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(FORM UPDATED: 08/11/2010)

**WISCONSIN STATE LEGISLATURE ...
PUBLIC HEARING - COMMITTEE RECORDS**

2005-06

(session year)

Assembly

(Assembly, Senate or Joint)

Committee on ... Children and Families (AC-CF)

COMMITTEE NOTICES ...

- Committee Reports ... **CR**
- Executive Sessions ... **ES**
- Public Hearings ... **PH**

INFORMATION COLLECTED BY COMMITTEE FOR AND AGAINST PROPOSAL

- Appointments ... **Appt** (w/Record of Comm. Proceedings)
- Clearinghouse Rules ... **CRule** (w/Record of Comm. Proceedings)
- Hearing Records ... bills and resolutions (w/Record of Comm. Proceedings)
 - (**ab** = Assembly Bill) (**ar** = Assembly Resolution) (**ajr** = Assembly Joint Resolution)
 - (**sb** = Senate Bill) (**sr** = Senate Resolution) (**sjr** = Senate Joint Resolution)
- Miscellaneous ... **Misc**

* Contents organized for archiving by: Stefanie Rose (LRB) (May 2012)

Date???

Department of Health and Family Services Responses to the Assembly Children and Families Committee on Questions on Clearinghouse Rule 04-067, Group Foster Homes for Children

1. Representative Vos wanted to review copies of incident reports relating to overnight supervision. (6)
 - Appropriate supervision is critical to the health and safety of all of the children who are placed in group homes. The Department of Health and Family Services (DHFS) reviews all serious incidents that are reported to the Bureau of Regulation and Licensing (BRL).
 - Attached are copies (paper copies are included with these responses) of 2003-2004 incident reports relating to overnight supervision. Information taken from group home serious incidents that require medical and/or police intervention support the need for increased staffing levels and awake overnight staff.
 - In addition to this, there are 10 incident reports that are the result of inadequate or poor supervision during waking hours.

2. Representative Grigsby would like to know where the group foster homes are located in the state, and the percentage that are located in Milwaukee County.
 - There are currently 128 group homes in the state. Of those group homes, 44 (or 34%) of them are located in Milwaukee.
 - Attached (electronic copy) is a listing of all Group Foster Homes in the state and their locations.

3. Committee members would like clarification in the rule regarding what factors or alternatives DHFS would consider when determining whether to grant an exception to this provision relating to runaway and homeless youth group homes. Representative Albers asked if they should be dealt with separately.
 - Exception requests can pertain to numerous unique situations. The department considers the health, safety and welfare of children as factors when determining whether to grant an exception.
 - When DHFS receives an exception request staff examines how the facility will meet that rule in an alternate way. The department examines all exceptions to ensure that the health, safety and welfare of children are paramount when granting the exception.

4. Representative Kestell asked who was appointed to the advisory committee and how was the appointment process set up.
 - The department selected and/or recruited members to represent all types of group foster homes and also accepted volunteers for the advisory committee. All individuals volunteering to serve on the committee were accepted.

- The committee included representatives from group homes, counties and professional organizations. The types of group homes represented included privately owned and operated programs, corporation operated, and both family and shift-staffed facilities.
- Also included were representatives from group homes that provide care and treatment to specialized populations such as respite care, children under the age of 6 years, and the care of expectant mothers and custodial parents.
- DHFS believed it was critical to have representation from all of the above mentioned types of group homes, from all areas of the state and made sure the advisory group represented cultural and ethnic diversity.
- Some of the advisory committee members contacted the Department and indicated a willingness and desire to participate on the committee.
- Regional licensing staff were consulted in the committee selection process and suggested providers that had demonstrated a thorough knowledge and understanding of the group home rules and consistent compliance history with licensing standards. The Wisconsin Association of Family and Children's Agencies was asked to recommend providers from its membership.
- Finally, committee members had to be willing and able to attend meetings and devote time to developing a proposed rule.
- A list of the advisory committee members is attached, (electronic copy).
- It should be noted that the proposed rule was also made available to all providers on the DHFS website where comments/suggestions could be submitted to the Department for consideration.

5. Representative Albers wanted a list of those homes that have been fined for various reasons, what were the fines, and what is the set process that leads to warnings and/or forfeitures.

- Below is a list of forfeitures issued to group homes from January 2003 until the present

GROUP HOME FORFEITURES

1/1/2003 – 4/30/2005

NAME	DATE	AMOUNT OF FINE	REASON
Latka, Judy Beginnings Group Home 502 E. Holmes St. Janesville, WI 53545	10/31/2003	\$500	Appropriate supervision was not provided for residents who were known to have been sexual abuse victims and/or offenders. Residents indicated that the consensual sexual activities between residents occurred on all shifts, particularly when staff members were working in the staff office and when staff allowed them to be together in the basement or other areas of the home without supervision. The residents found opportunities to

			participate in sexual games when the group home was single staffed and very chaotic.
Lesage, Karen SYFS-Noah House W222 S3210 Racine Ave Waukesha, WI 53189	12/02/2003	\$1,000	A fourteen year old nearly drowned when children in care were left unsupervised in the pool.
Steinhorst, Robert Pinecroft Group Home N4730 Hagan Road Rio, WI 53960	12/2/2003	\$4,100	Four live rifle shells and two unloaded rifles were left on the porch/entryway of the home.
Talitha Cumi Group Home 4202 W. Lloyd Street Milwaukee, WI 53208	10/12/04	\$200	Licensee was involved in a physical altercation with a group home resident on the front lawn of the facility in an attempt to retrieve the licensee's keys from the resident. The resident received a scratch to the left side of the chin area.
Ohana Group Homes I and II Ohana Group Home I 1305 Bluff Ave. Racine, WI 53403 Ohana Group Home II 1808 Racine Street Racine, WI 53403	4/14/05	\$250 \$500 \$150	The licensee failed to follow requirements regarding caregiver background checks when hiring employees. A review of all staff files indicated that 4 of the 5 records contained violations of this regulation. Staff did not report sexual activity between staff and between staff and children in care. Two staff members performed oral sex while children were in care. Staff 1 had a prior conviction that would not allow him to care for children. Staff 2 had a finding of child sexual abuse. Staff failed to provide adequate supervision and protection for the residents when she engaged in sexual activity with Staff 2.

