as identified by individual disciplines and makes recommendations. If the youth is to remain in Family & Children's Center TFC program, the team identifies implementation responsibilities and treatment modalities. It also may consider a projected discharge date and permanency plans.

Each youth's progress and program are formally reviewed at a staffing held on a quarterly basis. Staffings may occur more often if necessary for intensive treatment needs, discharge planning, family or youth crisis times, or similar situations.

Staffings are scheduled well in advance to allow for treatment team involvement. At times, emergencies arise where we need to re-schedule staffings due to a team member not being able to attend at the pre-arranged date and time. In all cases, however, telephone contact is initially made and a follow-up notice is sent to encourage attendance.

Regardless of what type of staffing (initial or quarterly), the program emphasizes a team approach. All family members, county/state workers, school personnel, and staff have the opportunity for input and review of past, present, and future treatment plans. In most cases, all participants will have the opportunity to address their areas of responsibility and involvement in the treatment program discussed at the staffing. The Family & Children's Center TFC staff and

parents prepare a written Social Service Assessment following the initial staffing. In addition, a written summary of initial and quarterly staffing reports will be mailed to placing agency representatives and parents or guardians.

Each staffing documents a full assessment of the case:

- goal and interventions regarding daily living strengths and concerns
- goal and interventions regarding behavioral stability strengths and concerns
- psychiatric report
- therapeutic report
- medical summary
- goal and interventions regarding social skill strengths and concerns
- goal and interventions regarding community integration
- school progress and placement
- supervision and safety within the treatment foster home setting
- legal status and permanency, including family interaction

TFC PARENT INPUT:

At the 30 Day Assessment (as well as at subsequent quarterly staffings), the TFC parent is responsible for presenting a summary of the youth's behavior, attitude, and abilities in the home. This report will play a major role in determining goals for the youth during his foster care stay. Therefore, the parent has a responsibility to present the youth accurately, fairly, and completely. Since the TFC parent also represents Family & Children's Center, it is anticipated that they will be dressed appropriately and that the presentation and input during the staffing will be done professionally.

Please plan on a maximum of 20 minutes to present a summary of the following topics. If additional details are needed, other team members will ask for additional information and/or will contribute their own input from those areas. Ask the TFC social worker and/or coordinator if you have any questions or concerns about material to be presented.

NOTE: It is helpful to focus on both strengths and areas of concern for each topic.

Subsequent reports for staffings will follow goals that have been identified for each youth.

1. **Personal care skills**: Hygiene; clothing; room; personal possessions (by observation, Summary Logs).
2. **Personal safety**: In play; with peers; in community; etc., (by observation, Summary Logs).
3. **Leisure skills**: Abilities; interests; able to entertain self and/or interact with others (by Observation, Summary Logs).
4. **Social skills**: Note particular strengths and deficit areas from questionnaire and observation.
5. **Communication skills**: Note particular strengths and deficit areas from questionnaire and observation.
6. **Responsibility**: Note particular strengths and deficit areas from questionnaire and observation.
7. **Self-Concept**: Note particular strengths and deficit areas from questionnaire and observation.
8. **Behavior/Self-Control**: Note particular strengths and deficits from questionnaire and observation.

Please include examples as appropriate to help define strengths and areas of deficit and special incidents of note.

CLIENT ATTENDANCE AT STAFFINGS:

It is our philosophy that the child is a critical factor in terms of their success in FC. For this reason, they are encouraged and welcome to attend their staffings. The reasons for this are:

1. Children are more agreeable to a plan if they participate in its development.
2. Staffing allows the child to receive positive feedback on their progress in treatment, as well as information about areas in which they need to improve.
3. The child receives first-hand information from the social worker to minimize misinterpretation of issues of impact on the child.

Children attend staffing as appropriate. Generally, the following guidelines are adhered to unless there is evidence that the child's attendance is not in their best interest:

1. Children under the age of 12 are welcome to attend if they so desire and it is appropriate.
2. Children over the age of 12 are encouraged to attend staffing. They may be exempt if it is too emotionally difficult for them.
3. Adolescents (ages 14 to 19) are rarely exempt from attendance unless there is overwhelming evidence that their participation in staffing would be detrimental to them.

In the event of non-attendance of a child, a brief overview of issues and plans discussed may be provided to the child at the end of the staffing in a summary format, or after the staffing by a team member that was in attendance. This is done to allow any concerns or questions the child may have to be addressed.

GETTING HELP/SUMMARY

Any questions regarding interdisciplinary staffings ask the Coordinator.

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Procedure Name:	ATTACHMENT
Procedure Number:	401
Domain:	WI Treatment Foster Care
Approved By:	Vanessa Southworth, Director of Wisconsin Programs
Created/Written By:	Kristen Kingery, Coordinator of Community Services
Effective Date:	12/14/17
Date(s) of Revision:	
References:	Wisconsin Administrative Code: Ch. DCF 56 Foster Home Care For Children

STATEMENT OF PURPOSE

To provide knowledge and understanding in the topic of attachment and its effects on youth.

AREAS OF RESPONSIBILITY

All individuals working with the youth should know and understand the below information provided to help better understand the youth in the home.

PROCEDURE

Children feel an incredible sense of loss and confusion when they are separated from their families. They have lost the most important people in their lives — their parents, sometimes their siblings, other relatives, and individuals close to their family. They have lost their familiar pattern of living. They have lost their homes, pets, and the places and things that make up their world. Perhaps they even changed schools, uprooting them from their friends and neighborhood. They have lost the little things that comfort them, such as certain smells, maybe a favorite toy or stuffed animal, a special place in their home, the way their parent made a sandwich, or the way the world sounded when they were falling asleep. No matter how nice a foster home is, in the beginning, it will feel strange and uncomfortable to a child.

School changes, which often go hand-in-hand with placement in foster care, can be particularly difficult for children. School is where children learn to make friends and see people from their neighborhood. Moving to a new school increases the risk of losing the connections from the neighborhood or school. This is especially true for teenagers, for whom placement often means separation not only from family and peer groups but from after-school activities and jobs.

In addition to changes where they live and play, children placed in foster care must often learn what “normal” behavior is in their new foster home. Even though it may have been unsafe, children often see their family’s behavior as normal. Many children in foster care find their family’s behavior reassuring simply because it is familiar.

Sometimes children think that it is their fault they are placed in foster care. It is critical for foster parents to understand that children will experience many complex emotions that they will not understand. They will not typically welcome the idea of being placed in a new home with strange people, noises, rules, and smells. The more patient and understanding foster families can be, the more likely it will be that the child will slowly adjust to his or her placement in the foster home.

In addition to patience and understanding, foster parents also need information on topics such as attachment to better help youth adjust to their new environment.

Attachment is the emotional connection that infants and children develop with their parents and other people who care for them. It is through a child's attachment to those around them that children begin to develop a sense of security, individuality and their place in the world.

Attachment develops over time as a person's needs are met by significant adults, typically one's parents. The more consistently a child's needs are met over time by trusted people, the stronger the attachment becomes. If a child's needs are met inconsistently, a child may learn that he or she can't depend upon the adults in his or her life. For children in foster care, attachment may not only be disrupted by patterns of abuse and neglect but also by the removal from their homes and placement into a foster home. Impaired attachment can significantly affect a child's ability to sustain relationships, become independent, achieve a positive sense of self-esteem, develop consciousness of how one's actions impact others, and develop self-discipline.

It's important to keep these key elements in mind when working with youth because although it may be just a sandwich to you—that sandwich may be a piece of home for them and stirs up emotions that they will need help managing.

GETTING HELP/SUMMARY

Attachment development and attachment disorders are very complex. Many agencies and organizations sponsor entire trainings on these topics. For more information, contact the Foster Care and Adoption Resource Center at www.wifostercareandadoption.org or 1-800-947-8074.

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Procedure Name:	CHILD DEVELOPMENT
Procedure Number:	402
Domain:	WI Treatment Foster Care
Approved By:	Vanessa Southworth, Director of Wisconsin Programs
Created/Written By:	Kristen Kingery, Coordinator of Community Services
Effective Date:	12/14/17
Date(s) of Revision:	
References:	Ch. DCF 56 : Foster Home Care for Children

STATEMENT OF PURPOSE

To provide a brief guide to child development in regards to typical as well as some atypical situations that may be seen in youth within the home.

AREAS OF RESPONSIBILITY

All individuals working with the youth should know and understand the below information provided to help better serve the youth in the home.

PROCEDURE

Healthy Development

The early years of a child's life are very important for his or her health and development. Healthy development means that children of all abilities, including those with special health care needs, are able to grow up where their social, emotional and educational needs are met. Having a safe and loving home and spending time with family—playing, singing, reading, and talking—are very important. Proper nutrition, exercise, and rest also can make a big difference.

Developmental Milestones

Skills such as taking a first step, smiling for the first time, and waving "bye-bye" are called developmental milestones. Children reach milestones in how they play, learn, speak, behave, and move (for example, crawling and walking).

Children develop at their own pace, so it's impossible to tell exactly when a child will learn a given skill. However, the developmental milestones give a general idea of the changes to expect as a child gets older.

Developmental Monitoring and Screening

A child's growth and development are followed—or monitored—through a partnership between parents and health care professionals. At each well-child visit, the doctor looks for developmental delays or problems and talks with the parents about any concerns the parents might have. In addition, doctors conduct developmental screening. Developmental screening is a short test to tell if children are learning basic skills when they should, or if they might have delays.

Children with special health care needs should have developmental monitoring and screening just like those without special needs. Monitoring healthy development means not only paying attention to symptoms related to a child's condition, but also to the child's physical, mental, social, and emotional well-being.

With the help of monitoring and screening professionals are able to get a peek into areas of a child's life that they may not have otherwise known based on if the youth are hitting the typical milestones the way that they should be. Below is a chart showing some of the differences someone may see in a typical versus atypical youth during each of the major milestones.

	Typical Child Development	**Foster Care and Child Development**	**Effects of Abuse and Neglect on Development**
First Year	Infants are developing the capacity to experience dependency and trust. This is done by eye contact with caregivers, smiles, peek-a-boo games.	Preverbal children may react to loss and separation with extended periods of crying and distress followed by quieter despair.	Children learn to expect the environment to be unresponsive. They tend to be anxiousand may have developed coping defenses that may interfere with building future relationships.
Toddler Years (12-36 Months)	Toddlers are learning to physically separate from parents. They alternate between clinging to parents and pushing away. Need to be successful at expressing feelings. Need reassurance of reasonable limits.	Verbal children may respond to loss initially by acting unconcerned. This initial response may be followed by unexpected episodes of anger, sadness, and irritation.	Children who did not receive sensitive responses to abuse and neglect may develop feelings of shame and be too easily humiliated. They may be stubborn, controlling, compulsive, and passive-aggressive
Preschool Years	Play is especially important at this stage. Through play, children learn to think versus acting on impulses. This is a very self-centered stage; children believe they are the most important person in the world.	Similar response to above.	Children who have had traumatic experiences as preschoolers may feel intense vulnerability. They may come to expect catastrophe and suffer from depression, hyperactivity, and aggression.

	Typical Child Development	Foster Care and Child Development	Effects of Abuse and Neglect Development
Grade School Years	Children learn self-control, delayed gratification, and how to plan ahead. Fairness is important and they have a rigid sense of right and wrong. Time with peers and being liked is very important.	May begin to think in a new way about foster care placement and may show signs of sadness.	Avoiding or repressing anger may lead to more mental health difficulties than any other single issue in this stage. If children reach this stage without developing in many areas, they may have difficulties with finishing things they start, using good judgment, and planning ahead.
Adolescence	Early adolescence is a time of discovering and exploring self identity. Moods are intense and unstable. Will seek to please peers and resist parents. Late adolescence is focused on gaining skills necessary for independence. May be exceedingly idealistic and turn from parental values.	Exceedingly difficult time to be placed in foster care. Need to be involved in process and may need to develop contracts with all involved adults.	Adolescents who have not been given the opportunity to explore self-identity and grow towards independence may lack a sense of self, have poor impulse control, and fail to think ahead. They may lack a sense of conscience or empathy and be emotionally repressed, defiant, or overly compliant. They may use defensive or controlling behavior to meet their needs.

Typical Behavior versus Emotional Disturbance

Sometimes it is difficult to separate behaviors and concerns associated with foster care placement from those associated with a more serious emotional disturbance or mental health concern. Signs of emotional disturbance typically are behaviors and reactions that last too long, are exaggerated, or are consistently inappropriate for the situation or the child's stage of development.

Possible Signs of Emotional Disturbance

- It is logical that a child would get mad when someone calls him or her a name, but plotting to seriously hurt the person simply due to an insult is cause for concern.
- Two-year-olds typically throw themselves on the floor during temper tantrums; teenagers typically do not.
- It is normal to panic and flee from a fire, but not from a working elevator.
- Crying in reaction to separation and loss can be expected. Crying that goes on every day in school for 6 months is concerning.
- It is not unusual for a child to talk to himself or herself on occasion, but it is concerning when a child reports hearing voices or takes action based on what the voices are saying.

The above information is important to keep in mind when working with youth in the home as it provides a basic knowledge base of typical behaviors in development to give a better idea on what to watch and report as being concerning. It also helps provide understanding to those who have experienced abuse or neglect in their childhood so you can better understand and meet their needs.

GETTING HELP/SUMMARY

Child development can be very complex when looking at the many facets that play a role. Many agencies and organizations sponsor entire trainings on these topics. For more information, go to https://www.cdc.gov/ncbddd/childdevelopment/.

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Procedure Name:	GRIEF & LOSS
Procedure Number:	403
Domain:	WI Treatment Foster Care
Approved By:	Vanessa Southworth, Director of Wisconsin Programs
Created/Written By:	Kristen Kingery, Coordinator of Community Services
Effective Date:	12/14/17
Date(s) of Revision:	
References:	

STATEMENT OF PURPOSE

This section discusses the different ways and stages that children process grief and loss in their lives. All children in foster care experience significant loss and grief when they are separated from their families, and some of the children in foster care have experienced even more loss prior to being placed in foster care. This section has suggestions for helping children work through their struggles of grief and loss.

AREAS OF RESPONSIBILITY

All individuals working with the youth are required to know the below information—staff, foster parents and supervisor. The supervisor will go over all of the below information during new-hire orientation as well as Foundations training for foster parents. The information will also be available for reference.

PROCEDURE

Below are the typical stages of grief and loss—note: they may not occur in order and some may be skipped, revisited, or a child may be in two stages at once.

Stage 1: Shock and Denial

When a child is first placed, he or she may be very eager to please, cooperative, and generally enjoyable to be around. Experienced foster families recognize these behaviors as the "honeymoon" stage. Other children in the shock and denial stage may have difficulty eating or sleeping or may revert to the behaviors of a much younger child.

Working Through the Shock and Denial Stage

- Receive the child calmly. Settle down to a regular routine as quickly as possible.
- Explain and discuss the reasons for placement in a way that the child can understand and in a soothing and reassuring tone. Repeat this information as often as needed.
- Give factual information about the placement and the location of the child's parents and siblings.
- Respect the child's feelings about what has occurred. Let the child know that you are available if he or she wants to talk.
- Respect the child's family and the child's loyalty to them.

- Help and support interaction with the child's family to the greatest extent possible.
- Let the child have his or her favorite things and provide a place to keep them.
- Focus on good behavior.
- Avoid threats. Warnings of "I'll tell your worker" or "I will give my 30-day notice" leave painful impressions and make a child feel insecure. The child has already lost one or more homes and may feel threatened by losing another. In the long run, this undermines the child's sense of attachment and security and is extremely hurtful.
- Give the child responsibilities in line with his or her age and ability: not too many and not too few. State of Wisconsin Foster Parent Handbook (2008 ed.) Chapter 3 – p. 19

Stage 2: Bargaining

Children in this stage will do everything they can think of to go back home. Many believe that if they are good, they will go home. For example, a child may ask if he or she can go home if he or she does well in school and gets good grades. Or, he or she may decide to be "bad" so the foster family will want to send him or her home, to another foster home, or to another placement.