- A warning letter is used by BRL staff to alert a licensee to one or more findings of non-compliance that require immediate correction. A warning letter is not an enforcement action, as defined in s. 48.715, Wis. Stats., and does not include appeal rights. The letter is used rarely and only in those instances when the licensee should be able to come into compliance without the use of an enforcement action.
- A forfeiture is a fiscal penalty that may be taken by BRL staff against a licensee who violates a provision of licensure under s. 48.70(1), Wis. Stats., or a rule promulgated under s. 48.67, Wis. Stats. The authority to impose

such a penalty is provided under s. 48.715(3), Wis. Stats. Forfeitures may be assessed in amounts of \$10 to \$1000 per day, per violation and may be appealed. Forfeitures are assessed when a licensee fails to comply with orders to correct one or more findings of non-compliance but may also be issued directly when the health, safety and welfare of children is threatened. Forfeitures collected by the DHFS are deposited in the School Fund. The BRL procedures for assessing forfeitures are attached, (electronic attachment).

6. Representative Vos asked if there could be a set timeframe for the Department to respond to an exemption request for runaway and homeless youth homes.
- The Department is willing to set a timeframe for all exception requests. The Department can respond to all exception requests and approve or deny those requests within 60 days of receipt of a complete exception request. This time frame will be added to departmental procedures.

7. Representative Vukmir requested a copy of the guidelines for preparing treatment plans for residents of group homes serving pregnant and parenting girls and young women.
- Each facility must submit to the Department a copy of their program policies. Each facility must determine its own specific policies and treatment plans. The group home rule identifies subject areas to be addressed in the treatment plans for pregnant and parenting teens. The treatment plan must include goals and approaches for each subject area. For example, the group home rule provides basic subject areas that must be included in treatment plans. These subject areas are identified in s. 46.997 (3) (d), Wis. Stats., which states the following: Ensure that an eligible person receiving services from the private agency's program is provided with intake, assessment, case planning, and case management services; skills development training in the areas of economic self-sufficiency, parenting, independent living, and life choice decision making; prenatal and other health care services, including, if necessary, mental health and alcohol and other drug abuse services; child care; and transportation.

*DHFS
no specific
plans/guidelines*

8. Representative Albers requested information on the number of non-work hour inspections and general information on why an inspection is conducted during evening or night hours.
- The Bureau of Regulation and Licensing's (BRL) data system is not able to track the time of day a licensing visit is conducted. However, it is unusual for a licensing visit to be conducted outside normal business hours. Some circumstances that may warrant a licensing visit outside of normal business hours may include a complaint alleging rule violations that are occurring at a specific time such as evening or early morning hours and the fact that a group

foster home may only operate on weekends. Before conducting a visit outside of normal business hours, a licensing staff must obtain BRL supervisory approval.

- Four hundred and twenty-eight licensing visits were conducted of the 125 licensed group homes in 2004. This is an average of 3.42 visits per facility per year. The majority of these visits were conducted during normal business hours. BRL licensing supervisors approximate that they may have given verbal approval to conduct licensing visits outside of normal business hours on approximately 4 occasions in 2004. Two of the 4 visits were made to group foster homes during weekend hours. These group foster homes provide respite care and only operate on weekends. The other two monitoring visits were made during early morning hours to conduct a complaint investigation specific to and occurring during those early morning hours.

3 Runaway Homes

9. Representative Seidel asked for the rationale of not including specific exceptions for runaway and homeless youth homes in the rule.

- Runaway and homeless youth group homes make up a very small minority of the 128 licensed group homes currently operating in Wisconsin. Some of the runaway and homeless youth programs are already meeting or exceeding some of the proposed rules such as the staff to child ratio requirement.
- Children in these programs may be more challenging because their backgrounds and histories may not have been documented as they would be if the child were already in the child welfare system. These children may have many complex needs and challenging behaviors to deal with, such as substance abuse, a history of sexual abuse or sexual offending, a pattern of criminal activity and/or prostitution in order to survive as a runaway, etc. Therefore, an automatic exemption of critical licensing standards, such as the staff to child ratio requirement may jeopardize the health, safety and welfare of children in that program.
- Instead, individual exceptions may be requested and granted to group homes, and consideration is given to the type of program offered and population served. A group home may request an exception to any rule or nonstatutory requirement if the exception does not jeopardize the health, safety and welfare of any child served in that group home. The exception request should also describe an alternative that meets the intent of the rule requirement.

10. What circumstances would warrant an exception to the paid staff to resident ratio rule and would an experienced volunteer suffice?

- The department considers how the exception to the rule would impact the health, safety and welfare of children in the group home as a factor when determining whether to grant the exception.

*DHFS
consider
Ans?*

- The group home would have to demonstrate an alternative method of supervision that meets the intent of the rule and would ensure safety of children and staff. The type of resident served might justify considering an exception (i.e. a group home for older teens where the program is geared towards independent living).
- The experience and qualifications of volunteers would be considered when reviewing an exception request to the staff to child ratio requirement.

11. Where are the 25% of agencies that would fall out of compliance as a result of this new rule? *→ 1 STAFF w/ the 6 or more
→ out of compliance because there isn't 2!*

- The facilities that currently only have one staff on duty are located throughout the state. There is a more concentrated area of facilities with only one staff on duty in the far Northern area of the state and the Milwaukee area and surrounding communities.

12. How will you address the resulting disincentive to take less than 6 kids to avoid the new staff/resident ratio requirements?

most meet the standard

- Many group homes are operating at less than capacity right now and serving fewer than 6 children. Many of these homes serving 6 or fewer children are already meeting the proposed staffing ratio on their own. A survey of existing group homes shows that nearly 75% currently have two staff on duty during the first and second shifts. The department does not have reason to believe that group homes would specifically limit the number of children admitted to their home in order to avoid meeting staffing ratios

13. How many homes are impacted by the new program director educational requirements? *OK*

- None. All currently licensed group homes are already meeting the proposed rule language.
- The current rule requires that all group homes contract with a sponsoring agency (a county department of social services or a private child placing agency) to provide program oversight.
- As an alternative to that requirement, the department has approved exceptions where the group home contracts with a certified social worker (with a minimum of a Bachelor's degree) to provide consultation and services to the group home. Therefore, all currently licensed group homes are already operating with either a sponsoring agency or have a staff or contracts with, a Bachelor's level social worker.
- The advisory committee (and other providers) voiced strong recommendations that the new rule allow group homes to hire their own program directors. Many felt that their sponsoring agencies provided insufficient support and services for the money they were being paid and many group homes indicated they preferred to employ someone themselves to oversee their group home(s).

- The proposed rule allows more flexibility in the type of degree a program director can have compared to current requirements for group homes that choose to contract with a social worker.
- The option for group homes to contract with a sponsoring agency was left in the proposed rule to allow existing group homes to continue with this type of arrangement if they so desire.