Working Through the Bargaining Stage

- Explain and discuss the reasons for placement again, but do not argue with a child who does not accept the reasons. Allow the child time and space to process what is occurring.
- Continue to help and support interaction with the child's family.
- Communicate the child's beliefs to his or her parents and other people involved with the case; when possible, develop a collaborative plan for helping the child work through this process.
- Continue to reinforce and practice tips given in the shock and denial stage. State of Wisconsin Foster Parent Handbook (2008 ed.) Chapter 3 – p. 20

Stage 3: Anger

When bargaining does not appear to work, anger often sets in. Most children have difficulty expressing their feelings, so they act them out. Some may come to a foster home in the anger stage. They may refuse to follow house rules, break things, attempt to run away, or try to hurt themselves. The anger stage is typically the most difficult for foster families because it is hard to cope with the behavior, understand what the child is feeling, and find ways to support the child through this process. Foster families may need to discuss how the agency can provide additional support through respite or other resources during this stage.

Working Through the Anger Stage

- Tell the child that it's OK and normal to be angry.
- Teach the child acceptable ways to express anger.

- Remind the child of the rules and be consistent with consequences if the rules are broken.
- Find a safe place for the child to be angry.
- Help children understand that they are not to blame for their placement in foster care.
- If the child tells exaggerated stories, don't argue.
- Think of the challenging behaviors as messages of unmet needs: "I'm lonely," "I'm bored," "I have no power," "I don't feel safe," "You don't value me," or "I don't know how to tell you what I need."
- Work with the child's therapist, case worker, tribe (if applicable), parents, and other professionals to determine the best intervention strategies to help the child adjust to placement and his or her situation.
- Give the child time and space.
- Find supportive resources for both the child and your family. State of Wisconsin Foster Parent Handbook (2008 ed.) Chapter 3 – p. 21

Stage 4: Despair

Eventually, reality sets in. The child may have a variety of reactions as he or she starts to understand and accept what is happening. Foster parents should pay attention to changing behaviors of the child, including loss of appetite or sleep, not wanting to be around the foster family or any other people, dangerous or risky behaviors, or other new or unusual actions.

Working Through the Despair Stage

- Encourage the child to talk about his or her feelings but also respect the child's choice to not talk or to talk about things at his or her own pace.
- Use dolls and pictures to help younger children act out feelings through play.
- Help older children express hurt and worry in their own ways.
- Get the child interested in creating a life book (discussed later in this chapter).
- Show respect for the child's feelings and provide reassurance through supportive gestures – for example, hugs or extra time and attention.
- Work with the child's caseworker, therapist, parents, and other professionals to develop the best plan for support. Regularly update everyone about the child's behaviors. State of Wisconsin Foster Parent Handbook (2008 ed.) Chapter 3 – p. 22

Stage 5: Acceptance or Managing Loss

At this stage, children may begin to develop new friendships and accept the foster parents' role in their lives. They may be able to move into new situations more easily and experience less frustration. (Information in this section is adapted from Illinois and Iowa Foster Parent Handbooks)

Working Through the Acceptance Stage

- Provide the child with opportunities to develop new relationships.
- Continue to assist with reunification efforts or, if reunification is not the plan, support the permanence goal for the child.
- Allow the child to continue to remember and talk about his or her family.
- Continue to work on the life book with the child. Reminder: Foster children often move from one stage and then back again or even appear to display two stages at one time.
- A foster child's reaction to his or her experience in foster care will vary from child to child.
- Changes in permanency plans or life events may impact a child's grieving process. State of Wisconsin Foster Parent Handbook (2008 ed.) Chapter 3 – p. 23

Other Ways to Help with the Adjustment Process

Understand Normal Behavioral Development:

Even experienced parents may forget the normal developmental stages and patterns of child behavior. Children in foster care may have behavioral or developmental challenges unlike other children their age. It can be helpful to recognize that many challenging behaviors are "normal" and that not all difficult behaviors are related to placement. Also, keep in mind that many foster children may function at a level more typical of a younger or older child. For example, a 7-year-old may have the social skills of a 3-year-old. Foster parents will have to work with the child on a 3-year-old level until the child's social skills increase.

Understand the Child's History:

Foster parents should refer to the Information for Foster Parents form provided by the caseworker and ask questions about the information provided. Understanding the child's experiences with his or her parents and other foster families may provide insight into the child's behaviors.

Provide a Supportive Home Environment:

A safe, nurturing, and predictable home can help a child work through feelings of fear, anxiety, loss, grief, and other emotions. Being predictable and consistent can also help a child who may have difficulty transitioning from one thing or one place to the next, and it can help foster parents develop an understanding of the cause and effect of his or her behaviors.

Try to Understand Problem Behavior:

Foster parents should try not to take a child's misbehavior personally. There are many reasons children behave the way they do. It may be that, in the past, acting out was the only way to get the attention of a parent or caregiver. It may be that the child thinks certain behaviors will get a

response from their caregiver. When a caregiver does not take a child's behaviors personally and remains calm, it is easier to think more objectively about how to respond.

Identify What Triggers the Problem Behavior:

When a child displays problematic behavior, foster parents should think about what happened before the behavior took place or the "trigger" for the child's behavior. Sometimes the child's behavior is an immediate response to the trigger. Other times the trigger may have occurred the day or week before the behavior. It can be hard to discover what events trigger a child's behavior, but foster parents should look for patterns. Working closely with the child's case manager, therapist, school staff, parents, and other professionals may help foster parents and the child's team to understand what triggers a child's behaviors and how to address those behaviors. State of Wisconsin Foster Parent Handbook (2008 ed.) Chapter 3 – p. 24

Bring Triggers to the Child's Attention:

Not every trigger is observable. Once a child has calmed down, it is good to ask them what they think led up to the behavior. Questions such as, "What happened right before you threw the toy?" and "How did that make you feel?" may allow the child to connect feelings to behavior and give foster parents information about what triggered a behavior. Foster parents need to address the situation with the child when the child is calm so that both the foster parent and the child can work together to find a solution. For example, a foster parent might say: "I've noticed that when I say that it's your bedtime, you usually seem to have a hard time getting your pajamas on. Is there anything we can do together to help you when it is time for bed?" By bringing these observations to children's attention, foster parents will help children understand the cause and effect of their behavior and give them ideas about how to react differently.

Try Not to Label a Child's Behavior:

It is easy to slip into a habit of using labels. For example, a foster parent may observe a child acting "depressed" and communicate that to the therapist or case worker. "Depressed" has different meanings to different people. Giving descriptions based on the behaviors observed is much more helpful to everyone. For example: "John stays in his room for most of the day and doesn't eat very much. He doesn't laugh or smile at all and doesn't want to play with other kids" is more helpful than saying "John is depressed."

Document Behaviors to Help You Understand and Respond:

Writing down observations and being specific can help identify what triggers the problem. Foster parents should write down what led up to the child's behavior, what behaviors or actions the child engaged in, and how the situation was addressed. A record of the behaviors also helps measure the child's progress. It allows the child's caseworker, therapist, parents, and the child to see how positive change has occurred over time, no matter how small the change may be. The

chart on the next page is an example of how to document a child's behaviors to try to determine what triggered the event and how to address those triggers and the child's response

GETTING HELP/SUMMARY

If you have questions about how to help youth with grief and loss, contact the Coordinator.

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Procedure Name:	PROHIBITED DISCIPLINE
Procedure Number:	404
Domain:	WI Treatment Foster Care
Approved By:	Vanessa Southworth, Director of Wisconsin Programs
Created/Written By:	Kristen Kingery, Coordinator of Community Services
Effective Date:	12/14/17
Date(s) of Revision:	
References:	DCF 56 and Minnesota Rules, part 2960.3080, subp 8

STATEMENT OF PURPOSE

To provide a guideline of what is considered mistreatment of youth and what is prohibited discipline by statute as well as defined by the agency.

AREAS OF RESPONSIBILITY

TFC parents are mandated reporters as well as have to follow the below procedure. It is the responsibility of staff to ensure that there are not any of these forms of discipline being used by observing as well as checking in with both TFC parents and youth separately.

PROCEDURE

Discipline in the form of corporal punishment, abuse, neglect or mistreatment is strictly prohibited.

Abuse includes but is not limited to: kicking, striking, shaking, shouting, slapping, choking, shoving and other rough handling, or any action which would injure, damage, provoke, disturb, or upset a youth in any manner.

Neglect includes but is not limited to: failure to follow established treatment programs, failure to follow established procedures for feeding, bathing, dressing and medication, failure to maintain adequate supervision at all times, the use of unauthorized treatment procedures, or failure to report accident or injury involving a youth.

Mistreatment includes but is not limited to: the use of loud, harsh, profane, obscene or abusive language; teasing or taunting, excessive tickling, threatening to use, or the use of unauthorized physical restraint.

WISCONSIN: In addition, all licensing rules in DCF 56.09 (5) pertaining to discipline of foster children must be followed. The State of Wisconsin and this agency will not allow exceptions to these rules.

MINNESOTA: In addition, all licensing rules in Minnesota Rules, part 2960.3080, Subp. 8 pertaining to discipline of foster children must be followed. The State of Minnesota and this agency will not allow exceptions to these rules.

The use of any object or instrument with the obvious or implied intent to discipline or punish a youth is mistreatment whether such use is intentional, unintentional, incidental or through horseplay or a joke.

Instructing any youth to discipline another youth or condoning such, without making a determined effort to prevent such from occurring, is prohibited.

Any staff involved in abuse, neglect, or mistreatment as described above will be subject to the disciplinary procedures as set forth in the Personnel Procedures of the Family & Children's Center. Additionally, any TFC parents that are continually involved in accidents, injuries, overuse of time out placements, repeated complaints, or when general problems occur will be subject to specific review. We also will report incidents of child maltreatment to the local child welfare agency.

Consequences used in the treatment program should be fair and consistent with the Individual Treatment Plan of the youth, as well as be natural and logical in nature. However, in many situations, consequences may be already pre-determined for such behaviors as running away, physical aggression, and damage to property. TFC Parents and staff should strive to be fair and to provide a trusting atmosphere in which a youth can learn acceptable ways of behaving.

GETTING HELP/SUMMARY

Any questions regarding the above procedure, please contact the Coordinator.

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Family & Children's Center

Procedure Name:	SUPERVISION OF PLACEMENT
Procedure Number:	405
Domain:	WI Treatment Foster Care
Approved By:	Vanessa Southworth, Director of Wisconsin Programs
Created/Written By:	Kristen Kingery, Coordinator of Community Services
Effective Date:	12/14/17
Date(s) of Revision:	
References:	

STATEMENT OF PURPOSE

The purpose of this procedure is to understand the expectations of supervision during the initial placement period after a youth is placed in the treatment foster care home.

AREAS OF RESPONSIBILITY

The Treatment Foster Care parents are responsible for following this procedure. The Social Worker and Coordinator are responsible to ensure the Treatment Foster Care parents are following through as well as to check in to see how the youth is settling in.

PROCEDURE

TFC Parents must provide a high level of supervision for all children placed into their home. During the first thirty (30) days of placement, eyes-on supervision is required. This means that the child must remain in eyesight at all times of an adult caretaker. During this time of relationship and trust building, the child should be with the TFC parent as much as possible, outside of attending school and visiting with family members.

Supervision after the initial thirty (30) days of placement will be dependent on the child's age, ability, history, and current behavioral and emotional status. A plan of supervision and safety for each particular child, individualized to their strengths and needs, will be discussed at the Social Service Assessment and at all subsequent staffings with treatment team members. This plan will be documented in each child's written service plan.

General guidelines for supervision is as follows.

- TFC children should not be left unsupervised in the TFC home. Exceptions to this guideline may exist for youth over the age of sixteen (16) who will be transitioning out of care in the near future and need experience in supervising themselves; however FC parents should have a high level of trust/experience with the youth's daily living skills prior to making this decision.

- When involved in school or community activities, TFC children should have adult supervision. It is recommended that TFC parents consult with these adult supervisors on a routine basis to ensure the child's safety and well-being in those settings.

- When TFC children are involved in school or community activities without supervision, it should be determined before the event who the child will be with, the location of the event, how long the event is, when the child is expected to be done, how the child will return to the TFC home, and rewards and consequences for good versus poor behavior.

TFC parents should explain to children in their care what expectations exist and how decisions are made regarding supervision. TFC children should be allowed to earn unsupervised time as they grow older and act responsibly with the understanding that they will need to learn how to integrate themselves into community and/or less restrictive family settings upon independence from the child welfare system. Additionally, children should have opportunities to experience the rewards and consequences of managing themselves outside of supervision in order to mature and increase their problem-solving/decision-making skills.

GETTING HELP/SUMMARY

Any questions regarding this procedure ask the Coordinator.

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Procedure Name:	ISSUE OF SEXUALITY
Procedure Number:	406
Domain:	WI Treatment Foster Care
Approved By:	Vanessa Southworth, Director of Wisconsin Programs
Created/Written By:	Kristen Kingery, Coordinator of Community Services
Effective Date:	12/14/2017
Date(s) of Revision:	
References:	

STATEMENT OF PURPOSE

Sexuality can be a common issue for youth entering out of home care and can be a difficult topic to address with youth as well as may look different for each youth. It is important to have a procedure to ensure treatment foster care parents and staff are discussing any issues or concerns as they arise and are comfortable doing so.

AREAS OF RESPONSIBILITY

All staff, Coordinator and treatment foster care parents all have a direct responsibility with this procedure. It is the responsibility of the treatment foster care parents to have direct supervision when and where appropriate.

PROCEDURE

One of the crucial skills of the TFC parent is to learn to help youth take delight in their sexuality, have pride in being either a boy or girl, and yet express that delight and pride in socially acceptable ways. Sexuality is not an area for shame and guilt. Among emotionally disturbed youth, sexual behavior is generally exaggerated in form and creates unique management problems. It is the responsibility of the TFC parents to provide a safe environment in which the psychosexual development of a youth can occur as naturally as possible. Supervision is the key element in providing a safe environment.

The TFC parents, along with the TFC Social Worker and/or Coordinator, will discuss issues of sexuality as age-appropriate. This may or may not be augmented in therapy and/or by the child's participation in a topic related group.

GETTING HELP/SUMMARY

Any questions regarding the above procedure, please contact the Coordinator.

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Procedure Name:	REASONABLE & PRUDENT PARENTING
Procedure Number:	407
Domain:	WI Treatment Foster Care
Approved By:	Vanessa Southworth, Director of Wisconsin Programs
Created/Written By:	Kristen Kingery, Coordinator of Community Services
Effective Date:	12/14/2017
Date(s) of Revision:	
References	Reasonable and Prudent Parent Standard training for foster parents presentation PDF (this will be incorporated into Foundations Training): http://wifostercareandadoption.org/Portals/fcarc/TrainingMaterials/PrudentParenting/RPPS%20FP%205%2011%2016.pdf?ver=2016-05-11-121716-160; Promoting Normalcy: Applying the Reasonable and Prudent Parent Standard: http://wifostercareandadoption.org/Portals/fcarc/TrainingMaterials/PrudentParenting/Applying%20the%20Reasonble%20and%20Prudent%20Parent%20Standard%204.27.16.pdf?ver=2016-05-11-121715-970; Promoting Normalcy: Reasonable and Prudent Parent Standard Frequently Asked Questions: http://wifostercareandadoption.org/Portals/fcarc/TrainingMaterials/PrudentParenting/Promoting%20Normalcy.RPPS%20Frequently%20Asked%20Questions%204.27.16.pdf?ver=2016-05-11-121716-050; Reasonable and Prudent Parent Standard Brochure: http://wifostercareandadoption.org/Portals/fcarc/TrainingMaterials/PrudentParenting/Reasonable%20and%20Prudent%20Parent%20Standard%20Brochure.pdf?ver=2016-05-11-121716-097; Licensor Guide to the Foster Parent Reasonable and Prudent Parent Training: http://wifostercareandadoption.org/Portals/fcarc/TrainingMaterials/PrudentParenting/RPPS%20Licensor%20Guide.docx?ver=2016-06-01-102247-893; DCF 54; DCF 56

STATEMENT OF PURPOSE

The purpose of this procedure is to ensure that Family & Children's Center promotes normalcy for children placed in out-of-home care through the Reasonable and Prudent Parent Standard for out-of-home care providers, 2015 Act 128.

AREAS OF RESPONSIBILITY

All out-of-home care providers, including all foster parents and staff of the Treatment Foster Care program, must be trained in Reasonable and Prudent Parenting by reading the Permanent Rules for Reasonable and Prudent Parent Standards and completing required training.

PROCEDURE

Reasonable and Prudent Parent Standard

The Federal "Preventing Sex Trafficking and Strengthening Families Act" of 2014 requires that all states implement a Reasonable and Prudent Parent Standard to increase normalcy for children placed in out-of-home care. This law requires out-of-home care providers to apply reasonable and prudent parenting when making decisions involving children placed in their care so they can allow children to participate in age and developmentally appropriate activities.

The Reasonable and Prudent Parent Standard is a standard of decision making that allows an out-of-home care provider to make certain parenting decisions for children placed in their care. Reasonable and prudent parenting is built on careful and sensible decisions that promote child participation in *age or developmentally appropriate* extracurricular, enrichment, cultural, and

social activities. As an out-of-home care provider, you will use reasonable and prudent parenting daily on a child specific basis to allow children placed in your care to participate in age and developmentally appropriate activities that encourage normalcy and emotional and developmental growth, while still maintaining the health, safety, best interest, and cultural, religious, and tribal values of child.

What is Normalcy?

Normalcy is the ability to have experiential opportunities for normal growth and development that promotes well-being. Every child has a right to normalcy, and personal growth should not be hindered by a child's placement in out-of-home care.

Does the Reasonable and Prudent Parent Standard apply to me?

Reasonable and prudent parenting applies to all foster parents, guardians, court-ordered kinship care providers, unlicensed relatives, unlicensed non-relatives, group homes, residential care centers, and shelter care facilities that have placement of a child in out-of-home care. If you are unsure if you are in one of the listed categories or if you should apply the standard to your parenting decisions, contact the child's caseworker. This standard does not apply to respite care service providers or voluntary kinship care providers.

Purpose of Reasonable and Prudent Parenting

To create and promote normalcy:

• Allows children to participate in normal activities without agency barriers

To build relationships:

• Promotes trust and understanding between you and the child
• Improves relationships between children and their peers

To promote personal growth and improve well-being:

• Helps children build and develop skills to promote a successful transition to adulthood
• Allows children to explore and try different interests and activities
• Encourages children to be involved in their own planning

What support will I have when I use reasonable and prudent parenting to make parenting decisions?

You are required to receive training on reasonable and prudent parenting in order to make decisions for a child placed in your care. Ask the child's caseworker or your agency support person for information about how to access this training.

When a child is placed in your home, a caseworker will explain the child-specific information that you should consider when making decisions for the child. The caseworker will gather input

from the child and the child's parent/guardian when it is possible and appropriate prior to placement. The caseworker will then provide this information to you these ways:

• DCF-F-CFS-0872A and DCF-F-CFS0872B, Information to Out-of-Home Care Providers Part A and B
• Updates throughout the placement in your home through child and family team meetings

If you feel that you do not have enough information about the child in order to make a reasonable and prudent parenting decision, you may contact the child's caseworker and/or foster care licensor, if applicable, for additional information about the child. The agency caseworker can help you understand how to apply reasonable and prudent parenting.

You should expect that the child's caseworker will ask you about your reasonable and prudent parenting decisions and normalcy for children placed in your care.

Considerations for making reasonable and prudent parenting decisions

When making a decision using reasonable and prudent parenting, you will consider a combination of factors in relation to the child and the specific situation. Factors include, but are not limited to:

• Child's wishes
• Age, Maturity, Development
• Potential Risk Factors
• Best Interests of the Child
• Opportunity for Growth
• Family-like Life Experience
• Child's Behavioral History
• Court/Legal Considerations
• Cultural, Religious, and Tribal Considerations
• Parent and guardian values

The child must have any necessary training for participation in that activity completed, and safety equipment must be provided.

Involving a child's parent/guardian

Parent/guardian input is encouraged, but not required for you to make parenting decisions for a child placed in your care. You are not required to call or talk to a parent/guardian, but when possible and appropriate, you should take a parent/guardian's wishes into consideration. The parent/guardian has valuable insight about the child that may help you make decisions, and will allow them to remain an active part of the child's life.

Excluded

Reasonable and prudent parenting decisions may not violate court orders, other laws, administrative rules, or other services that are part of the child's permanency plan, including but not limited to:

- Court-ordered family interaction
- Medical approvals/other medical laws
- Medication authorizations or approvals
- Confidentiality laws
- Educational-related decisions based on statute

If you are unsure if your decision conflicts with any of the above, contact the child's caseworker and/or your foster care licensor, if applicable.

Will I be liable for my decisions?

The fear of liability should not prevent you from applying reasonable and prudent parenting. State statute limits liability under s. 895.485 Wis. Stats. when the decision was reasonable and prudent.

DCF is an equal opportunity employer and service provider. If you have a disability and need to access this information in an alternate format, or need it translated to another language, please contact (608) 264-6933 or 711 TTY. For civil rights questions call (608) 422-6889 or 711 TTY (Toll Free).

DCF-P-5105 (R. 04/2017)

All Treatment Foster Care staff members and parents must complete Reasonable and Prudent Parent Standard training as well as review the emergency rule (links included above). Treatment Foster Care parents must complete the training and rule review prior to having any youth placed in their home.

At the time of placement, agencies with placement and care responsibility provide Treatment Foster Care with information about the child in order to make Reasonable and Prudent Parenting decisions. When possible and appropriate, agencies shall consult with the child's parent/guardian and the child in an age-appropriate manner to gather this information. This information shall be documented on Information for Out-of-Home Care Providers parts A and B. This documentation shall be provided to the out-of-home care providers by agencies with placement and care responsibility at the time of placement.

Family & Children's Center is responsible to explain to the child's parent/guardian that the parent/guardian's values, including cultural, religious, and tribal values, will be considered; however, they are not the determining factor in making decisions concerning the child's participation in activities that promote normalcy.

All decisions related to Reasonable and Prudent Parenting will be documented. In addition, treatment team discussions and staff meeting discussions regarding Reasonable and Prudent

Parenting will be recorded in those meeting logs. The Reasonable and Prudent Parent Standard Review and Reasonable and Prudent Parent Decision Record will be utilized as needed per the Reasonable and Prudent Parent Standards training.

GETTING HELP

For questions about this procedure contact the Coordinator.

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Procedure Name:	MEDICAL PROCEDURE
Procedure Number:	501
Domain:	WI Treatment Foster Care
Approved By:	Vanessa Southworth, Director of Wisconsin Programs
Created/Written By:	Kristen Kingery, Coordinator of Community Services
Effective Date:	12/14/17
Date(s) of Revision:	
References:	DCF 56.09

STATEMENT OF PURPOSE

To provide TFC parents an overview of expectations for routine and emergency medical care.

AREAS OF RESPONSIBILITY

TFC parent are responsible for ensuring all proper medical care is given to each child placed in their home and ensuring all stated standards are met regarding medical care.

PROCEDURE

Intake/Record Keeping:

- An Authorization for Medical Care will be signed by the child's guardian at the time of admission.
- An Admission Checklist will also be completed along with obtaining the dates of all immunizations. A visual, communicable disease screening and TB test must be completed within 72 hours of admission.
- A health assessment consisting of an examination by a physician, physician's assistant or a nurse practitioner within 30 days of placement. A health check is completed yearly thereafter. If a physical has recently been completed prior to admission, a copy of that needs to be provided.
- All health records for each child will be kept in their permanent file.

Use of Healthcheck Forms:

A Healthcheck form (available at the TFC office) is to be used for physicals upon admission, as well as for annual physicals. For children 12 years of age and younger, use the yellow form. If your placement is 13 years of age or older, use the green form.

The doctor should fill out the entire form. You should physically present this form to the doctor at the appointment. You may wish to retrieve it immediately following the doctor's appointment (preferred). Otherwise, the clinic will need to mail or fax it back to the agency.

The doctor completing the form must be a certified healthcheck provider. Please be sure to ask if the doctor you are using is a certified healthcheck provider prior to your appointment.

The completed Healthcheck form must be returned to the TFC office and placed in main client file.

Routine Medical Care:

TFC parents need to be especially sensitive to the medical needs of all children placed in their care. If in doubt, err on the side of caution when deciding to seek medical help for a child.

TFC parents are responsible for attending to the health of youth in our care. This includes general hygiene, diet, exercise, rest, and so forth. The TFC family is responsible for care of youth who may be sick or injured. Routine illnesses or injuries should be dealt with via the guidelines provided. Family activities of daily living should model and support a healthy lifestyle, stressing physical and emotional well-being. Routine first aid should be administered according to need, following instructions in first aid manual and first aid training.

Emergency Medical Care:

Each foster home shall anticipate the potential for severe illness and other emergency situations with foster children. A plan for getting children to the hospital should be thought out in advance. Emergency telephone numbers shall be easily retrievable and posted near the telephone. All family members shall be acquainted with the plan of action in case of an emergency.

Situations requiring emergency First Aid should be treated as taught in First Aid training. First Aid may be administered by persons who have received First Aid training certification. If further care appears necessary, once again, err on the side of caution and obtain indicated medical attention. Be certain to be able to provide necessary medical information to the medical facility including a list of prescribed medications and Medical Assistance card/insurance information.

Notify the TFC On call telephone of emergency medical treatment received immediately. The TFC on call social worker, along with the TFC parent, will contact the youth's guardian about the incident. There will be follow up reports verbally or written completed as well.

Permission for emergency medical care as well as routine care is validated by the child's authorization for medical care form.

If youth requires admission to the hospital, notify the child's biological parents and the TFC Social Worker.

Medications:

TFC parents must monitor safety regarding medications by keeping them in a safe place. The agency strongly requires that all medications, prescription and over-the-counter, are kept in a locked medicine box that is inaccessible to all foster children and visitors to your home. Dosages

should be carefully monitored by parents to determine that the child is receiving the appropriate dose as directed by the physician. Medication distribution procedures are as follows:

Give the youth their medication at the appropriate time with a glass full of water. Observe the youth swallowing the medication and drinking at least 4 ounces of water (although a full 8 ounces is better).

In the case of medication administration error, or if medication is ever unaccounted for, TFC parents must immediately contact the TFC social worker. If you suspect a youth is not swallowing the medication, discuss with your TFC social worker a different approach to assuring the youth ingests their medication.

Dental Care:

Dental exams for children in foster care need to occur twice per year. There are very few dentists across the state of Wisconsin & Minnesota that accept MA for dental care. Therefore it is extremely important that you build and keep good working relationships with these dentists. They are not reimbursed 100% for their work with foster children. FCC staff and TFC parents have built positive relationships with dentists in this area so please talk with FCC staff if you are struggling to make connections with providers. If you do not maintain positive relationships with dentists who accept MA and therefore aren't able to take your TFC youth there any longer, you will be required to find another provider for that youth at your own expense.

Eye Examination:

Eye examinations will occur every two years or on an "as needed" basis.

General Guidelines:

The best approach to teaching healthful eating habits is by example. The family is expected to encourage the child to participate in meal planning and preparation. The TFC family needs to set a good example for appropriate and well balanced meals.

The following guidelines have been developed as general dietary procedures:

- Generally speaking, snacks should not be used as rewards/consequences, particularly with children having eating disorders or other issues around eating.
- If a youth refuses to eat, they are still encouraged to sit at the table until the meal is completed.
- Youth should be encouraged to try a little of everything.

Routine Sunburn Treatment:

Prevention is the number one treatment. Youth who are extremely sensitive to the sun should wear shirts when playing outdoors. Sun blocking lotion is available and should be used frequently, especially on all-day outings. Limit the length of initial exposure at the beginning of warm weather each year. Avoid excessive exposure (from mid-morning to mid-afternoon) when the amount of ultraviolet radiation is greatest.

If youth does become sunburned: apply Lanacaine or aloe vera. If burns appear severe, seek medical attention. Keep youth well hydrated.

Please note that youth taking Phenothiazine medications are extremely sensitive to the sun and extra precautions need to be taken.

GETTING HELP/SUMMARY

Any questions regarding the above medical procedure, contact the Coordinator.

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Procedure Name:	GENERAL FIRST AID
Procedure Number:	502
Domain:	WI Treatment Foster Care
Approved By:	Vanessa Southworth, Director of Wisconsin Programs
Created/Written By:	Kristen Kingery, Coordinator of Community Services
Effective Date:	12/14/17
Date(s) of Revision:	
References:	

STATEMENT OF PURPOSE

The purpose of this procedure is for foster parents to be able to refer back to for general first aid. Foster parents still have the expectation to have the live training every two years.

AREAS OF RESPONSIBILITY

The Treatment Foster Care parents are responsible for following this procedure and following up with the Treatment Foster Care Social Worker and/or Coordinator.

PROCEDURE

General First Aid:

Routine first aid should be administered according to need following instructions in First Aid manual and First Aid training.

- First aid may be administered by persons who have received First Aid training/certification..
- Supplies used for first aid should be kept in a medicine cupboard away from reach of youth.

Emergency First Aid:

Situations requiring emergency first aid should be treated as taught in First Aid training. Be certain to be able to provide necessary medical information to the medical facility including prescribed medication and Medical Assistance card/insurance information.

Notify the TFC social worker of emergency medical treatment received by calling the on call telephone any time a TFC youth requires emergency medical care. Permission for emergency medical care as well as routine care is validated by the child's authorization for medical care form. If youth requires admission to hospital, notify the child's biological parents and the FC social worker.

Seizure Procedure (handling of Seizures):

Convulsive Type:

- Protect youth's head and body from fall.
- Belts, buttons and other items constraining breathing should be loosened.

- Turn body to side to allow saliva to flow and to aid in maintaining an adequate airway (**DO NOT** use tongue blade).
- Do not restrict body movements other than continuing to protect head.
- Talk to youth when they become conscious - reassuring them of time, place and happening. Allow them to sleep if warranted.
- Observe and record:
    - length of seizure
    - intensity of seizure
    - body parts involved
    - length of post seizure sleep
    - if a youth was incontinent during seizure
    - activity and mood preceding seizure
    - check for injury after seizure (if injured, give appropriate first aid)
    - use provided seizure reports to record seizures.

Non-Convulsive Type:

- Observe and record:
    - length of seizure
    - appearance and activity during episode (facial tic, eye blinking, vocalization, staring, etc.)
    - activity and mood preceding seizure.
    - use provided seizure reports to record seizure.

When to Consult Physician:

- If a seizure doesn't stop - one seizure running into another - call 911.
- If having difficulty breathing or if youth doesn't regain consciousness fully after seizure, call 911.
- If it is the first seizure a youth has or if seizures had been controlled, take youth to nearest hospital.
- If a youth sustains a type of injury during seizure that requires doctor's attention, seek medical help.

GETTING HELP/SUMMARY

Any questions regarding general first aid ask the Coordinator.

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Procedure Name:	BLOODBORNE PATHOGENS
Procedure Number:	503
Domain:	WI Treatment Foster Care
Approved By:	Vanessa Southworth, Director of Wisconsin Programs
Created/Written By:	Kristen Kingery, Coordinator of Community Services
Effective Date:	12/14/17
Date(s) of Revision:	
References:	DCF 56

STATEMENT OF PURPOSE

The intent of this procedure is to ensure that all treatment foster care parents are aware of what is expected of them in regards to blood borne pathogens training, exposure and reporting.

AREAS OF RESPONSIBILITY

Treatment foster care parents and staff are responsible for following all of the guidelines below.

PROCEDURE

WHAT IS HBV?

Hepatitis B virus (HBV) is a potentially life-threatening blood borne pathogen. Centers for Disease Control estimates there are approximately 280,000 HBV infections each year in the U.S.

Approximately 8,700 health care workers each year contract hepatitis B and about 200 will die as a result. In addition, some who contract HBV will become carriers passing the disease on to others. Carriers also face a significantly higher risk for other liver ailments which can be fatal, including cirrhosis of the liver and primary liver cancer.

HBV infection is transmitted through exposure to blood and other infectious body fluids and tissues. Anyone with occupational exposure to blood is at risk of contracting the infection.