14. Will substantial experience qualify as an exception to those educational requirements?

- The type and duration of experience would have to be reviewed to ensure the intent of the rule is being met. A committee of BRL supervisors and child welfare licensors would be involved in reviewing the request and making a decision.

15. State law requires runaway youth homes to be licensed as group foster homes. Is this a problem as it relates to these rules?

- No, runaway youth homes are licensed and operating now as either a Group Foster Home under administrative rule HFS 57 or as a Shelter Care facility under administrative rule HFS 59. The new rules will not prohibit group foster homes from requesting exceptions to various rule standards.

Serious Incident Reports Regarding Overnight Supervision

RECEIVED
 JAN 13 2003

Date Correction Plan Due
 1-17-2003

NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

TO FILE A COMPLAINT CALL:
 (608)243-2468

Use of form: This form is used by the Bureau of Regulation and Licensing staff to identify statute and / or administrative rule violation(s) and to outline the licensee's correction plan.

Instructions: The Noncompliance Statement below identifies the violation(s) of child care or child welfare statute and / or administrative rule identified by the licensing specialist(s). Complete the section labeled "Correction Plan" by indicating the steps that will be taken to address and correct each of the listed noncompliance(s). Identify expected completion date(s) for each item. Return the original to your licensing specialist for approval and retain a copy. If this is a day care facility, post your copy of the noncompliance statement and correction plan near the license in accordance with Wis. Stat. 48.657. This request for a correction plan is not an order imposing a sanction or penalty pursuant to Wis. Stat. 48.715. If the Department decides to apply a statutory sanction and / or penalty for facts arising from this finding or a future finding, you will be given a notice of the sanction and / or penalty and your appeal rights to an administrative hearing.

Name - Facility: Orion House-Platteville
 Address - Facility (Street, City, State, Zip Code): 170 South Chestnut Street, Platteville, WI 53818
 Telephone Number: (608) 348-4833
 Date - Licensing Visit: N/A

Item No.	Rule / Statute Number	Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1.	57.06(2)	Re: Serious Incident Report dated 12-13-2002 Contrary to this rule facility staff failed to provide proper supervision to residents in their care.	Overnight policy has been changed to hourly checks on all residents in own care. New documentation in place.	Done 1/13/03	3/15-03 D.A.L.

SIGNATURE - Licensing Specialist: Dave Herbst
 Date Signed: 1-6-03
 Telephone Number - Licensing Specialist: (608)243-2468

SIGNATURE - Licensee or Designee: [Signature]
 Date Signed: 1.8.03

SERIOUS INCIDENT REPORT

Use of this form: Use of this form is voluntary. Any incident meeting the requirements of BRL CW memo 98-06 should be reported on this form. If this form is not used, all information requested on this form must be provided. Filling out this form will assist in meeting the requirements of s. 48.36(3), Wis. Stats., and HFS 52.11(12) and (14), 54.08(3), 57.01(1), 57.03(4), 59.01(1) and 59.07(4). Personally identifiable information on this form will be used only to determine compliance with HFS 52 and Chapter 48, Wis. Stats., and to assist in investigations concerning serious incidents in licensed residential facilities.

Instructions: If more space is needed to complete the report, attach a separate page. Mail or fax completed report to your state licensing specialist.

Date - Report Completed 12.13.02	Name - Person Completing Form Sarah Disman	Telephone Number 348-4833
Date - Incident Occurred 12.9.02	Name - Agency / Facility Orion Family Services	
Time - Incident Occurred 1pm	Location Incident Occurred Town of Platteville	
Time - Incident Concluded		

Describe incident and circumstances leading up to it. Include specific time, place, staff involved, resident(s) involved and what de-escalation techniques were used. Add extra sheets as necessary.

At approx. 1pm on 12.9.02 four residents were awol from Orion OH. While AWOL they stole a vehicle in town, they drove around town and stole items from other unlocked cars. The police then pulled them over for not having their headlights on + all bap ran from the scene. On 12.9 the police questioned one of the bap who confessed. All bap were charged with felonies.

Youth Involved		
Name	Birthdate (mm/dd/yyyy)	Placing Agency
[Redacted]	6.9.88	Milwaukee Co.
Name	Birthdate (mm/dd/yyyy)	Placing Agency
[Redacted]	9.24.86	Dane Co.
Name	Birthdate (mm/dd/yyyy)	Placing Agency
[Redacted]	11.4.88	Dane Co.

Staff Person(s) Involved in Incident	
Name	Name
Jeff Gonsiorek	
Name	Name

Other Agencies Involved in Incident (Medical, law enforcement, placing agency, school, etc.)	
Name	Address (Street, City, Zip Code)
Platteville Police Dept.	Platteville
Name	Address (Street, City, Zip Code)
Antoine Ward	Milwaukee Co worker
Name	Address (Street, City, Zip Code)
Frik Nielson	Dane Co. SW.

Don Herrk Dane Co SW
 Aimee Dettaven Dane Co SW.

Restraint Use

If restraints were used during the incident, include who initiated restraint, verbal / physical behavior of client during restraint, staff positioning during restraint, length of restraint and any injuries that occurred. Describe imminent danger to self or others that led up to use of restraint. Add extra sheets as necessary.

Facility Follow-Up Action

Specific measure(s), if any, the agency / facility will take to prevent further similar incidents from occurring - Describe.

More frequently nightly checks by overnight staff will be done to prevent AWOLing, which will help in knowing what time the boys left, so we can give more accurate times & information to the police.

Agency / facility follow-up with children involved - Describe.

The boys involved will continue outside therapy + individual counseling w/ in house treatment coordinator

Agency / facility follow-up with staff involved - Describe.

Staff have been followed up with at weekly individual meetings and weekly staffings. We have also increased nightly checks on the boys.

Sarah
Dismar
12-13-02

11/03/2004 00:44

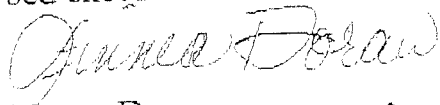
Note to file:

October 5, 2004

The attached incident report was received August 18, 2004. It appears that staff contacted the right the right agencies. Staff figured out by themselves what had happened in regard to the stolen vehicle and the resident's part in the theft.

There was a supervision issue, however, in that bed checks were not adequate to inform staff that two beds were stuffed with items to make them look like there were residents sleeping there.

A non-compliance has been issued for supervision related to the inadequate bed checks.