Employers must provide engineering controls; workers must use work practices and protective clothing and equipment to prevent exposure to potentially infectious materials. However, the best defense against hepatitis B is vaccination.

WHO NEEDS VACCINATION?

The new OSHA standard covering blood borne pathogens requires employers to offer the three-injection vaccination series free to all employees who are exposed to blood or other potentially infectious materials as part of their job duties. This includes health care workers, emergency responders, morticians, first aid personnel, law enforcement officers, correctional facilities staff, launderers, as well as others. Due to this standard the agency also offers this series to all treatment foster care providers.

The vaccination must be offered within 10 days of initial assignment to a job where exposure to blood or other potentially infectious materials can be "reasonably anticipated". The requirements for vaccinations of those already on the job take effect July 6, 1992.

WHAT DOES VACCINATION INVOLVE?

The hepatitis B vaccination is a noninfectious yeast-based vaccine given in three injections in the arm. It is prepared from recombinant yeast cultures, rather than human blood or plasma. Thus, there is no risk of contamination from other blood borne pathogens nor is there any chance of developing HBV from the vaccine.

The second injection should be given one month after the first and the third injection six months after the initial dose. More than 90 percent of those vaccinated will develop immunity to the hepatitis B virus. To ensure immunity, it is important for individuals to receive all three injections. At this point, it is unclear how long the immunity lasts, so booster shots may be required at some point in the future.

The vaccine causes no harm to those who are already immune or to those who may be HBV carriers. Although employees may opt to have their blood tested for antibodies to determine need for the vaccine, employers may not make such screening a condition of receiving vaccination nor are employers required to provide prescreening.

Each employee/foster parent should receive counseling from a health care professional when vaccination is offered. This discussion will help an foster parent determine whether inoculation is necessary.

WHAT IF I DECLINE VACCINATION?

Workers/foster parents who decide to decline vaccination must complete a declination form. Employers must keep these forms on file so that they know the vaccination status of everyone who is exposed to blood. At any time after an employee/foster parent initially declines to receive the vaccine, he or she may opt to take it.

WHAT IF I AM EXPOSED BUT HAVE NOT YET BEEN VACCINATED?

If an employee/foster parent experiences an exposure incident, such as a needle stick or a blood splash in the eye, he or she must receive confidential medical evaluation from a licensed health care professional with appropriate follow-up. To the extent possible by law, the employer is to determine the source individual for HBV as well as human immunodeficiency virus (HIV) infectivity. The employee's/foster parents blood will also be screened if he or she agrees.

The health care professional is to follow the guidelines of the U.S. Public Health Service in providing treatment. This would include hepatitis B vaccination. The health care professional must give a written opinion on whether or not vaccination is recommended and whether the foster

parent received it. Only this information is reported to the employer. Employee medical records must remain confidential. HIV or HBV status must NOT be reported to the employer.

TFC PARENT GUIDELINES FOR BLOODBORNE PATHOGENS

TFC parents are at risk to the exposure to blood borne pathogens, most notably HIV (Aids) and HBV (Hepatitis B virus). The following guidelines are to be followed:

HBV Vaccine:

All TFC parents, at their routine physical, can ask for the HBV vaccine. If your insurance will not pay, FCC will pay the charges for the vaccine for both the primary and the support parent. However, if you choose to have your biological children vaccinated, you are responsible for payment. A Hepatitis B Vaccination Record will be on file within thirty (30) days of initiation of employment. This will remain on file for thirty (30) years. If you opt not to have the vaccine, you will need to sign a Declination Statement and it will also be maintained on file.

Training:

Training will occur before working with children commences. This training will cover FCC procedures regarding blood borne pathogens. It will consist of a webinar on Relias covering: 1) explanation of symptoms and mode of transmission of blood borne pathogens; 2) handling of potentially infectious material; 3) protective measures; 4) action and reporting procedures; and 5) post-exposure procedures.

Exposure Incidents:

When an exposure incident occurs, notify the TFC Coordinator immediately and seek medical care. An incident report is filed and signed by the attending physician and kept on file by the employer. A Special Incident Report, a blood borne pathogens exposure incident report, and an employee accident/injury report must be completed for any exposure incident.

Housecleaning:

The living area will be clean and sanitary. Contaminated surfaces can be cleaned with 1/3 cup bleach to one quart of water.

Laundry:

Whenever possible the child who dirtied the laundry (i.e., urinated in the bed) should handle his own laundry. When this is not possible and/or the laundry is dripping, the dirtied laundry should be transported in an appropriate laundry tub. All equipment then will be appropriately sanitized with bleach solution (please refer to housecleaning).

GETTING HELP/SUMMARY

Any questions regarding the above procedure, please contact the Coordinator. This procedure does not encompass all of BBP training, so it is important to ensure you understand how to handle these situations and complete the training in a timely manner as well as ongoing.

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Procedure Name:	BEHAVIOR MANAGEMENT
Procedure Number:	601
Domain:	WI Treatment Foster Care
Approved By:	Vanessa Southworth, Director of Wisconsin Programs
Created/Written By:	Kristen Kingery, Coordinator of Community Services
Effective Date:	12/14/17
Date(s) of Revision:	
References:	DCF 56

STATEMENT OF PURPOSE

Treatment Foster Care (TFC) at Family & Children's Center (FCC) expects each foster child in care to reside in an environment in which the child is valued, respected and well cared for. TFC is responsible to ensure that high quality care is provided to all children living in FCC treatment homes. FCC and TFC procedures and rules define high standards for the care of children and licensed providers are required to obtain on-going training to help them meet these standards for excellence.

Children in care in TFC, like all children, should be guided and instructed so that they may grow to become adults who demonstrate self-control, compassion, respect for others and an ability to care for themselves. FCC and TFC endorse national best practice standards which encourage adults working with children to set clear expectations and limits, develop regular routines, encourage cooperation and problem solving, and use a full range of positive interventions before using more intrusive interventions. Interventions with children which are designed to modify their behavior should be respectful, related to the issue at hand, flexibly applied and designed to help the child master age and developmentally appropriate skills.

AREAS OF RESPONSIBILITY

TFC Parents must comply with discipline and physical restraint requirements contained in the Wisconsin Administrative Codes: DCF 56 and Minnesota Foster Care Licensing Rules.

PROCEDURE

Positive Behavior Support:

All TFC Parents licensed by FCC must practice positive behavior support strategies for children in care. Positive behavior support is based on respect, dignity and offering choices (as appropriate to the child's age and developmental level). Positive behavior support helps children develop effective strategies for getting their needs met and helps reduce behavior problems.

Components of positive behavior support include:

1. Supportive environment: A supportive environment ensures children get their needs met when they use socially acceptable behaviors. It reduces a child's need to use problem behaviors to obtain an adult response. Adults in a supportive environment:
    a) Acknowledge the child's abilities and accomplishments;

b) Notice what the child does right and encourage more of that behavior;
c) Balance predictability and consistency with an ability to respond quickly to changes in the child's life and behavior; and
d) Recognize stressful circumstances (such as poor sleep, hunger, illness, parental visits, or court dates) and make reasonable adjustments in expectations for the child.

2. Skill development: Adults increase behavioral control skills in children by:
   a) Explaining what is expected;
   b) Redirecting ineffective behavior;
   c) Offering choices;
   d) Modeling how to negotiate and problem solve;
   e) Supporting the child's efforts to effectively control her own behavior;
   f) Being aware of and managing their own responses to challenging behaviors;
   g) Providing a daily structure which supports the child's need for consistency;
   h) Developing a list of response options and matching the intensity of the adult response to the seriousness of the child's behavior;
   i) Giving consequences for unacceptable behavior;
   j) Encouraging each child to be appropriately involved in school and community activities; and
   k) Making sure each child has opportunities to form significant, positive friendships and family relationships.

3. Health care: Prompt assessment and treatment of any ongoing or suspected medical condition allows adults to better understand what behaviors can reasonably be expected of a child. Adults ensure appropriate health care by:
   a) Acting on concerns they have about a child's health;
   b) Obtaining for the child a yearly health-check and dental exams per licensing standards;
   c) Keeping all scheduled medical and therapeutic appointments;
   d) Educating themselves about the nature of the child's illness or condition and its expected effects on the child's behavior;
   e) Following the instructions of the doctor, psychiatrist, or pharmacist;
   f) Educating themselves about prescribed medications and possible side effects; and
   g) Sharing medical and prescription information with other caregivers, including respite providers.

Behavior Management Strategies:

Certain children will require behavioral interventions beyond those generally appropriate for the child's age and developmental level. These children are behaviorally reactive in ways that may pose a continuing serious threat to themselves, to others or to property. This section provides information that will help with managing these behaviors with the goal of assisting the child to

gain control of his or her own behavior.

Some examples of appropriate TFC parent interventions are listed below:

1. Intervening physically to ensure safety when a child demonstrates dangerous, impulsive behavior. An example of this is physically holding a child who has suddenly tried to dart into the street.
2. Intervening physically to remove a child from a situation that is so stimulating the child is overwhelmed. An example of this is physically removing a child who is having a tantrum from a supermarket floor to the quiet of the car.
3. Following steps outlined in an alternative behavior management plan for developmentally disabled children when a separate plan has been developed.

Interventions Which Are Prohibited:

The following interventions are **prohibited** in all licensed TFC homes:

1. Corporal punishment of any kind. Examples of corporal punishment include but are not limited to: spanking with a hand or object, biting, jerking, kicking, shaking, dragging, pulling hair, or throwing the child;
2. Behavioral control methods that interfere with the child's right to humane care. Examples of methods which interfere with humane care include but are not limited to: deprivation of sleep, providing inadequate food, purposely inflicting pain as a punishment, name-calling or using derogatory comments about the child or his/her family, verbal abuse, or actions intended to humiliate;
3. Depriving a child of the components of humane care. Examples of the components of humane care include but are not limited to: necessary clothing, personal hygiene, adequate shelter, adequate food, and necessary medical or dental care;
4. Depriving the child of necessary services. Examples of necessary services include but are not limited to: contact with the assigned social worker, contact with the assigned legal representative, family contacts and/or therapeutic activities which are part of the child's service and/or safety plan;
5. Use of medication in an amount or frequency other than that which has been prescribed by a physician or psychiatrist;
6. Giving medications that have been prescribed for another person;
7. Physically locking doors or windows in a way that would prohibit a child from exiting;
8. Physical restraint techniques which restrict breathing;
9. Physical restraint techniques that inflict pain as a strategy for behavior control;
10. Mechanical restraints used as a punishment; and any activity that interferes with the child's basic right to humane care, protection, safety and security.

Least Restrictive Interventions:

TFC parents must use the least restrictive procedure that adequately protects the child, other persons, or property. Potentially dangerous situations may often be defused if the care provider is alert, intervenes early to change the environment if appropriate, and uses active listening and de-escalation techniques.

Least restrictive interventions must be tried before more restrictive interventions are used unless there is serious threat of injury to the child or others. Less restrictive interventions may be repeated many times to allow opportunities for learning to occur and the behavior to change.

Selecting A Behavior Management Strategy:

FC parents must be able to select a behavior management strategy or approach that is appropriate for the child, the behavior and the setting. In order to select an effective response that is appropriate to the level of risk posed by the behavior, TFC parents must understand the following behavior management concepts:

1. Challenging behavior may be an indication of the child's need for greater positive adult support and attention.
2. A child may break rules in a premature effort to assume responsibility rather than in defiance of adult authority.
3. Adults may still provide effective guidance when they:
    a. Allow the child to make mistakes as part of the learning process;
    b. Occasionally ignore behavior; and
    c. Allow the child to learn by experiencing the natural consequences of the behavior. Allowing natural consequences to occur is not an appropriate strategy if the consequence poses additional risk to the child. For example, it would not be appropriate to let a youth walk home at 10:00 PM because he spent his bus money.
4. Positive activities such as shooting hoops or journal writing can help children redirect excess energy or anger.
5. Challenging behaviors can often be redirected through the use of active listening and verbal de-escalation techniques.
6. Early intervention with risky behaviors may be necessary to prevent further acting out and reduce risk of harm to the child or others.
7. All behavior change strategies selected must be appropriate to the child's ability to understand; and
8. Greater objectivity and effectiveness may be gained by consulting with other team members in selecting a strategy.

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Giving Consequences as a Response to Inappropriate Behavior:

Giving a child a consequence for inappropriate behavior is considered a "less restrictive" intervention. The types of consequences used should be discussed with the child during a calm time whenever possible. All care providers are required to obtain training in general behavior management strategies. Developmentally disabled clients may require a different approach or strategy than those described below. Consult with the TFC social worker/Coordinator/case manager as appropriate.

1. TFC parents may assign consequences for inappropriate behavior.
    a. When consequences are used, they must be discussed with the child in such a way that they help the child gain self-control skills and encourage the child to make positive behavior choices.
    b. The assigned consequence must not pose additional risk to the child. For example, a TFC parent may not make a child spend the night outside because she came home after curfew.
    c. TFC parents assigning a consequence must keep in mind the child's unique circumstances, history, age, developmental level, mental health issues, and cognitive abilities.
    d. If the chosen consequence isn't working, adjust it quickly. Do not give up on the behavior plan. Find consequences that are effective.

2. Examples of consequences that are permitted include:
    a. Allowing events to occur which are a natural or logical outcome of the behavior;
    b. Giving a timeout (briefly sending the child to a common area such as a bedroom or a special chair in the living room.
    c. Meetings to discuss the behavior and strategies for change;
    d. Extra chores appropriate for the child's age and abilities;
    e. Loss of privileges such as television or telephone;
    f. Early bed time/early curfew;
    g. Time limited restriction from planned recreational activities;
    h. Restricted access to areas generally available to the children in care;
    i. Increased adult supervision;
    j. Temporary removal of personal property used by the child to inflict injury on self or others;
    k. Restricting the child from possessing certain items; and
    l. Searches of personal property for restricted items.

Permitted Restrictive Strategies:

FCC expects that TFC parents will work cooperatively, as part of a team, with social workers and other treatment team members to develop appropriate plans for management of a child's behaviors.

1. Specialized training is required before a restrictive strategy may be used by a TFC Parent. Each TFC parent using a restrictive strategy must have completed Behavior Management Skills Training. Behavior management training must be documented and available for review and comment by TFC staff.
2. Restrictive behavior management strategies permitted in TFC settings after appropriate training has been completed include a physical restraint if there is an immediate safety risk, as described in WI DCF 56 to prevent a child from:
    a. Seriously injuring self or others; and
    b. Harm when needing to safely move a child to a less risky location.
3. Efforts to redirect or diffuse the situation must be attempted before using a physical restraint unless the child's behavior poses an immediate risk to physical safety.
4. Physical restraint may not be used as a form of punishment.
5. Physical restraint techniques which restrict breathing or which inflict pain as a strategy for behavior control are prohibited.
6. Physical restraint may be used only:
    a. For a short time to provide the physical control that the child is unwilling or unable to provide for himself; and
    b. For the purpose of promoting safety.
7. When the child verbally or non-verbally demonstrates an ability to control his behavior, the restraint is to be ended.
8. If escalated behavior persists, other options should be considered, as available. Psychiatric hospitalization or police involvement should be considered if the child's presentation and behavior appear to meet the criteria for involvement by those resources.
9. Children being restrained must be continually monitored, ideally by someone not involved in the restraint, to ensure the child's health and safety. Immediately subsequent to the termination of all physical restraints, the TFC Parent will:
    a. monitor the child's breathing for at least 15 minutes;
    b. ascertain that the child is verbally responsive and motorically in control; and
    c. shall ensure that the child remains conscious without any complaints of pain.
9. Each use of physical restraint must be documented in writing using a Special Incident Report and submitted to the TFC Coordinator, who will notify the child's referring social worker and Wisconsin DCF.
10. When an emergency physical restraint has been used on a child, the TFC parent and a TFC Social Worker and Coordinator must consult about:
    a. Immediate strategies for behavior management;

b. Whether the service plan adequately identifies and meets the needs of the child; and
c. Whether the child will remain in the current placement.

GETTING HELP/SUMMARY

Any questions regarding behavior management ask the Coordinator.

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Procedure Name:	BEHAVIOR MANAGEMENT SKILLS TRAINING
Procedure Number:	602
Domain:	WI Treatment Foster Care
Approved By:	Vanessa Southworth, Director of Wisconsin Programs
Created/Written By:	Kristen Kingery, Coordinator of Community Services
Effective Date:	12/14/17
Date(s) of Revision:	2/17/20
References:	

STATEMENT OF PURPOSE

Family & Children's Center respects and maintains the rights of the youth we serve. Family & Children's Center is opposed to physical intervention as a common course of action. We use a pro-active approach by using behavior management skills techniques. Physical Intervention may only be used as a last resort and the youth must be in immediate danger of hurting themselves or others. Family & Children's Center staff and foster parents will be provided with in-service training emphasizing pro-active crisis prevention techniques; diffusing and de-escalating situations without physical intervention; and the use of safe physical intervention techniques.

AREAS OF RESPONSIBILITY

It is the responsibility of the Coordinator to ensure all staff and TFC parents receive the required and proper training to give them the tools they need to de-escalate clients.

PROCEDURE

The definition of physical intervention is a time limited act of restricting a person's movement or actions through physical contact with that person. It is used only to prevent a person from physically harming themselves or others, or major destruction of property.

It is required that all TFC parents and staff will attempt to use pro-active programming and crisis prevention techniques as our first choice for behavior management. Youth presenting behavioral challenges will be assessed and program plans drawn up to address the challenges in the least intrusive manner available. Whenever possible, program plans will be implemented and reviewed with the intent of avoiding physical intervention and promoting the progress of the youth. Physical intervention will be the last resort and will be used only under these conditions:

1. To protect the youth from injuring self.
2. To protect others from injury by the youth.

Any physical intervention will follow these guidelines:

1. Occur only after other non-physical alternatives have been attempted and have not been effective or other non-physical alternatives are not feasible.
2. The dignity of the youth is protected.

3. The physical intervention will be for as short a time period as is possible.
4. The safety of the youth and staff is ensured.
5. The youth is monitored regularly and frequently during the intervention.
6. The physical intervention will be performed in a calm, non-retaliatory, matter-of-fact manner.
7. The techniques used will be the least restrictive possible.

Staff/Foster Parent Training:

All new staff and foster parents will be presented with the procedure at orientation. Staff/foster parents will be provided training prior to removal of probationary status. Behavior Management Skills training is the training provided by the agency. A review of the training will occur once each year after licensing.

Documentation:

Any use of physical restraint must be documented in a weekly log report and submitted to the TFC Social Worker/Coordinator within 24 hours.

Physical Control Technique

When a youth loses self-control to the point where they are about to harm themselves or others, as the last resort, physical control should be used until the youth is able to regain self-control. With the proper attitudes and support, physical control can be an effective method of intervention.

Family & Children's Center uses and recognizes specific techniques in holding residents. Each holding technique has a procedure for implementation and specific guidelines regarding when and with whom these techniques are used.

The authorized methods for maintaining physical control of a youth are presented and taught at Behavior Management Skills training for all TFC parents and staff.

A. Staff should maintain control until the resident is ready to be released safely. Staff should talk in a calm voice, if speaking at all. This is not the time to begin a power struggle, nor is it the time to discuss feelings or respond to inappropriate comments.

B. Once the youth appears to be ready, let them know they will be released. Always release the youth slowly and give them back control of self.

C. After youth has settled down, talk to them about the crisis that happened. Learn from the crisis. Find out what triggered them. If one approach didn't work, learn from crisis and try a new approach if it happens again.

NO MECHANICAL RESTRAINTS OF ANY TYPE MAY EVER BE USED.

GETTING HELP/SUMMARY

Any questions regarding the above procedure, please contact the Coordinator.

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Procedure Name:	INDEPENDENT LIVING
Procedure Number:	603
Domain:	WI Treatment Foster Care
Approved By:	Vanessa Southworth, Director of Wisconsin Programs
Created/Written By:	Kristen Kingery, Coordinator of Community Services
Effective Date:	12/14/17
Date(s) of Revision:	
References:	

STATEMENT OF PURPOSE

To understand independent living assessment provided in the treatment foster care programs in Wisconsin and Minnesota.

AREAS OF RESPONSIBILITY

All staff, Coordinator and treatment foster parents should understand the assessment. The Social Worker and treatment foster parents are responsible for administering the assessment, helping complete the assessment, assign goals and measure progress. Progress will be measured quarterly.

PROCEDURE

Independent Living Skills will be addressed with all youth fourteen years of age and older. For these youth, within one month of placement or one month of their fourteenth birthday, an initial assessment will be given to each youth and their foster parent. The assessment used will be the Casey Life Skills assessment. This assessment will focus on identifying the youth's strengths and measuring the youth's skills in specific areas. Based on this information, specific goals regarding the development of independent living skills will be included in the youth's treatment plan and will be reviewed quarterly. Some of these skills are addressed in educational programs in the schools. For others, the TFC parent will work with their foster child on topics such as budgeting money, acquiring and managing an apartment, shopping, cleaning, cooking, locating community resources, caring for their health, and employment skills. Follow-up assessments will be given as needed.

All children placed in TFC through Family & Children's Center are enrolled in school. When it is not possible for a teenager to graduate, they are enrolled at the local technical college to work on their GED. Their academic progress is closely monitored by the treatment team and documented in their quarterly treatment plan.

Vocational opportunities are provided through school programming and by part-time jobs, if academic grades are acceptable.

In Wisconsin at 17.5 (if still in care) an Independent Living Specialist will become involved in the case to work with the youth about future planning once the youth ages out of the home. This worker will stay involved until 21 if the youth chooses.

GETTING HELP/SUMMARY

Any questions regarding the above procedure, please contact the Coordinator.

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Procedure Name:	INDIAN CHILD WELFARE ACT
Procedure Number:	604
Domain:	WI Treatment Foster Care
Approved By:	Vanessa Southworth, Director of Wisconsin Youth & Family Programs
Created/Written By:	Kristen Kingery, Coordinator of Community Services
Effective Date:	12/14/17
Date(s) of Revision:	
References:	DCF 56

STATEMENT OF PURPOSE

The purpose of this procedure is to ensure that all Indian Child Welfare rules and regulations are followed while youth are placed in out of home care.

AREAS OF RESPONSIBILITY

It is the responsibility of all staff, Coordinator and treatment foster care parents to be familiar with the rules and regulations around the Indian Child Welfare Act. It is the responsibility of the social worker to ask for as much information and then give that information to the treatment foster care parents.

PROCEDURE

The Indian Child Welfare Act was put in place to provide for rules specific to youth who have Native American ancestry. The act provides that there will be a connection maintained between the youth and blood family members whenever possible. It also provides that there is a tribal worker assigned to the case who makes decisions in regards to that youth.

That tribal caseworker's role includes having discretion regarding when and how they will be involved in child custody proceedings and placement of children who are members of their tribe or who are eligible for membership in the tribe. The role of the tribal caseworker is the same as any caseworker, and, in addition, is to ensure that the child is receiving services that are reflective of the customs, beliefs, and traditions of the tribe, and that the child remains connected to the tribe.

It is important to understand the critical role that a tribe plays in the lives of its members, especially their children, and the importance of the children to the future of the tribe. Some tribes may certify, license or approve their own foster families or work with a foster family licensed by the county or private agency. Most tribal caseworkers work directly with county or private agency caseworkers to provide the best services available to the child, through either county, state, or tribal services. In some instances, when a county agency and tribal agency agree to placement of an Indian child in a county foster home, a tribe might be the sole provider of services to the child and will be more involved with the foster family, visiting on a regular basis while the child is in the foster care home. The role of a county or tribal child welfare worker may differ from case to case depending on what role the tribe has decided to take with that case.

If TFC parents have questions about services to an Indian child or involvement of the child's tribe, they should ask the tribal caseworker or the child's county caseworker.

GETTING HELP/SUMMARY

Any questions regarding the above procedure, please contact the Coordinator.

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Procedure Name:	TELEHEALTH SERVICES
Procedure Number:	103
Domain:	Client Rights All FCC Programs
Approved By:	Leah Morken, Clinical Director
Created/Written By:	Mary Jacobson, Director of Programs Vanessa Southworth, Director of Programs
Effective Date:	6/15/2020
Date(s) of Revision:	
References:	APA Telehealth Training Informed Consent for Telehealth Services form Procedure 407: Case Record Overview Revenue Cycle Homepage Provider Assurance Statement for Telemedicine Telephonic Telemedicine Provider Assurance Statement

STATEMENT OF PURPOSE

Telehealth services have been approved through the end of the State of Emergency related to COVID-19. The agency anticipates that telehealth will remain an important method of service delivery throughout the COVID-19 pandemic and beyond. As such, we will stay abreast of rules and regulations regarding telehealth and update this procedure accordingly. This procedure outlines the roles, responsibilities and processes related to providing telehealth services.

AREAS OF RESPONSIBILITY

All staff proving telehealth services are responsible for knowing and understanding the information in this procedure. All staff providing telehealth services must participate in the online APA telehealth training or other telehealth training approved by the Clinical Director.

PROCEDURE

Telehealth is the practice of health care delivery of services, diagnosis, consultation, or treatment of medical data by means of audio, visual, or data communication. Telehealth services must be provided through a 2-way, real-time, interactive method of communication. This excludes voicemails, texting, emailing, faxing, and chat rooms.

Telehealth is not a “check-in”. It is a purposeful and intentional service that is medically needed as determined by a licensed medical professional or mental health professional. Services must be clinically appropriate for the consumer’s needs.

Methods of Telehealth:

Providers are expected to use HIPAA compatible modalities to protect consumer rights. Family & Children’s Center complies with established state and federal regulations for telehealth.

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Family & Children's Center prefers the use of doxy.me for secure telehealth services and has provided a select number of accounts for providers in need of a secure platform that allows for screen sharing capabilities. Providers are responsible for ensuring the platform they are using is an approved platform by confirming with the Clinical Director. Approved platforms may vary with time based on regulations.

FCC expects all providers to adhere to the requirements of Health Insurance Portability and Accountability Act (HIPAA). This requires taking necessary steps to protect the privacy of clients and the confidentiality of information related to providing services via telehealth. Providers should refer to agency procedures related to HIPAA as well as the APA telehealth training or other approved training if they have questions. For additional help, they should contact the Clinical Director.

Telehealth Process:

Prior to providing any telehealth services, providers must obtain consent from clients via the Informed Consent for Telehealth Services form. Signed and written consumer consent is preferred; however, if written consent is unable to be obtained, then verbal consent is allowable while documenting the efforts to obtain written consent. This can be done via email or regular mail. If verbal consent is utilized, it must be obtained at the start of every session after the risks of telehealth to privacy are discussed.

Providers must adequately address client safety before, during, and after the telehealth service is rendered. This may include but is not limited to a review of client records to identify history of safety risks, creation of a safety plan and protocol for staff members, on-going assessment of client's symptoms and potential safety risks via question and aftercare referral and submission of the created safety plan to the next provider.

The following information must be communicated and discussed with the client at the start of every session:

- An understanding that others may hear the conversation in the background
- Staff's location and environment (ex: working from home with dogs that may bark in the background)
- An understanding that the platform used may not be confidential (e.g., if the platform is not HIPAA compatible, such as Skype, data storage, 3rd party recordings, internet security breaches, etc.)
- An understanding that the consumer has the right to refuse or stop the session at any time
- An understanding that the provider may end the session if the connection is poor or for

other reasons that should be explained to the client

Requirements for Documentation:

Staff documentation expectations remain in effect, including the use of the SIRP method of documentation. However, additional requirements must be clearly documented in every case note. This information includes:

- Method/mode of transmission used for session (e.g., Skype, telephone call, etc.)
- A description of the provider's basis for determining that telehealth is an appropriate and effective means for delivering service to the client (e.g., due to COVID-19, due to Safe at Home Order, due to client being unable to come into the office, due to client not having internet connection—in the case of a telephone session, etc.)
- Type of service provided (e.g., outpatient counseling session, supervised visit, etc.)
- Location of consumer (as confirmed by provider) and location of provider (e.g., "Due to consumer self-quarantine, writer called from office to consumer in their home", etc.). This is also known as the location of the originating and the distant site.
- That risks were reviewed and provider received consent for telehealth (Ex: "Current signed consent for telehealth", "Verbally reviewed risks and received verbal consent to conduct session via telehealth", etc.)
    - Ask and document assurance that the client is in a place with privacy, and if they are not, who else is present?
    - Ask and document that the client moved their camera around so you can see the physical setting of the room they are in.
    - Review and document the procedures for disconnection (sign back into the telehealth platform, and if that does not work what number to call by telephone to reconnect with the client) and your safety plan for emergency contact if needed.
- Time the service began and ended, with a.m. and p.m. designations

Addressing How and When to Discontinue Telehealth Services:

The following criteria should be utilized to address how and when telehealth services should end:

- Evaluation of service (intervention used and client's response): Daily review of progress notes
- Evaluation of on-going needs of the client: Clinical consultation of client cases either weekly, monthly, or as needed depending on circumstances

- Evaluation of scope of practice and client's needs: Clinical consultation of client cases either weekly, monthly, or as needed depending on circumstances
- If it is determined a client is not a fit for telehealth services, then an option may be to initiate in person services.

Process for discontinuation:

Context

- Client demonstrates deterioration or a need for higher level of care
- Client has on-going missed appointments or cancellations over a 3-week period
- Client decides to discontinue services
- Client's additional community providers report concern due to client's deterioration in functioning

Protocol

- Staff will consult with Clinical Supervisor
- Staff will consult with outside providers (e.g., County Case Manager)
- Staff will make 3 attempts to discuss potential discharge with client
- Staff will complete a discharge summary
- Staff will provide a referral for aftercare and follow-up

Billing Requirements:

There are no changes to service note billing requirements. However, invoices must add an indicator for telehealth services. For information on how to bill for telehealth services by payer, please go to the Revenue Cycle Homepage on the Depot. This can be accessed by going to Directory > By Department > Revenue Cycle Management > Click here to visit the Revenue Cycle Homepage!

In Minnesota, billable provides must complete the Provider Assurance Statement for Telemedicine, which is submitted to Medicaid and other payers as required, by the Revenue Cycle Department. Also, in Minnesota if any provider offers telephonic services, they must complete the Telephonic Telemedicine Provider Assurance Statement.

GETTING HELP

If you have questions regarding this procedure, please contact your Program Supervisor, Coordinator, Director or Clinical Director.

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Procedure Name:	EMERGENCY PROCEDURES
Procedure Number:	701
Domain:	WI Treatment Foster Care
Approved By:	Vanessa Southworth, Director of Wisconsin Programs
Created/Written By:	Kristen Kingery, Coordinator of Community Services
Effective Date:	12/14/17
Date(s) of Revision:	
References:	

STATEMENT OF PURPOSE

The purpose of this procedure is for treatment foster parents to understand the process to follow in emergency situations.

AREAS OF RESPONSIBILITY

Both treatment foster care parents and staff have a role in ensuring all the right team members are contacted immediately when an incident occurs.

PROCEDURE

Should an emergency arise, follow the procedures in sequence as outlined:

BEHAVIORAL/EMOTIONAL EMERGENCIES

Between the hours of 8 a.m. and 5 p.m. call Family & Children's Center and notify:

WISCONSIN

Coordinator	(608) 785-0001
Chrystal Stegen, Social Worker	(608) 785-0001
Ellen Daubert, Clinical Supervisor	(608) 785-0001
Jennifer Eads, Administrative Specialist	(608) 785-0001
Director	(608) 785-0001

MINNESOTA

Coordinator	(608) 785-0001
Hana El-Afandi, Case Manager	(608) 785-0001
Director	(608) 785-0001

After hours these staff may be reached by cell phone:
After Hours Emergency Cell: (608) 790-5729

Please call the emergency on call telephone, which one of the TFC Social Workers and/or Coordinator will assist you.

If, in your best judgment, immediate professional help is needed, call for assistance from the police or sheriff to determine appropriateness/legality.