Linnea Dorau,
Licensing Specialist

STATE OF WISCONSIN

DEPARTMENT OF HEALTH AND FAMILY SERVICES
Division of Children and Family Services
CFS-2148 (Rev. 11/2003)

SERIOUS INCIDENT REPORT

Use of this form: Use of this form is voluntary. Any incident meeting the requirements of BRJ, DW memo 86-06 should be reported on this form. If this form is not used, all information requested on this form must be provided. Filing out this form will assist in meeting the requirements of s. 48.66(2), Wis. Stats., and HFS 52.11(12) and (14), 54.06(3), 57.01(1), 57.08(4), 59.01(1) and 59.07(4). Personally identifiable information on this form will be used only to determine compliance with HFS 57, HFS 54, HFS 52 and Chapter 48, Wis. Stats., and to assist in investigations concerning serious incidents in licensed residential facilities.

Instructions: If more space is needed to complete the report, attach a separate page. If restraints were utilized, page 2 must be completed. Mail or fax completed report to your state licensing specialist.

Date - Report Completed 8/12/04	Name - Person Completing Form NOMAS HEINZERLING	Telephone Number (715) 682-2868
Date - Incident Occurred 6/20/04	Name - Agency / Facility PRENTICE HOUSE, INC / PRENTICE HOUSE II	
Time - Incident Began 6/20 1:30 P.M.	Location Incident Occurred (Include address: Street, City, State) PRENTICE HOUSE II	
Time - Incident Ended 6/20 11:35 AM	RT2 BOX 114 ASHLAND, WI 54806	

Describe incident and circumstances leading up to it. Include specific time, place, staff involved, resident(s) involved and what de-escalation techniques were used.

[REDACTED] WAS CONSEQUENCED FOR BRINGING CIGARETTES ON PRENTICE HOUSES PROPERTY AND WAS PLACED ON SUPERVISION. HE HAD A POOR ATTITUDE TOWARDS STAFF, NIGHT TIME ACTIVITIES AND SCHEDULE CONTINUED AS NORMAL. JACK LUOMA SENT RESIDENTS TO BED AND MADE BED CHECKS THROUGHOUT THE EVENING AND INTO THE MORNING HOURS. IT WAS DISCOVERED ON HIS LAST CHECK THAT [REDACTED] HAD STUFFED THEIR BEDS WITH ITEMS TO GIVE THE APPEARANCE OF BODIES IN THE BED. AT THAT TIME JACK LUOMA CONTACTED NOMAS HEINZERLING TO INFORM ME OF THE RUN. HE WAS INSTANCED TO CONTACT ASHLAND COUNTY DISPATCH, SOCIAL SERVICES IN-TAKE WORKERS FROM PRICE AND BARRON COUNTY, SHORTLY THEREAFTER [REDACTED] MOTHER, [REDACTED], CALLED PRENTICE

Youth Involved Name [REDACTED]	Birthdate (mm/dd/yyyy) 05/23/87	Placing Agency PRICE Co. SOCIAL SERVICES
Name [REDACTED]	Birthdate (mm/dd/yyyy) 07/23/90	Placing Agency BARRON Co. SOCIAL SERVICES
Name [REDACTED]	Birthdate (mm/dd/yyyy)	Placing Agency

Staff Person(s) / Foster Parent(s) Involved in Incident Name JACK LUOMA	Telephone Number (715) 682-2868	Name [REDACTED]	Telephone Number
Name NOMAS HEINZERLING	Telephone Number (715) 682-2868	Name [REDACTED]	Telephone Number
Other Agencies Involved in Incident (Medical, law enforcement, placing agency, school, etc.) Name ASHLAND Co. SHERIFFS	Address (Street, City, Zip Code) 6th ST. E. ASHLAND, WI 54806		
Name PRICE Co. SOCIAL SERVICES	Address (Street, City, Zip Code) 104 S. EYDER AVE. PHILLIPS, WI 54553		
Name BARRON Co. SOCIAL SERVICES	Address (Street, City, Zip Code) 330 E. LaSALLE BARRON, WI 54812		

HOUSE II STAFF TO INFORM US THAT SHE HAD [REDACTED] AND [REDACTED] WITH HER AND SHE WOULD TRANSPORT THEM BACK TO PRENTICE HOUSE II. THERE WAS NO NEED FOR LAW ENFORCEMENT AT THAT TIME. [REDACTED] ARRIVED ON GROUNDS AT 11:35 A.M. BOTH LOOKED Tired BUT WERE IN GOOD HEALTH AND SAFE. JACK LUOMA WAS INSTRUCTED TO KEEP BOTH INDIVIDUALS UNDER CLOSE SUPERVISION DURING THE DAY AND EVENING HOURS. JONAS HENDERLINT, THE REPORT WRITER, CAME IN MONDAY AND STARTED, 6/21 TO DE-BRIEF AND INTERVIEW BOTH [REDACTED] [REDACTED] THE STORIES OF THE RUN FROM BOTH INDIVIDUALS WERE DIFFERENT IN MANY REGARDS. INTERVIEWS AND DE-ESCALATION CONTINUED THROUGHOUT THE DAY WITH BREAKS IN BETWEEN FOR BOTH STAFF AND RESIDENTS. NEITHER RESIDENT WERE IN AGREEMENT ABOUT THE RUN BUT PROCESSING COULD NOT CONTINUE DUE TO THEIR NO COMPLIANCE. ON 6/22 SHORT INTERVIEWS WERE DONE AGAIN WITH INEFFECTIVE RESULTS. BOTH RESIDENTS WERE MADE AWARE OF THEIR CONSEQUENCES, SUPERVISION AND INCREASED MONITORING, AND ALLOWED TO RETURN TO THEIR DAILY ROUTINE. ON 6/23 I, DURING PERSONAL TIME, HEARD THAT AT LOCAL POLICE OFFICER'S, MIKE KARKER, TRUCK HAD BEEN STOLEN ~~THE~~ SUN MORNING FROM THE ABC RACWAY AREA. GOING ON A HUNCH, THAT THIS CRIME WAS THE SAME MORNING AS WHEN [REDACTED]

HAD RUN, I APPROACHED SGT. BEBEAU OF THE ASHLAND POLICE DEPARTMENT AND ASKED IF HE WOULD INVESTIGATE THIS MATTER FURTHER. ON 6/24 ASHLAND Co. SHERIFF DEPT. PICKED UP [REDACTED] FOLLOWED BY [REDACTED] TO INTERVIEW REGARDING THE THEFT OF THE TRUCK. SHERIFF OFFICERS RETURNED THAT DAY WITH BOTH INDIVIDUALS AND INFORMED STAFF THAT THEY RECEIVED A CONFESSION FROM BOTH RESIDENTS. THE PARENTS AND SOCIAL WORKERS OF BOTH INDIVIDUALS WERE THEN NOTICED. BOTH RESIDENTS HAD ONE-ON-ONES WITH STAFF TO GUIDE THEIR ATTITUDES. [REDACTED] CONTINUED TO BE NON-COMPLIANT IN OFFERING THE TRUTH REGARDING HIS BEHAVIOR BUT AGREED TO STAY AT PRENTICE HOUSE AND CONTINUE WITH HIS PROGRAM. [REDACTED] WROTE STAFF APOLOGY LETTERS ON HIS OWN ACCORD AND SAID THAT HE HAD DECIDED TO START DOING WELL IN THE PROGRAM AND LISTEN TO STAFF'S GUIDANCE AND SUGGESTIONS.