NOTE: Send the child's MA card and Authorization for Medical Care form. List the child's Home County as the party responsible for financial obligation.

a. Contact one Family & Children's Center staff person as listed above; this staff should then contact the county social worker or on-call worker.

b. Ensure that child's biological parent(s) have been notified if appropriate.

PHYSICAL EMERGENCIES

1. Seek the attention of the child's physician immediately or:

   Take the child to the walk-in care, urgent care, or emergency room, choosing the clinic/hospital where the child's medical records are available. If there is a life-threatening incident, immediately call an ambulance.

   Note: Take the child's MA card and Authorization for Medical Care form. List the child's Home County as the party responsible for financial obligation.

2. If hospitalization occurs or other situations warrant, immediately notify the child's biological parents/guardian (when appropriate) and one of the above listed TFC staff. This staff should then contact the county social worker or intake worker.

Note: For both behavioral and physical emergencies, the TFC Social Worker may notify the child's social worker in their Home County and also the child's parent(s).

RUNAWAY PROCEDURES

When a child is away from the foster home for any reason without permission it is considered a runaway situation, if you are not sure when to contact police, call the on-call number, as under some circumstances depending on the youth's age and capabilities we may allow them a small time frame to return to the home prior to calling the police department.

1. Phone local police or County Sheriff (appropriate to your setting).

   a. Identify yourself, giving your address and phone number. Also give them the Agency's name and phone number. On the weekends this would be the on-call telephone number and during the week you would give them your TFC social worker's name and cellular or office number.

   b. Report runaway's name, age, physical description, clothing worn, and the circumstances of the run.

c. Report time of run and any other pertinent information. Give possible destinations if known.

2. Call the TFC Social Worker.

3. Call the biological parent(s) if appropriate.

4. The TFC Social Worker will notify the child's placing social worker.

GETTING HELP/SUMMARY

Any questions regarding the above emergencies ask the Coordinator.

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Procedure Name:	SUICIDE PROTOCOL
Procedure Number:	702
Domain:	WI Treatment Foster Care
Approved By:	Vanessa Southworth, Director of Wisconsin Programs
Created/Written By:	Kristen Kingery, Coordinator of Community Services
Effective Date:	12/14/17
Date(s) of Revision:	
References:	

STATEMENT OF PURPOSE

To provide guidance and expectations for treatment foster care parents, in regards to suicidal threats/ideation/attempt situations.

AREAS OF RESPONSIBILITY

All individuals working with the youth should be familiar with the information below in regards to a suicide situation. The foster parent, social worker and Coordinator are responsible in ensuring this protocol is followed in the event a suicide situation were to occur.

PROCEDURE

All threats of suicide or self-harm by youth are taken seriously. Take precautions at once to provide for the safety of the child involved. In any situation where a youth is in immediate danger of harming him (her) self or others, stay with the child and send for help. Call the police at once. If in doubt, err on the side of safety. For those in the La Crosse County area may also contact 608-784-HELP and have a Mobile Crisis Responder help with assessing the situation.

(Credit to: Alan L. Berman, 1989, Washington Psychological Center P.C., Washington, D.C. 20008).

*Non-clinicians are invaluable "first-finders" in the process of making appropriate assessment-referrals to the mental health system. What follows are suggestions "to do" and "not to do" in making interactions with the potentially suicidal youth less anxiety-provoking and more efficacious:

Things to Do:

1. Stay as calm as possible; encourage the youth to talk to you, utilizing the questions which follow.
2. Clarify the problem and the youth's intended solutions through these questions.
3. Talk about the youth's thoughts in a direct way.
4. Take your time, speak softly, simply...

5. If you are concerned that acting on the suicidal impulse is an imminent possibility, do not leave the youth alone; make arrangements for someone to be with him/her at all times; deliver (go with) the youth to the referral you contact.

Things Not To Do:

1. Do not express shock at anything you hear.
2. Neither belittle nor negate the reasons for the crisis or the youth's experience of the crisis.
3. Do not stress the shock or embarrassment that suicide would cause his/her family.
4. Do not engage in a philosophical debate on the moral aspect of suicide; you may both lose the debate and the person.
5. Do not get over-involved. Keep perspective on your limits and your competence.

Behavior Clues to Suicide:

Any given behavior involves four significant components - feelings, thinking, acting and physiology. A youth at risk of suicide is experiencing a crisis, and in each of the four components, which make up a total behavior, there are common clues which parent should assess. Look for the following things in the four components of a total behavior:

- Feeling
  - sad, helpless
  - lonely
  - guilty
- Thinking
  - "I wish I were dead"
  - "The world would be better off without me"
  - "I'm beyond help"
  - "There is no hope"
- Acting
  - lethargic

  - withdrawn
  - taking drugs, drinking
  - acting impulsively, without concern for personal safety

- Physiology
  - neglecting personal hygiene
  - drastic change in normal sleep patterns
  - has no appetite

When many of these clues are present from each component of a total behavior, the TFC Parents should be alerted to the potential—not the likelihood—of a suicide risk. At this point it is essential to identify if the youth is contemplating some self-injurious behavior.

Planning with Suicidal Youth:

Once you've assessed the risk of suicide in the youth, it is time to plan or contract an agreement that will reduce the immediate risk of suicide. Although there are several key components to a good plan, the chief component would be to get a verbal commitment from the person-at-risk that they will do nothing to harm themselves for the duration of the plan. This type of contract has proven to be a reliable tool for reducing the immediate risk of death by suicide, and provides the time to inform the TFC Social Worker.

Finally, appropriate steps will be taken to ensure the youth's safety:

1. May need to search room, belongings.
2. Restrictions may be placed on participation in activities, visits, and so forth.
3. Possible placement in a psychiatric setting.

GETTING HELP/SUMMARY

Questions about suicide situations should be directed to the Coordinator.

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Procedure Name:	EMERGENCY RESPITE
Procedure Number:	703
Domain:	WI Treatment Foster Care
Approved By:	Vanessa Southworth, Director of Wisconsin Programs
Created/Written By:	Kristen Kingery, Coordinator of Community Services
Effective Date:	12/14/17
Date(s) of Revision:	
References:	

STATEMENT OF PURPOSE

To share an overview of what emergency respite is as well as how/when these services are referred and carried out.

AREAS OF RESPONSIBILITY

The staff for each of the programs are responsible for understanding when and how respite is carried out as well as helping provide the service. In Wisconsin any emergency respite referred by counties will be handled by the respite specialist. In Minnesota all respite will be handled by the case manager.

PROCEDURE

Family & Children's Center believes that providing emergency respite services are crucial in order to offer support to families, prevent family violence and child abuse, and reduce stress. All parents—whether they are parents by birth, adoption, fostering, step-parents, guardians, or kinship—need to take care of themselves in order to care for their children. The more challenging the needs of the child, the more necessary the need for caring for the caregiver.

TFC offers both emergency and ongoing respite services. These referrals are often youth who are not currently in one of our TFC homes, are often placed by county human service staff to assist families in the community who are having difficulty parenting, due to the high needs of the child as well as family dysfunction. However, respite requests are also made directly by adoptive parents and/or TFC parents who require a temporary break from their child, but are unable to find highly skilled respite providers.

Emergency respite is provided by TFC Parents and Respite Care Providers, who are trained to do the type of specialized care required for children with behavioral or emotional needs. The type of respite home that is used is based on the respite provider's experience, the child's behavioral, physical, or emotional needs, the ability to keep the child safe, the child's ability to interact with other children in the respite home, and the geographic location to the child's family.

GETTING HELP/SUMMARY

Any questions regarding the above procedure, please contact the Coordinator. There are also separate procedures that further explain respite that can be referenced. Back to Table of Contents

Procedure Name:	GUIDELINES FOR LEGAL VIOLATIONS
Procedure Number:	704
Domain:	WI Treatment Foster Care
Approved By:	Vanessa Southworth, Director of Wisconsin Programs
Created/Written By:	Kristen Kingery, Coordinator of Community Services
Effective Date:	12/14/17
Date(s) of Revision:	
References:	

STATEMENT OF PURPOSE

The purpose of this procedure is to provide a general guideline for foster parents to follow when youth in their care commit legal violations.

AREAS OF RESPONSIBILITY

All TFC parents must be familiar with this procedure to ensure they are following the correct guidelines as well as contacting the right people.

PROCEDURE

Below are the guidelines for specific protocol to follow for legal violations.

PHYSICAL AGGRESSION

When angry, children in your care may escalate from verbal to physical aggression.

If the child:

- demonstrates behavior that is dangerous to himself or others, and
- if all efforts to de-escalate him fail, then call the police. Do not attempt to determine if an offense that has occurred is serious enough to report, as that is for the police to determine after their response to your call.

STEALING

Generally speaking, theft of small amounts of money, candy bars, shampoo, and so forth within the foster or respite home does not constitute a reportable stealing incident. Consequences are routinely handled within the home. If children are in respite, follow-up consequences may take place in the foster home.

If items are stolen from a commercial store and/or large amounts of money or other valuables stolen from the foster home, respite, school environment, or other similar situations, this is considered a reportable incident and police should be called.

SMOKING

Smoking will not be allowed by any foster children. Police may be called to issue citations to any youth caught smoking. Smoking materials should be confiscated. (Wisconsin specific statutes regarding smoking fall under State of Wisconsin Acts: 48.983, 134.66, and 778.25)

SEXUAL ABUSE

In evaluating situations involving sexual contact, many factors have to be considered such as: age and age difference between individuals involved, issues regarding force and coercion, consent, intellectual functioning, and so forth. In reporting sexual abuse to the authorities, it is recommended that TFC Parents contact the TFC Social Worker and/or Coordinator before making the report.

(Refer to the FC Manual section regarding Child Abuse/Neglect Reporting Procedure.)

RUNAWAY

If a youth is away from the home without permission, refer to "Emergency Procedures". Each report needs to be tempered with your good judgment; each child's situation is different. If the child returns on his own initiative, simply call the police and cancel the runaway report.

NOTE: As with any situation concerning FC children, it is better to "enter the realms of caution". If questioning to report to the police, call the FCC on-call phone to discuss the situation. Report concerns or incidents and let the Police determine the level of legal involvement.

GETTING HELP/SUMMARY

Any questions regarding legal violations ask the Coordinator.

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Procedure Name:	TFC RESPITE GUIDELINES
Procedure Number:	801
Domain:	WI Treatment Foster Care
Approved By:	Vanessa Southworth, Director of Wisconsin Programs
Created/Written By:	Kristen Kingery, Coordinator of Community Services
Effective Date:	12/14/17
Date(s) of Revision:	
References:	DCF 56

STATEMENT OF PURPOSE

All respite situations involve a primary caregiver (the treatment foster care parents), a dependent in need of supervision or care (the foster child), and respite care provider. The respite provider cares for the child on a daily basis (occasionally hourly), either in the provider's own home of in the home of the primary caregiver. The purpose is to arrange for needed time off for the TFC parents. The pressures and stress of providing ongoing and consistent care for children with special needs 24 hours a day, seven days a week are many. This is a needed service to prevent burnout of the foster parents. Additionally, this gives foster children another avenue for care giving by a different provider.

AREAS OF RESPONSIBILITY

It is the responsibility of all staff, foster parents and respite providers to understand the below information.

PROCEDURE

TFC Respite Provider Hire Information:

Couples, families, and single people all serve as respite care providers. They are individuals interested in providing a quality environment that best meets child and family needs and meet the requirements in DCF 56. Once an application is filled out, criminal, driver's license, and reference checks are done. If these are received with no problems, an interview/training meeting and a home inspection are completed. If the applicant is deemed appropriate for respite care a Respite Care Certificate and provider number are issued to the new provider.

General for Respite Providers:

- On a respite job, you may feel there are better ways of doing things than the way they are being done. It is not your responsibility to make changes. It is the Respite Care Provider's job to be consistent and follow the TFC parent's expectations as closely as possible. However, you may make suggestions to the TFC parent regarding the clients.
- While providing respite, it is not acceptable for the respite provider to have other commitments that would do not allow respite child(ren) to be a part of or require the respite provider to find another person to provide respite.

- As a Respite Care Provider, do not talk about your own personal problems. You are giving, not receiving care.
- Follow directions for administering medication and initial the Respite Care Agreement Form after medication is given. Administration of the medication should be carefully monitored by the respite provider. Should you have any questions, contact the TFC parent. Medication should be kept in a safe location. Although it is not mandatory for medications to be kept in a locked area while children are at respite it is highly recommended for their and your safety. This includes all prescription and non-prescription medications.
- For the safety of all children when providing respite care, two or more children are not allowed to be behind a closed door without adult supervision at any time.
- Respite Care Providers must follow manufacture guidelines. For example, movie ratings, recreational vehicles, etc. Additionally, if a Respite Care Provider wishes to participate in an activity that is puts a child at a moderate or higher level of risk it is recommended that they talk to the TFC Parent in advance to be sure the child has parental/guardian permission to participate in that activity. Some examples are swimming in a private pool, hot tub, boating, motorcycling, etc. No child under the age of 14 years of age may be permitted to operate any hazardous machinery or equipment. Children over the age of 14 years may operate hazardous machinery or equipment only if a written agreement has been signed by the child, the child's parent/guardian, the TFC parent, and the youth's social worker at Family & Children's Center, with a copy provided to all parties to the agreement.
- If you are providing respite care on a regular basis and you realize that on a scheduled date you are unable to provide respite, please give the TFC parent two week's notice. This may not always be possible; however, giving advanced notice will be appreciated. Respite Care is a commitment on your part. Therefore we ask that you honor the dates whenever possible.
- You must maintain strict confidentiality to protect the privacy of those families and individuals for whom you provide respite care.
- Respite care providers must follow all child safety restraints (seatbelts/car seats) when transporting children as per state law.
- Transportation to and from respite is the responsibility of the TFC parent or primary caregiver, although sometimes respite providers offer to provide transportation one way. If the Respite Care Provider agrees to help with transportation, this is not reimbursable by Family & Children's Center unless pre-approved by the Treatment Foster Care Coordinator.
- Transportation, entertainment, food, etc., expenses during respite care are the responsibility of the Respite Care Provider. It is advised that Respite Care Providers consult with a qualified tax accountant for up to date information regarding applicable tax deductions.

- Per state law, smoking is prohibited when TFC children are present. This includes smoking in vehicles when TFC children are present.
- It is required that you have a working smoke detector on each level of your home, at the ceiling of each open stairway, and in all rooms where respite children will sleep, as well as at least one fire extinguisher in the kitchen area of your home. All of these devices must meet state regulations as per Wisconsin Administrative Code, DCF 56. It is recommended that your home have a working carbon monoxide detector on each level.
- Homeowner or renter insurance is required. Each provider should assess their own needs and contact their insurance carrier to find out what their present procedure covers. It may be in the provider's best interest to carry liability insurance as a rider for business use in their home. Proof of insurance must be submitted to Family & Children's Center before respite care begins and updated at the time of expiration.
- Any property damage occurring during a respite episode is the financial responsibility of the respite provider. If you are providing respite care in the primary caregiver's home and you break or damage any property, you will be responsible for replacement or payment for the breakage. We will ask the primary caregiver to furnish us with receipts for the damage and it will be your responsibility to cover this cost and make payment directly to the primary caregiver.
- It is required that weapons must be kept in a locked storage container. The ammunition must also be in a locked storage container, separate from the weapons.
- It is required that all pets have a current rabies vaccination. Proof of this needs to be submitted to Family & Children's Center before respite care begins and updated at the time of expiration.
- Each respite client needs to be provided with his or her own bed. Sofa sleeper and/or a hide-a-bed couch can be considered beds during respite episodes.
- Boys and girls are not allowed to sleep in the same room with each other. Additionally, children who are more than five years apart in age cannot sleep in the same room.
- Respite Care Providers should take steps to protect themselves and confidential data. Please consider putting a block on long distance calls and on "on demand" services accessible in your home. This should include, but are not limited to, pay per view and internet services. Please lock all confidential, personal, and financial data.
- An Independent Contractor Agreement and a Business Associate Agreement must be signed before providing respite care. The Independent Contractor Agreement states that you are not eligible for any benefits such as unemployment, insurance, workman's compensation, etc.
- Any change of name, address, phone number, and/or persons living in your home must be reported to the TFC Coordinator before respite may occur. If background checks are needed they must be completed and approved before respite may occur.

Emergency:

- If circumstances/situations arise, and you cannot get in contact with the emergency contact person listed on the Respite Agreement Form or our 24-hour on call number (608-790-5729) use your best judgment depending upon the severity of the situation. If you feel you are threatened or in danger, do not hesitate to contact the police. Ask questions and have the FC parent explain and show you how to do special tasks. Incident reports are to be filled out by the provider when unusual circumstances arise with the respite client (such as seeking medical attention, physical acting out, or requiring legal intervention). The incident report is to be completed and sent to the TFC Coordinator within three business days.
- The TFC parents have been instructed to include emergency names and numbers on the back of the Respite Care Agreement Form. In the event of illness/emergency, attempt to contact the primary caregiver or persons or our 24-hour on call number (608-790-5729) listed on the Respite Care Agreement Form. If they cannot be reached, take the necessary steps to obtain appropriate care, medical or other. Remember to take the client's MA card with you to the hospital/clinic. If an injury has occurred, an incident report is to be completed and sent to the TFC Coordinator within three business days.
- All respite care providers must follow guidelines in the TFC Emergency Disaster Plan whenever possible in the event of an emergency. Please see attachment.

Respite Providers Home:

- Respite Care Providers homes must meet or exceed DCF 56.07 Physical Environment and DCF 56.08 Safety. Please see the attached DCF 56 Foster Home Care for Children.

Respite Care in TFC Home:

- Your main goal is to care for the dependent person(s) to whom you have been assigned. If providing care in the primary caregiver's home, only household tasks that affect the client's well-being would be considered your responsibility.

Respite for Acute Conflict:

- When a child in placement is displaying extreme acting out behaviors, a temporary placement outside the TFC home may be warranted. At this time, emergency respite can be implemented. This provides for a "cooling off" period and enables the team and the child to sort out issues. This also allows time for the treatment team to research and determine if the placement should continue. Emergency respite can also be provided for severe illness or family crisis. When emergency respite is needed approval must be given by the TFC Coordinator.

- If the decision is made by the TFC Coordinator to use a TFC parent for crisis respite, the TFC parent requesting respite will contact the TFC parent providing respite. The TFC Coordinator or TFC Social Worker will notify the child's county/state social worker and biological parents/guardian of the temporary change in placement as soon as reasonably feasible to do so.

Time Allotted to TFC Respite:

- Respite time allows for four days per month of respite per youth. More time can be allotted during a crisis, but it must be approved by the TFC Coordinator. Respite is also provided for the TFC Parent's 9 days of extra time, which is prorated when applicable.
- If the TFC parent has had placements for a significant amount of time (minimum of one year) and with the approval of the TFC Coordinator and TFC Social Worker they may be granted the opportunity to carry two 24-hour periods of respite time each month to be used in the following months. Respite will continue to be earned monthly and cannot be used in advance of being earned. **Respite days carried over throughout the calendar year must be used before the end of December, and cannot be carried over from year to year.** If extra respite is granted in a crisis situation all regular respite days for that month must be used prior to receiving extra respite.
- If the TFC parent is using hourly respite for the TFC youth, every eight hours used will be counted as a full day of respite. If the TFC parent will need to use this option, it is suggested that everyone is in agreement in advance.
- As a general rule, during the first two weeks a child is placed in TFC, no respite is taken. This gives the child an opportunity to adjust to their environment without disruption.

Rates Paid to TFC Respite Caregivers:

Respite Care: $55.00 per day (8 to 24-hour period) and $6.88 per hour (up to 8 hours)

Emergency respite care is a service provided for youth that are not enrolled in the Family & Children's Center's TFC program.

- Completed Respite Care Agreement Forms need to be submitted to Family & Children's Center at 1707 Main Street, La Crosse, WI 54601. They are due on the first of every month. Your check will then be post marked on the 10th business day of that month.
- Respite income is taxable. In January, you will receive a 1099 Misc. form if your income was in excess of $600.00 for the previous calendar year. We suggest that if you have any questions you contact a qualified tax consultant.

TFC Parents Providing Respite:

TFC parents can provide respite. There is a limit of four TFC youth in the home at any time.

Guidelines for Arranging Initial Respite: When initial respite care is needed:

1. TFC Coordinator and/or FC Social Worker along with the Respite Specialist and the TFC parent will establish an appropriate match for the TFC child with the providers available.
2. The TFC parent will contact the perspective provider to ensure availability and to review initial information on the child (ren) to be cared for.
3. Following the initial respite, the TFC parent and provider may arrange any future respite and the Respite Specialist continues to be available for questions or concerns.

Guidelines for Matching Client and Provider:

The following factors, but not limited to, are used when matching appropriate providers with clients:

- Others living in the provider's home including biological children and/or other respite recipients. This factor will be reviewed with the TFC Coordinator and respite child's therapist.
- Number of children on a given respite episode. No more than four TFC placements or six total children and/or adults can be cared for during respite.
- The respite children must have their own sleeping accommodations. These accommodations must have two exits.
- Experience of provider. This factor will be discussed with the Coordinators and the TFC parents, and the decision will be made accordingly.

Duties of the TFC Parent Regarding Respite:

- Schedule respite with the Respite Provider.
- Provide a **completed** TFC Respite Form, including medical release, to the Respite Care Provider along with the child's MA and or medical insurance card. A copy of this card is also acceptable.
- Provide the Respite Provider with written and verbal information regarding the specifics of the care needs of each foster child prior to each episode.
- Be certain that all medications are clearly labeled and sent with the child to the Respite Provider's home.
- Medications should be given directly to the Respite Provider by the TFC parent.

Discipline Procedures:

Respite Care Providers must follow discipline procedures as written in the Wisconsin Administrative Code DCF 56.09(5).

1. Disciplinary action by a foster parent or any other person serving as a substitute caretaker in the absence of the foster parent shall be aimed at encouraging the foster child to understand what is appropriate social behavior.
2. The type of discipline imposed shall be appropriate to the child's age and understanding.
3. Physical punishment of foster children is prohibited.

4. A licensee may not subject any foster child to verbal abuse, profanity, derogatory remarks about the child or his or her family or to threats to expel the child from the home.
5. A licensee may not permit another adult or child, other than a responsible care provider, to discipline a foster child.
6. No foster child may be punished by being deprived of meals, mail, or family interaction.
7. No foster child may be punished or ridiculed for bed-wetting or other lapses in toilet training.
8. No foster child may be mechanically restrained or locked in any enclosure, room, closet or other part of the house or elsewhere on the premises for any reason.
9. No foster child may be punished by being restricted to an unlocked room or area of the home except as follows:
    a. A foster child under 6 years of age may be restricted to an unlocked living area of the home for not longer than 10 minutes for any episode of misbehavior. The foster child shall be within hearing of a responsible caretaker and shall be permitted use of the toilet if necessary.
    b. A foster child 6 to 10 years of age may be restricted to an unlocked living area of the home for not longer than 30 minutes for any episode of misbehavior. The foster child shall be within hearing of a responsible caretaker and shall be permitted use of the toilet if necessary.
    c. A foster child over 10 years of age may be restricted to an unlocked living area of the home for up to 60 minutes for any episode of misbehavior.
    d. The foster child shall be within hearing of a responsible caretaker and shall be permitted use of the toilet if necessary.

GETTING HELP/SUMMARY

Any questions regarding these guidelines contact the social worker or Coordinator.

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Procedure Name:	RESPITE INDEPENDENT CONTRACTOR
Procedure Number:	802
Domain:	WI Treatment Foster Care
Approved By:	Vanessa Southworth, Director of Wisconsin Programs
Created/Written By:	Kristen Kingery, Coordinator of Community Services
Effective Date:	12/14/17
Date(s) of Revision:	
References:	

STATEMENT OF PURPOSE

To ensure that all respite providers understand how to complete respite agreement forms.

AREAS OF RESPONSIBILITY

It is the responsibility of the respite care providers to understand the below agreement, sign and date and follow the practices, procedures and guidelines.

PROCEDURE

I have read, understand, and agree to abide by the practices, procedures, and guidelines as written in the Respite Providers Handbook, including the following:

- Respite Care Providers Guidelines and Procedures
- Wisconsin Administrative Code DCF 56 Foster Home Care For Children
- Service Provider Status Agreement
- Conduct and Ethics Agreement
- Emergency Disaster Plan
- Behavior Management Guide for TFC Parents

I understand that as a Certified Respite Care Provider and an Independent Contractor of Family & Children's Center, I am required to hold as confidential all information concerning clients. I also understand that disclosing confidential information can subject me to termination of certification. I further understand that information regarding clients shall only be disclosed to agencies or persons in accordance with current state and federal laws.

INDEPENDENT CONTRACTOR

_____ _____

Signature Date

FAMILY & CHILDREN'S CENTER

_____ _____

Signature Date

GETTING HELP/SUMMARY

Any questions regarding the above procedure, please contact the Coordinator.

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Procedure Name:	RESPITE AGREEMENT
Procedure Number:	803
Domain:	WI Treatment Foster Care
Approved By:	Vanessa Southworth, Director of Wisconsin Programs
Created/Written By:	Kristen Kingery, Coordinator of Community Services
Effective Date:	12/14/17
Date(s) of Revision:	
References:	Respite Agreement Form

STATEMENT OF PURPOSE

To ensure that all foster parents and respite providers understand how to complete respite agreement forms.

AREAS OF RESPONSIBILITY

It is the responsibility of the foster parents and respite providers to fully and accurately complete the respite agreement and submit in a timely manner to ensure they are paid for their care.

PROCEDURE

INSTRUCTIONS FOR USE:

A. PARENTS/CAREGIVERS:

It is your responsibility to provide a signed respite care agreement form to the provider for each respite episode. Please see that the following steps are followed:

1. Fill in the respite client's complete name on the line provided in the box.
2. Fill out individual forms for each person in your household receiving respite.
3. As parent/caregiver, you must sign and date each form before the respite episode begins. If respite occurs in the respite provider's home, a signed form must accompany the client to the respite provider's home.

B. RESPITE CARE PROVIDERS:

1. Sign each respite form including the respite start and end dates and times, and the total number of days and hours of care.
2. File in your provider number on the form each time respite occurs. It may help to cut out the number and carry it in your purse or wallet. A correct number is important in the computer system to correctly generate your check and yearly accounting records.
3. Return completed Respite Care Agreement Form to Family & Children's Center, 66 East Third Street, Winona, MN 55987. Respite forms are due on the 1st of the month. They will then be emailed to the Coordinator located in the La Crosse office to process. Checks will be mailed by the 10th business day of the month.

4. Follow directions for medications and initial when administered. Should you have any questions, contact the TFC parent. If the TFC parent is not available during respite care, the secondary contact person should be called.

GETTING HELP/SUMMARY

Any questions regarding the above procedure, please contact the Coordinator.

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Procedure Name:	SERVICE PROVIDER AGREEMENT
Procedure Number:	804
Domain:	WI Treatment Foster Care
Approved By:	Vanessa Southworth, Director of Wisconsin Programs
Created/Written By:	Kristen Kingery, Coordinator of Community Services
Effective Date:	12/14/17
Date(s) of Revision:	
References:	

STATEMENT OF PURPOSE

The Family & Children's Center contracts with Respite Care Providers as Independent Contractors for the performance of certain tasks

AREAS OF RESPONSIBILITY

It is the responsibility of the respite care providers to understand the below agreement and to abide by all expectations.

PROCEDURE

The Independent Contractor declares that he/she is engaged in an independent business and has complied with all federal, state, and local laws regarding business permits, licenses, and certifications of any kind that may be required to carry out the said business and the tasks to be performed under this agreement.

Therefore, in consideration of the foregoing representations and the following terms and conditions, the parties agree:

1. **SERVICES TO BE PERFORMED.** Family & Children's Center engages the Independent Contractor to perform the following tasks or services: To provide primary caregiving to dependent person(s) for a temporary period of time. Respite Care is the provision of temporary or periodic services to relieve the usual caretaker from the continuous care of a dependent person.
2. **TERMS OF PAYMENT.** Family & Children's Center shall pay the Independent Contractor according to the following terms and conditions: fee arrangement is dependent upon dependent person's needs and/or the rate structure established. The Independent Contractor shall submit Respite Agreement forms to the Family & Children's Center for the payments called for in this paragraph.
3. **INSTRUMENTALITIES.** The Independent Contractor shall supply all basic necessities and equipment. It is the Treatment Foster Care parent's responsibility to provide other needed equipment or tools. The Family & Children's Center is not responsible to provide any equipment involved in any respite situation(s).
4. **CONTROL.** The Independent Contractor retains the sole and exclusive right to control or direct the manner or means by which the work described herein is to be performed.

The Family & Children's Center retains only the right to control the ends to insure its conformity with that specified herein.

5. **PAYROLL AND EMPLOYMENT TAXES.** No payroll or employment taxes of any kind shall be withheld or paid with respect to payments to the Independent Contractor. The payroll or employment taxes that are the subject of this paragraph include, but are not limited to, FICA, FUTA, federal personal tax, state personal income tax, state disability insurance tax, and state employment insurance tax.
6. **WORKER'S COMPENSATION.** No worker's compensation insurance and no unemployment insurance has been or will be obtained by the Family & Children's Center on behalf of an Independent Contractor.
7. **GRIEVANCE/COMPLIANT PROCEDURE.** If a respite provider has a concern or complaint, that person can request a copy of the agency's Grievance Procedure. The first step in resolving any concern or complaint is to first informally discuss the issue with the Coordinator. If the issue is still not resolved, the complaint may choose to contact Melissa Duin, Human Resources Associate at Family & Children's Center.

GETTING HELP

Any questions regarding the above agreement, please contact the Coordinator.

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Procedure Name:	RESPITE CONDUCT & ETHICS AGREEMENT
Procedure Number:	805
Domain:	MN Treatment Foster Care
Approved By:	Vanessa Southworth, Director of Wisconsin Programs
Created/Written By:	Kristen Kingery, Coordinator of Community Services
Effective Date:	12/14/17
Date(s) of Revision:	
References:	

STATEMENT OF PURPOSE

To ensure that all respite providers understand the code of ethics agreement.

AREAS OF RESPONSIBILITY

It is the responsibility of the respite care providers to understand the below agreement and to abide by all expectations.

PROCEDURE

1. QUALITY OF CARE
    a. I, as a Respite Care Provider, have a commitment to provide the highest quality care for those who are entrusted to me
    b. I dedicate myself to the best interest of my clients
    c. I will seek the advice and counsel of the client's primary caregiver and TFC Coordinator whenever such consultation is in the best interest of the client.
2. CONFIDENTIALITY AND PRIVACY
    a. I, as a Respite Care Provider, will respect the privacy of clients and hold in confidence all information obtained in the course of professional service.
    b. Information received in confidence can be revealed to appropriate workers (physicians, police) after careful deliberation, and when there is clear and imminent danger to an individual.
3. PROFESSIONAL COMPETENCE/PROFESSIONAL DEVELOPMENT
    a. I, as a Respite Care Provider, have a commitment to assess my personal strengths, limitations, and effectiveness on a continuing basis.
    b. I shall strive for self-improvement and professional growth.
4. MORAL AND LEGAL STANDARDS
    a. I, as a Respite Care Provider, must show sensible regard for all social codes and moral expectations of the community.
    b. I, as a Respite Care Provider will maintain high standards of personal conduct in the capacity of care provider.
    c. I, as Respite Care Providers, will not exploit relationships with clients for personal advantage.

GETTING HELP/SUMMARY

Any questions regarding the above agreement, please contact the Coordinator.

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Procedure Name:	MAXIMUS
Procedure Number:	901
Domain:	WI Treatment Foster Care
Approved By:	Vanessa Southworth, Director of Wisconsin Programs
Created/Written By:	Kristen Kingery, Coordinator of Community Services
Effective Date:	12/14/17
Date(s) of Revision:	
References:	https://dcf.wisconsin.gov/files/ewisacwis-knowledge-web/quick-reference-guides/maintain-provider/maintaining-providers-within-ewisacwis.pdf Initial Licensing Checklist Modification Checklist Re-Licensing Checklist Foster Home Information Document

STATEMENT OF PURPOSE

Maximus is the agency that submits and enters foster parent information for the agency.