DEPARTMENT OF HEALTH AND FAMILY SERVICES
Division of Children and Family Services
CFS-294 (Rev. 10/2001)

TO FILE A COMPLAINT CALL:
715-365-2500

NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

Date Correction Plan Due
10-20-04

Use of form: This form is used by the Bureau of Regulation and Licensing staff to identify statute and/or administrative rule violation(s) and to outline the licensee's correction plan.
Instructions: The Noncompliance Statement below identifies the violation(s) of child care or child welfare statute and/or administrative rule identified by the licensing specialist(s). Complete the section labeled "Correction Plan" by indicating the steps that will be taken to address and correct each of the listed noncompliance(s). Identify expected completion date(s) for each item. Return the original to your licensing specialist for approval and retain a copy. If this is a day care facility, post your copy of the noncompliance statement and correction plan near the license in accordance with Wis. Stat. 48.657. This request for a correction plan is not an order imposing a sanction or penalty pursuant to Wis. Stat. 48.715. If the Department decides to apply a statutory sanction and / or penalty for facts arising from this finding or a future finding, you will be given a notice of the sanction and / or penalty and your appeal rights to an administrative hearing.

Name - Facility Prentice House 2		Address - Facility (Street, City, State, Zip Code) 49559 Highway 13, Ashland, WI 54806		Telephone Number	Date - Licensing Visit
Item No.	Rule / Statute Number	Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1.	57.06 (2) (b)	Residents did not receive adequate supervision as evidenced by 2 residents "stuffing" their beds with items to make it look like they were in their beds. Bed checks by staff did not reveal the fact that the residents were not in their beds and had left the building. (This non-compliance is related to the incident report received by the department on 8-18-4.)			
SIGNATURE - Licensing Specialist Limea Dorau			Date Signed 10/05/04	Telephone Number - Licensing Specialist 715-365-2522 Date Signed	
SIGNATURE - Licensee or Designee					

Date Correction Plan Due
 3-13-2004

TO FILE A COMPLAINT CALL:
 (608)243-2400

NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

Use of form: This form is used by the Bureau of Regulation and Licensing staff to identify statute and / or administrative rule violation(s) and to outline the licensee's correction plan.

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Manno - Facility Soyoun House		Address - Facility (Street, City, State, Zip Code) 848 West Lakeside Street, Madison, Wisconsin 53715		Telephone Number 608-255-9900		Date - Licensing Visit N/A	
Item No.	Rule / Statute Number	Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date		
b)	57.06(2)9	Re: SIR completed 1-30-2004 On 1-29-2004 Group Home resident J.W. entered the staff office and stole another residents' medication. Staff on duty was unaware that J.W. committed this behavior.	Medication will be kept locked in the side when not being immediately distributed. Staff office will be kept locked, when no staff is present in the office. The staff working on the night of the incident has been spoken to in length, as have all staff employed at Soyoun House.	3/9/04	BIC SICK 3-10-04		
SIGNATURE - Licensing Specialist Dave Herbst		RECEIVED STATE OF WISCONSIN MAR 10 2004 SOUTHERN REGION DHFS DCFS BR1		Date Signed 3-2-2004	Telephone Number - Licensing Specialist (608) 243-2468	Date Signed 3/2/04	

JUL 18 2003

Date Correction Plan Due
 7-18-2003

NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

TO FILE A COMPLAINT CALL:
 (608)243-2468

Use of form: This form is used by the Bureau of Regulation and Licensing staff to identify statute and / or administrative rule violation(s) and to outline the licensee's correction plan.

Instructions: The Noncompliance Statement below identifies the violation(s) of child care or child welfare statute and / or administrative rule identified by the licensing specialist(s). Complete the section labeled "Correction Plan" by indicating the steps that will be taken to address and correct each of the listed noncompliance(s). Identify expected completion date(s) for each item. Return the original to your licensing specialist for approval and retain a copy. If this is a day care facility, post your copy of the noncompliance statement and correction plan near the license in accordance with Wis. Stat. 48.657. This request for a correction plan is not an order imposing a sanction or penalty pursuant to Wis. Stat. 48.715. If the Department decides to apply a statutory sanction and / or penalty for facts arising from this finding or a future finding, you will be given a notice of the sanction and / or penalty and your appeal rights to an administrative hearing.

Name - Facility Akasha Group Home		Address - Facility (Street, City, State, Zip Code) 320 Lathrop Street, Madison, Wisconsin 53705		Telephone Number (608) 236-0729	Date - Licensing Visit 7-3-2003
Item No.	Rule / Statute Number	Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
	57.06(29) b)	Re: Serious Incident Report dated 6-2-2003 - Supervision In the early morning hours on 6-2-2003, resident S.M. while sleeping was purposely struck on the head (right temple area) by resident J.W. Staff were not present when this incident occurred.	We believed that we were appropriately supervising the teenage population residing at our group home. Our resident supervision outside constant supervision needs to be enhanced. Staff will go to the bathroom after "light eat" we have, however, changed our policy which became effective immediately because of notice of non-compliance. Staff are now directed to maintain their vigilance until they are aware of what the boys have done that, weedy for and rods. After that, resident checker will continue around.		OK DAK 7-22-03
SIGNATURE - Licensing Specialist Dave Herbst		Date Signed 7-7-2003		Telephone Number - Licensing Specialist (608) 243-2468	
SIGNATURE - Licensee or Designee <i>[Signature]</i>		Date Signed 7-15-03		Telephone Number - Licensing Specialist (608) 243-2468	

Documentation by staff on each shift will be provided.

Division of Children and Family Services
CFS-2140 (Rev. 06/2001)

STATE OF WISCONSIN

SERIOUS INCIDENT REPORT

Use of this form: Use of this form is voluntary. Any incident meeting the requirements of SRS CW memo 89-06 should be reported on this form. If this form is not used, all information requested on this form must be provided. Filling out this form will assist in meeting the requirements of s. 48.58(3), Wis. Stats., and WFS 52.11(12) and (14), 54.08(3), 57.01(1), 57.04(4), 59.01(1) and 59.07(4). Personally identifiable information on this form will be used only to determine compliance with WFS 52 and Chapter 48, Wis. Stats., and to assist in investigations concerning serious incidents in licensed residential facilities.

Instructions: If more space is needed to complete the report, attach a separate page. Mail or fax completed report to your state licensing specialist.

Date - Report Completed 6/2/03	Name - Person Completing Form Valerie Both	Telephone Number 236-0729
Date - Incident Occurred 6/2/03	Name - Agency / Facility AKASHA Group Home	
Time - Incident Occurred 12:35 am	Location Incident Occurred 320 Lathrop St.	
Time - Incident Concluded 12:35 am	Madison, WI 53726	

Describe incident and circumstances leading up to it. Include specific time, place, staff involved, incident(s) involved and what de-escalation techniques were used. Add extra sheets as necessary.

I did a room check at 12:30. [redacted] were the only residents awake yet. I went down to the office and approximately 5 minutes later I heard someone up walking around in the room above the office. I came upstairs to see who it was and [redacted] was walking back towards his bedroom. I asked him what he was doing. He replied, "Going to the bathroom." I asked him if he was sure that is what he was doing. He said, "Yes." He closed his door and I then heard [redacted] come out of his room. He was holding his head and stated it "feels like someone hit me with a hammer." He had a red swollen area near his right temple. I asked if he thought someone had been in his room, he said, "Yes." [redacted] roommate had remained in his room during the time I heard something and came upstairs.

Youth Involved		
Name	Birthdate (mm/dd/yyyy)	Placing Agency
[redacted]	9/14/86	Wraparound Milwaukee
[redacted]	6/19/87	DCDHS
[redacted]		

Staff Person(s) Involved in Incident	
Name	Name
Valerie Both	

Other Agencies Involved in Incident (Medical, law enforcement, placing agency, school, etc.)	
Name	Address (Street, City, Zip Code)
Madison Police Department	

had been sleeping when the incident occurred as well. He stated he woke up when his head began to hurt. On-call was called. Police were called. [REDACTED] was charged with battery and taken to be fingerprinted and photographed.

Restraint Use

If restraints were used during the incident, include who initiated restraint, verbal/physical behavior of client during restraint, staff positioning during restraint, length of restraint and any injuries that occurred. Describe imminent danger to self or others that led up to use of restraint. Add extra sheets as necessary.

N/A

Facility Follow-Up Action

Describe specific measure(s), if any, the agency/facility will take to prevent further similar incidents from occurring - Describe.

Resident J.H. was moved into a more isolated section of the upstairs. J.W. was placed downstairs to spend the remainder of the evening.

Agency/facility follow-up with children involved - Describe.

Resident (J.W.) was had to sleep downstairs away from the other residents.
He was also discharged from the group home as a result of this incident.

Agency/facility follow-up with staff involved - Describe.

Staff are required to stay upstairs at all times throughout the night.

Resident/Police Contact

Akasha
House

Valerie
Staff

[REDACTED]
Resident

6/2/03
Date

DESCRIBE:

1. Describe any significant events, behaviors or interactions by the resident involved during the hours/minutes leading up to the incident. [REDACTED] had returned from being AWOL at 7:15pm. He was in a good space the entire evening and interacted well with everyone. [REDACTED] was awake (as well as his roommate) all others had been asleep for at least 45 minutes.
2. Describe how the residents' mood evolved during the time period leading up to the incident. [REDACTED] was in a good mood when I checked on him 5 minutes prior to the incident.
3. Efforts made to redirect and/or de-escalate the resident
None - everything seemed to be fine
4. Resident's response to efforts made by staff
N/A
5. When was it determined to call the police? After on-call was contacted & told of the incident
6. What action did the police take?
Took [REDACTED] to be finger-printed and photographed and charged him with battery.

- 7. Immediate response of resident to police intervention He was angry and stated he did not do anything. He blocked his door before the police arrived and his roommate finally moved the items in front of the door. [redacted] was very verbally abusive to the police at first. A 2nd officer came and he was better when talking with him.
- 8. Impact of police intervention on resident. Describe both resident's behavior and mood. [redacted] continued to be very angry throughout the entire time the police were involved.
- 9. Describe effect on resident over the next 24 hours.

____ Resident's perception of police contact during session with Treatment Coordinator (to be filled out by Treatment Coordinator)

DEPARTMENT OF HEALTH AND FAMILY SERVICES
Division of Children and Family Services
DFCS 1140 (Rev. 06/2001)

STATE OF WISCONSIN

SERIOUS INCIDENT REPORT

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Instructions: If more space is needed to complete the report, attach a separate page. Mail or fax completed report to your state licensing specialist.

Date - Report Completed <i>3/2/04</i>	Name - Person Completing Form <i>Donald Bialkowski</i>	Telephone Number <i>608-236-0729</i>
Date - Incident Occurred <i>2/28/04</i>	Name - Agency / Facility <i>Orion Family Services - Madison</i>	
Time - Incident Occurred <i>9:00</i>	Location Incident Occurred <i>370 Lathrop St. Madison, WI 53705</i>	
Time - Incident Concluded <i>9:10</i>		

Describe incident and circumstances leading up to it. Include specific time, place, staff involved, resident(s) involved and what de-escalation techniques were used. Add extra sheets as necessary.

Around nine o'clock on Saturday night [redacted] and [redacted] were working on [redacted] homework in the dining room. [redacted] had been working diligently for the previous hour so both decided he could take a break. Both walked into the kitchen to get some clean dishes into the cupboard. She returned to the living room less than a minute later and noticed the side door leading into the staff bathroom/office was open. She then walked into the office and saw [redacted] standing in the middle of the office. [redacted] was searched and it was discovered that he had taken a bank check from the office as well as some confidential items from his box. Pursuit was contacted and it was decided that the police should be contacted on Sunday (2/29/04). The police came to the house and cited [redacted] with theft case # 04-22093.