AREAS OF RESPONSIBILITY

The Coordinator is responsible for completing all necessary paperwork for licensing and re-licensing or any modifications that need to be made for foster parent licensing to be sent in to Maximus so that information can be put in by Maximus staff.

PROCEDURE

On the WI TFC licensing checklist it identifies what documents need to be sent in to Maximus. It is important to note that documents can be sent via email or faxed, except for when sending in the initial licensing as it contains the FBI fingerprint results and those need to be faxed. A foster home information form needs to be completed that is to be sent along with all of the licensing documents. The Coordinator is also responsible for completing an electronic license to send.

Once all documents are sent to Maximus they are responsible for entering the information into the state electronic record, eWiSACWIS.

Send all documentation to Diane.Jungblut@Wisconsin.gov or fax at 608-461-4940 and Diane's phone number is 608-422-7018.

GETTING HELP/SUMMARY

Any questions regarding training contact the Coordinator.

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Procedure Name:	RANDOM IN MOMENT TIME STUDY
Procedure Number:	902
Domain:	WI Treatment Foster Care
Approved By:	Vanessa Southworth, Director of Wisconsin Programs
Created/Written By:	Kristen Kingery, Coordinator of Community Services
Effective Date:	12/14/17
Date(s) of Revision:	
References:	https://dcf.wisconsin.gov/rmts

STATEMENT OF PURPOSE

The Department of Children & Families has designed the Social Services Random Moment Time Study sampling process to facilitate allocation of staff time and costs eligible for federal reimbursement related to performing foster care/placement and foster care/placement prevention activities eligible for federal reimbursement under Title XIX and Title IV-E.

AREAS OF RESPONSIBILITY

The Director is assigned as the liaison; the Coordinator is assigned as the Supervisor, and then the Social worker is assigned as an employee. The Coordinator is also assigned as an employee as they also provide case management and complete licensing and other administrative duties that need to be reported. The Coordinator is responsible for adding a new employee, deletions, and certifying the roster on a quarterly basis.

PROCEDURE

The Random Moment Time Study uses a quarterly random moment time study sampling process to identify the amount of time County, Bureau of Milwaukee Child Welfare, and Child Placing Agency staff spends on job activities throughout the workday. The results of the time study are summarized to obtain the statewide average of time spent by county staff and child placing agency staff on activities during a quarter. The Random Moment Time Study results are used to allocate costs related to county and Bureau of Milwaukee Child Welfare human/social services workers between benefiting programs on a statewide basis.

In the role of the employee, an email will be sent when they are chosen to report. It is the responsibility of the employee to respond within 48 hours of receiving the email. They are to report exactly what they were doing at the time highlighted in the email. The email outlines the instructions for completing this. Employees report by signing into their account which is created when they are added to the roster. The website is https://rms.dcf.wisconsin.gov/.

If the employee does not respond in a timely manner, a reminder email is sent to both the employee and Supervisor.

The Supervisor is responsible for adding employees, ensuring they complete the training in the link referenced, as well as ensuring the employee is completing the sample in a timely manner. They will receive an email quarterly asking the supervisor to certify the roster, and instructions

are sent in the email. When a deletion needs to occur, Sarah Cannon (Sarah.Cannon@wisconsin.gov) needs to be contacted, and in the email there are instructions on the information needed to delete staff.

GETTING HELP/SUMMARY

Any questions regarding training contact the Coordinator.

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Procedure Name:	STAFF TRAINING
Procedure Number:	904
Domain:	WI & MN Treatment Foster Care
Approved By:	Vanessa Southworth, Director of Wisconsin Youth & Family Programs
Created/Written By:	Kristen Kingery, Coordinator of Community Services
Effective Date:	12/14/2017
Date(s) of Revision:	
References:	Wisconsin Child Welfare Professional Development System

STATEMENT OF PURPOSE

To ensure that all staff understand training requirements for the treatment foster care programs

AREAS OF RESPONSIBILITY

Staff and Coordinator should follow these guidelines for training. As well as any other state requirements that may evolve.

PROCEDURE

1. Agency Orientation Part 1(one time-NEW EMPLOYEES)
2. Agency Orientation Part 2(one time-NEW EMPLOYEES)
3. Mental Health First Aid Adult or Youth (one time-NEW EMPLOYEES)
4. Introduction to Trauma Informed Care (Relias-one time-NEW EMPLOYEES)
5. No Hit Zone (one time-NEW EMPLOYEES)
6. Welcome to Relias (one time-NEW EMPLOYEES)
7. Defensive Driving (Relias-one time-NEW EMPLOYEES)
8. Behavior Management Skills Training-during first year of hire and refresher annually thereafter
9. CPR (including infant) & First Aid (required every other year)
10. Blood-borne Pathogens (REL-ALL-0-BBPATH)
11. FCC Exposure Control Plan (FCC-ECP)- One time- NEW EMPLOYEES
12. Diversity Training
13. CMS Fraud, Waste and Abuse Compliance Training (FCC-CMS-FWA-COMP)
14. Minimum of 1-hour Wellness/Self-Care event/presentation/training

15. Beginning second calendar year of employment & annually thereafter-Trauma Informed Care Training (min. 1 hour)

New Employees- First Day:

1. Agency Orientation which includes: Agency Overview, Human Resources

Information, Privacy & Confidentiality, Ethics & Boundaries, Mandated Reporting, Computer Security, Training & Education Overview, and Relias Learning Management System

1. Welcome to Relias (REL-HR-0-WRLMS)
2. Defensive Driving (EL-DD-COMP-0)
3. CMS Fraud, Waste and Abuse Compliance Training (FCC-CMS-FWA-COMP)
4. Blood-borne Pathogens (REL-ALL-0-BBPATH)
5. FCC Exposure Control Plan (FCC-ECP)- One time- NEW EMPLOYEES

Within 2-3 months after hire:

1. Attend Agency Orientation Part 2 – topics to be revealed at a later date

Within 3 months of hire

1. CMS Fraud, Waste and Abuse Compliance Training (FCC-CMS-FWA-COMP)
2. No Hit Zone (FCC-NOHITZONE)

Within 3 months of hire (FT) or within 6 months of hire (PT):

1. Mental Health First Aid-Youth (FCC-YMHFA)
2. Introduction to Trauma Informed Care (EL-TIC-BH-0)

WI Treatment Foster Care staff also needs to complete the following:

1. Register as a new worker on Wisconsin Child Welfare Professional Development System
2. Complete the following trainings on the above website:
    a. Pre-Service
    b. Child/Adolescent Strengths and Needs Assessment
    c. Confirming Safe Environments
3. Coordinators should also complete the above trainings if not complete already as well as complete the Foster Care Coordinator Pre-Service

Both Wisconsin and Minnesota staff that are Certified or Licensed Social Workers in their perspective states need to ensure they are also in compliance with their CEU requirements.

GETTING HELP/SUMMARY

Any questions regarding the above statement, please contact the Coordinator.

Procedure Name:	SOCIAL WORKERS/ CASE MANAGER CONTACT
Procedure Number:	904
Domain:	WI-MN Treatment Foster Care
Approved By:	Vanessa Southworth, Director of Wisconsin Youth & Family Programs
Created/Written By:	Kristen Kingery, Coordinator of Community Services
Effective Date:	12/14/2017
Date(s) of Revision:	
References:	DCF 56.18, DCF 56.19

STATEMENT OF PURPOSE

For Staff and Foster Parents to understand requirements of contact with youth that are placed in foster homes as well as contact with foster parents. This policy also provides a general outline about contact with other service providers.

AREAS OF RESPONSIBILITY

Staff, Foster parents and Coordinator are responsible for following the policy. Foster parents specifically to ensure they are cooperating when staff are scheduling visits and allowing appropriate time with the staff. Staff and foster parents are responsible for ensuring that all treatment team members are informed of updates. Staff is responsible for documenting visits in youth's contact log on the electronic health record system, procentive.

PROCEDURE

WISCONSIN:

Contact with Foster Parents is as follows:

- The agency must have 2 in person contacts a month with foster parents who are licensed as level 3 or 4. One of those contacts must be in the foster home.
- If a child is placed in a level 3 or 4 home but is a lower level, the licensing agency needs to have one in person contact with the foster parent.
- If a foster home with a Level 3 to 5 certification has not had placement of a child for 3 or more months and the agency has not seen the foster parent in the foster home during that time, the agency shall have an in-person contact with the foster parent in the foster home before a child is placed in the foster home or within 24 hours of the child's placement in the foster home.

The purpose of contact is to focus on the safety, permanence, and well-being of the child to evaluate the compatibility of the child with the foster parent and other household members and the ability of the foster parent to meet the needs of the child in a safe manner. The contacts shall include discussion of any additional support needed by the foster parent to safely maintain any child in foster care living in the foster home.

Contact with Youth is as follows:

- The agency is to have an in-person contact with a child placed in a foster home with a Level 3 or 4 certification at least every other week. At least one contact per month shall be in the child's foster home.
- If a child with a level of need below 3 is placed in a foster home with a Level 3 or 4 certification, the agency shall have at least one in-person contact with the child each full calendar month that the child is in the foster home.
- More than 50 percent of the agency in-person contacts with a child between October 1 of one year and September 30 of the following year shall be in the child's foster home.

The purpose of contact with the youth is to focus on the safety, permanence, and well-being of the child; be of sufficient duration and substance to address the goals of the child's case plan; permanency plan; or treatment plan; and provide an opportunity for the child to speak privately with the agency representative.

MINNESOTA:

Minnesota statute states the agency must have contact with the foster parents and youth once per month for the first six months of placement. For best practice standards, the agency will follow the above policy for the Minnesota program as well.

In general, the caseworkers for both programs will have ongoing contact with all other service providers involved in the youth's treatment team. The caseworker will send out updates when appropriate as well as ensure all treatment team members are invited to staffing meetings. See interdisciplinary staffing procedure for more details regarding these meetings.

GETTING HELP/SUMMARY

Any questions regarding the above statement, please contact the Coordinator.

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Procedure Name:	WI TFC STATE LICENSING: PERMANENT REGISTER
Procedure Number:	1001
Domain:	WI Treatment Foster Care
Approved By:	Tita Yutuc, LCSW President/CEO
Created/Written By:	Kristen Kingery, Coordinator
Effective Date:	12/29/2017
Date(s) of Revision:	
References:	DCF 54

STATEMENT OF PURPOSE

Family & Children's Center maintains a permanent record of all clients accepted for services and placement. This procedure ensures all program staff and leadership team have access to and know how to access reporting for all clients that have been placed in the treatment foster care program.

AREAS OF RESPONSIBILITY

Program staff is responsible for inputting all information regarding clients into the agency's electronic health record system, Procentive.

PROCEDURE

When youth are referred for the treatment foster care program the treatment foster care social worker will email revenue cycle at revenuecycle@fccnetwork.org demographic information on the new client. Once the client in added to procentive the treatment foster care social worker will create and add all intake paperwork, releases, as well as create all ongoing treatment plans and required paperwork. Once in procentive, the Coordinator of Community Services as well as the electronic health record coordinator will be able to run a report with all clients who have been in the program.

GETTING HELP/SUMMARY

Any questions regarding the above procedure, contact the Coordinator.

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Procedure Name:	LA CROSSE COUNTY OUTCOMES
Procedure Number:	1002
Domain:	WI Treatment Foster Care
Approved By:	Tita Yutuc, LCSW, President/ CEO
Created/Written By:	Kristen Kingery, Coordinator of Community Services
Effective Date:	12/29/2017
Date(s) of Revision:	
References:	Outcomes Spreadsheet

STATEMENT OF PURPOSE

For the Coordinator and Social worker to understand the purpose and policy for La Crosse County Outcomes; these are required per contracting.

AREAS OF RESPONSIBILITY

The Coordinator along with program staff is responsible for completing outcomes. If unable to, it would then be the Director's responsibility.

PROCEDURE

Every quarter outcome spreadsheets need to be submitted to Paul Medinger at La Crosse County. This outcomes chart is hyperlinked above and directly reflects only La Crosse County placements. Fill in all fields in the spreadsheet and email to Paul at pmedinger@lacrossecounty.org. Below is when they need to be emailed by:

Quarter 1: No later than April 30

Quarter 2: No later than July 31

Quarter 3: No later than October 31

Quarter 4: No later than January 31

An email reminder will be sent by Paul after each quarter.

GETTING HELP/SUMMARY

Any questions regarding outcomes, contact the Coordinator.

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Procedure Name:	BILLING
Procedure Number:	1003
Domain:	WI Treatment Foster Care
Approved By:	Tita Yutuc, LCSW, President/ CEO
Created/Written By:	Kristen Kingery, Coordinator of Community Services
Effective Date:	12/29/2017
Date(s) of Revision:	
References:	WI Billing Spreadsheet; MN Billing Spreadsheet; MN Foster Parent Placement Record

STATEMENT OF PURPOSE

For the Coordinator to understand the purpose and procedure around monthly treatment foster care billing.

AREAS OF RESPONSIBILITY

The Coordinator is responsible for completing the below procedure. If unable to, it would then be the Director's responsibility.

PROCEDURE

Wisconsin:

On the last day of every month the billing excel spreadsheet needs to be completed for each youth placed in a treatment foster care; hyperlinked above. The billing folder can be found in the RWshare folder and labeled Billing. For Wisconsin billing only the administrative rate needs to be completed on the spreadsheet due to the County Agency's paying the foster parents directly. On the second page of billing is to be completed for any corrections from previous months if applicable. Once completed, the Coordinator will type their name in the approved by box on the bottom of the spreadsheet and they will email this to the Billing Supervisor and/or revenuecycle@fccnetwork.org.

Minnesota:

Much like Wisconsin, the same spreadsheet needs to be completed, but for Minnesota the agency continues to pay foster parents directly, the spreadsheet is linked above. The spreadsheets are located in the MNshare file, in a folder labled MN TFC Billing. It is important to have the correct daily MAPCY rate from the region agency for each placement. Once completed, same instructions above, also email to the Billing Supervisor and/or revenuecycle@fccnetwork.org.

Along with the billing spreadsheets the foster parent placement records also need to be completed by the Coordinator; also hyperlinked above. The Coordinator will fill in each placement with the days of placement for the month, multiplied by the daily rate along with the total and then the grand total for the bottom. These sheets are to be printed and brought to parent support for signatures. If that does not work, they can be scanned in and emailed to the Winona front desk staff who will print them for foster parents to stop in and sign and then will be sent

back to the Coordinator. The Coordinator will then print them and sign and date for the last day of the month. These are due monthly and fall in accordance with the Accounts Payable deadline.

GETTING HELP/SUMMARY

Any questions regarding billing, contact the Coordinator.

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Procedure Name:	PHYSICAL & TUBERCULOSIS (TB) TEST
Procedure Number:	HR 408
Domain:	Human Resources
Approved By:	Tita Yutuc, LCSW President/CEO
Created/Written By:	Melissa Duin
Effective Date:	12/29/2017
Date(s) of Revision:	
References:	ASE 8.02

STATEMENT OF PURPOSE

This procedure covers the staff of Treatment Foster Care and Weston Youth Home as a licensed requirement.

AREAS OF RESPONSIBILITY

The Human Resources Department is responsible for administering the procedure for a physical/TB test and updating the procedure as needed to comply with state requirements as well as program licensing guidelines.

PROCEDURE

Upon hire and before working with clients, each staff member of Treatment Foster Care and the Weston Youth Home must have a physical/TB test, which provides certification from a medical provider that the staff member meets the minimum physical requirements of the position and that the staff member is in general good health. This is a requirement of WI licensing. The physical and TB test needs to be scheduled and completed at Occupational Health – Mayo Clinic Health System, 630 10th Street, La Crosse, 392-9769 prior to hire. Occupational Health has the required form. The supervisor will instruct the applicant of this process. Once completed, the form is mailed or FAXED to the HR department and stored in a separate employee medical file cabinet located in the HR department.

GETTING HELP

For additional guidance on physical/TB testing, contact the Sr. HR Specialist in La Crosse at (608) 785-0001.

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