Youth Involved		
Name [redacted]	Birthdate (mm/dd/yyyy) <i>9/30/89</i>	Placing Agency <i>DCDHS</i>
Name	Birthdate (mm/dd/yyyy)	Placing Agency
Name	Birthdate (mm/dd/yyyy)	Placing Agency

Staff Person(s) Involved in Incident	
Name <i>Leah Vanderbeek</i>	Name
Name	Name

Other Agencies Involved in Incident (Medical, law enforcement, placing agency, school, etc.)	
Name <i>Madison Police Department</i>	Address (Street, City, Zip Code)
Name	Address (Street, City, Zip Code)
Name	Address (Street, City, Zip Code)

STATE OF WISCONSIN

DEPARTMENT OF HEALTH AND FAMILY SERVICES
Division of Children and Family Services
DF-2146 (Rev. 11/2003)

0785
APR 19 2004

SERIOUS INCIDENT REPORT

Use of this form: Use of this form is voluntary. Any incident meeting the requirements of s. 48.86(3), Wis. Stats., and HFS 52.11(12) and (14), 54.06(3), 57.01(1), 57.08(4), 59.01(1) and 59.07(4). Personally identifiable information on this form will be used only to determine compliance with HFS 57, HFS 54, HFS 52 and Chapter 48, Wis. Stats., and to assist in investigations concerning serious incidents in licensed residential facilities.

Instructions: If more space is needed to complete the report, attach a separate page. If restraints were utilized, page 3 must be completed. Mail or fax completed report to your state licensing specialist.

Date - Report Completed <i>04/15/04</i>	Name - Person Completing Form <i>Jonas Heinzerling</i>	Telephone Number <i>(715) 682-2868</i>
Date - Incident Occurred <i>04/06/04</i>	Name - Agency / Facility <i>Prentice House II</i>	
Time - Incident Began <i>04/06/04</i>	Location Incident Occurred (Include address: Street, City, State) <i>Prentice House II</i>	
Time - Incident Ended <i>04/13/04</i>	<i>Rt 2 Box 114 Ashland, WI 54806</i>	

Describe incident and circumstances leading up to it. Include specific time, place, staff involved, resident(s) involved and what de-escalation techniques were used.

**SEE ATTACHED*

Youth Involved		
Name	Birthdate (mm/dd/yyyy)	Placing Agency
[REDACTED]	<i>05/02/1986</i>	<i>Oneida Co. Social Services</i>
[REDACTED]	<i>09/21/1987</i>	<i>Price Co. Social Services</i>
[REDACTED]	<i>07/23/1990</i>	<i>Barron Co. Social Services</i>

Staff Person(s) / Foster Parent(s) Involved in Incident			
Name	Telephone Number	Name	Telephone Number
<i>Kenneth Lepson</i>	<i>682-2868</i>	<i>Todd Dunlap</i>	<i>682-2868</i>
<i>Jonas Heinzerling</i>	<i>682-2868</i>	<i>Mike Turgeon</i>	<i>682-2768</i>

Other Agencies Involved in Incident (Medical, law enforcement, placing agency, school, etc.)	
Name	Address (Street, City, Zip Code)
<i>Ashland Co. Sheriff's Dept.</i>	<i>220 E. 6th St. Ashland, WI 54806</i>
<i>Ashland Co. Social Services</i>	<i>301 Ellis Ave. Ashland, WI 54806</i>

Facility Follow-Up Action

Agency / facility immediate follow-up with children involved, including debriefing and medical care and / or any resulting changes in the client's treatment plan - Describe.

- 1) [redacted] - no medical care needed. Was immediately placed on probation hold in Ashland Co. Jail, 4/06/04, due to violation of probation.
- 2) [redacted] - no medical care needed. Immediate debriefing on 4/6/04 and 4/7/04 after confrontation of issue by staff and interview by Ashland Co. Sheriff's Dept. Scheduled emergency individual therapy w/ Sara Marsh of Memorial Medical Behavioral Center on 4/8/04. Discharge from program on 4/9/04 for protection of other residents.
- 3) [redacted] - no medical care needed. Debriefed and processed on 4/19/04 after Ashland Co. Sheriff's Dept. interview. Sherri Paulson, Individual Therapist, contacted and made aware of allegations and Dan's involvement.

Agency / facility follow-up with staff / foster parent(s) involved - Describe.

- 1) Staff meeting to ensure proper supervision is continued. 2) Debriefing on warning signs emotions involved w/ incidents of this nature. 3) Restructure and documentation of evening checks

Specific measure(s) the agency / facility will take to prevent further similar incidents from occurring - Describe.

- (1) While evening staff are mandated to do nightly checks on residents (during the time of lights out) a check sheet has been added to ensure these checks are being completed. These sheets are then reviewed by the director on a daily basis.
- (2) The weekend assistants hours have been changed from 9am - 9pm to 11am - 11pm on Saturday and Sunday to help ensure behind-the-scenes are kept to a minimum.
- (3) Make reasonable attempts to improve screening process of new residents
- (4) Reinforce "appropriate time and place" with residents and hold "Sexual Contact" / Laws and Consequences group.

Jonas Heinzerling
SIGNATURE - Person Completing Form

Prentice House II Director
Title - Person Completing Form

04/15/2004
Date Signed (mm/dd/yyyy)

[Signature]
SIGNATURE - Supervisor

Administrator
Title - Supervisor

4/15/04
Date Signed (mm/dd/yyyy)

To Be Completed by Licensing Specialist

- Yes No Further action needed
- If "Yes" what action was taken? _____
- If "No" explain: _____

SIGNATURE - Licensing Specialist

Date Signed (mm/dd/yyyy)

INCIDENT REPORT
PRENTICE HOUSE II
Route 2 Box 114
Ashland, WI 54806
(715) 682-2868

DHS
APR 19 2004
DANIEL

April. 13th 2004

The following is an incident report. Residents involved in incident were [redacted], age 16, male, and [redacted], age 17, male. Nature of the incident was sexual contact. The facts are as follows: On 4/05/04 a comment was overheard by staff as he was doing his evening bed checks. The comment was [redacted] asking [redacted] if he would give him a "hand job" so he could go to sleep. Evening staff increased monitoring efforts to every ten minutes until residents were asleep. On 4/06/04 [redacted] was confronted on a separate issue of urinating in a bottle for his roommate, [redacted], so that [redacted] could pass a drug screen. During this interview the issue of the sexual advance, overheard on 4/05/04, was evaluated. At this time [redacted] admitted to urinating in a bottle for [redacted] and said that there had been sexual advances made by [redacted]. [redacted] was then asked if he would like to press charges at which time he said that he would because that is what his mother would have wanted him to do. The Ashland County Sheriff's Department was notified immediately and dispatched to Prentice House II to carry out their investigation. [redacted], when interviewed by the Sheriff's Department, stated that there had in fact been more than sexual advances made and there was sexual contact between the two for the past two to three weeks. [redacted] stated that he had felt obliged to carry out these acts due to [redacted] intimidating nature and persistence. After receiving [redacted] statements Ashland County Sheriff's dispatched to arrest and detain [redacted] who was currently at his place of employment, for probation violation. [redacted] fate will be decided by the District Attorneys office. The following morning, 4/7/04, [redacted] was kept back from school to be formally interviewed by the Sheriffs Department. Prior to the interview Marty Callies, Oneida Department of Social Services and [redacted] social worker, was contacted regarding the incident. Kim Kring, Price County Social Services and [redacted] social worker was also contacted regarding the incident. Shortly there after, the parents of the two residents were contacted and informed of the situation and allegations. Phone calls were also made to each of the client's individual therapists and an emergency appointment was scheduled for [redacted].

During the formal interview [redacted] detailed the events of sexual contacts that had been taking place, reportedly, since February 14th. [redacted] was talked to by staff following the interview to gauge his attitude and emotional state. [redacted] reported that he was feeling good and that he said it was nice to get that burden off of his shoulders. The following morning, 4/08/04, [redacted] returned to Ashland High School and attended his individual appointment with Sara Marsh at 8:30 a.m.

On 4/09/04 [redacted] was re-interviewed by the Sheriff's Department to clarify the report given on 4/08/04. During this interview [redacted] reported that he had sexual contact with three other residents as well. [redacted] age 15, male. [redacted]

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[REDACTED], age 13, male, and [REDACTED] 4/28/88, age 15, male, were all identified by [REDACTED] as residents that he had had sexual contact with. [REDACTED] parents, [REDACTED], were present for the interview with Ashland County Sheriff's Department as they were scheduled to pick [REDACTED] up for a home visit. At that time both the Ashland Sheriff's department and the on-call worker for Price County felt that it would be in the best interests for all those involved that [REDACTED] be removed from the group home. [REDACTED] left the Prentice House II program in the care of his parents and was scheduled to follow up with the Price County Sheriff's Department upon their return to Park Falls. [REDACTED] will not be returning to the Prentice House program.

Following the interview with [REDACTED] was taken to Ashland County Sheriff's Department to be interviewed. [REDACTED] cooperated with the Sheriff and substantiated some of the details in [REDACTED] story. [REDACTED] also processed with staff following the interview and his individual therapist was contacted regarding the matter. [REDACTED] aunt and uncle, legal guardians, were present on 4/12/04 for an on-grounds visit and were notified of the allegations at that time.

Both [REDACTED] were not interviewed due to the fact that they were on home visits. The on-call social workers for both Barron County and Oneida County were contacted on 4/9/04 regarding the allegations and notified that interviews were to be conducted upon [REDACTED] return. Neither parents, [REDACTED], have been notified to this date due to the fact that the facts have not been established.

The Ashland County Sheriff's Department had asked that Prentice House not interfere with the investigation until it was concluded. [REDACTED] were interviewed by the Sheriff's Department on the evening of 4/13/04. Both residents denied any participation in the details and events mentioned above.

DHFS
 JUN - 1 2004
 RETURN TO OFFICE

Date Correction Plan Due
 6-1-4

NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

TO FILE A COMPLAINT CALL:
 715-365-2500

Use of form: This form is used by the Bureau of Regulation and Licensing staff to identify statute and/or administrative rule violation(s) and to outline the licensee's correction plan.
Instructions: The Noncompliance Statement below identifies the violation(s) of child care or child welfare statute and/or administrative rule identified by the licensing specialist(s). Complete the section labeled "Correction Plan" by indicating the steps that will be taken to address and correct each of the listed noncompliance(s). Identify expected completion date(s) for each item. Return the original to your licensing specialist for approval and retain a copy. If this is a day care facility, post your copy of the noncompliance statement and correction plan near the license in accordance with Wis. Stat. 48.657. This request for a correction plan is not an order imposing a sanction or penalty pursuant to Wis. Stat. 48.715. If the Department decides to apply a statutory sanction and / or penalty from this finding or a future finding, you will be given a notice of the sanction and / or penalty and your appeal rights to an administrative hearing.

Name - Facility Prentice House II		Address - Facility (Street, City, State, Zip Code) Route 2, Box 114, Ashland, WI 54806	Telephone Number 682-2868	Date - Licensing Visit 5-7-4	
Item No.	Rule / Statute Number	Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1.	57.06 (2) (b)	Residents did not receive supervision appropriate to their age and maturity as evidenced by: <ul style="list-style-type: none"> Staff overheard a comment implying sexual activity between residents on the evening of 4-5-4 but did not take any action until the evening of 4-6-4. The sheriff's report dated 4-13-4 states that a resident said he "would frequently wake up in the middle of the night and find him [another resident who was not his roommate] in the room." and he "suspected...some type of sexual contact" between his roommate and this other resident because he could "hear them." 	The staff persons involved with the supervision received formal written reprimands for not responding immediately to the situation. It has been made clear to all staff the necessity for immediate response to similar situations in the future.		
2.	57.04 (1)	The group home accepted for placement a resident whose history, in addition to truancy, indicated sexual identification/orientation issues. Based on statements by staff, it was known that this resident had sexual identity issues, was to get counseling for these issues, and that the resident had told his father and a previous therapist that he "had tendencies towards males." Adequate supervision/intervention was not provided to prevent this resident from engaging in sexual contact with other residents of the group home.	New resident histories will be shared with each staff of the home in which the resident is to be placed. Treatment plans will be determined and discussed with staff members to help minimize potential problems of this nature from occurring in the future.		

DEPARTMENT OF HEALTH AND FAMILY SERVICES
Division of Children and Family Services
CFS-294 (Rev. 10/2001)

Name - Facility Prentice House II		Address - Facility (Street, City, State, Zip Code) Route 2, Box 114, Ashland, WI 54806		Telephone Number 682-2868	Date - Licensing Visit 5-7-4
Item No.	Rule / Statute Number	Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3.	57.04 (1)	The intake referral information for a resident was not reviewed by the professional staff (sponsorship exception) prior to the resident being placed in the group home as evidenced by the statement to this effect by the director of Prentice House II. This lack of review is also contrary to the agreement between Prentice House, Incorporated and Turgeon Consulting. This agreement states that Turgeon Consulting will accept referral material and "screen for appropriateness of placement and amenability to the Agency's program services."	<i>Intake referral information will physically be reviewed by the director of the home in which the resident will reside prior to admission. This information will be reviewed and discussed with all staff working with the new resident.</i>		

SIGNATURE - Licensing Specialist
Linnea Dofau *[Signature]* Date Signed 05/17/04 Telephone Number - Licensing Specialist 715-365-2522

SIGNATURE - Licensee or Designee
[Signature] Date Signed 5/27/04
[Signature] - Sponsor - 5/27/04