

(8) OCCUPANCY AND GARAGE SEPARATION. Residential buildings shall be separated from attached garages by a one-hour rated fire wall separation that either abuts a ceiling in the garage that will withstand fire for one hour or extends up to the underside of the garage roof.

(9) GLASS HAZARDS. Areas of a building where the risk is high for residents either to run into windows or where impact on glass presents a risk or hazard shall have screening or safety glass resistant to shattering. Replacement glass in areas exposed to potential hazardous impact shall meet the standards in s. Comm 51.14.

(10) PSYCHIATRIC SCREENING. (a) In this subsection, "psychiatric screening" means heavy mesh wire or translucent nonbreakable material placed over window openings to prevent egress.

(b) Psychiatric screening may be installed in areas where risk or hazard is greatest and in a way that preserves a reasonable living environment. Psychiatric screening installed in windows shall not hinder air exchange or the passage of light through the window.

(c) Before installing psychiatric screening, the center shall have department approval and shall obtain local fire department approval.

(11) PROTECTIVE MEASURES. The center shall provide screens or guards for all steam radiators, electric fans, electrical heating units and hot surfaces such as pipes. Fire detectors and emergency lights which could be vandalized by residents shall be protected by wire cages or by other acceptable means.

(12) EMERGENCY POWER. Buildings housing 20 or more residents shall have emergency power as required in s. Comm 16.

(13) SEWAGE DISPOSAL. A center shall use a municipal sewage system if one is available. If use of an independent or private sewage system is necessary, the installation shall comply with ch. NR 110.

(14) SWIMMING POOLS. Any center swimming pool shall comply with chs. Comm 90 and HFS 172.

(15) POWER TOOLS AND EQUIPMENT. Residents may not be permitted in areas where power tools or equipment are used, except when power tools are part of a supervised educational program or supervised work activity.

(16) DANGEROUS MATERIALS. Poisons and other harmful substances shall be prominently and distinctly labeled. Poisons and other harmful substances shall be stored under lock and key and made inaccessible to residents. The center shall take special precautions when poisons and other harmful substances are in use to prevent contamination of food or harm to residents.

(17) SANITATION. A center shall comply with sanitation standards under ch. HFS 190, except that a center having a kitchen serving 10 or fewer residents need not comply with s. HFS 190.09 (5) (d).

(18) FIREARMS. No firearms or ammunition may be on the center premises. Residents may not have in their possession personal knives or other implements, devices or substances that may threaten the safety of others.

(19) CHEMICAL WEAPONS. No chemical weapon such as mace may be kept on the premises of the center.

(20) ALCOHOLIC BEVERAGES AND CONTROLLED SUBSTANCES. No alcoholic beverages or nonprescribed controlled substance may be consumed or stored on the premises of the center.

(21) TOBACCO PRODUCTS (a) Each center shall have a written policy on staff use of tobacco on the center grounds. Smoking by center staff may only take place outside of licensed center buildings.

(b) Residents may not possess or use tobacco products.

(22) EMERGENCY TRANSPORTATION. A center shall have an operable motor vehicle immediately accessible for use in an emergency.

(23) TORNADO PREPAREDNESS. A center shall have a written plan for response to the threat of tornados. The plan shall be posted at a conspicuous location at the center. The center shall do all of the following:

(a) Orient new staff and residents upon their arrival to the center's tornado preparedness plan. Each year the center shall practice implementation of the plan once in the spring and once in the fall.

(b) Inform all staff members of their duties in the event that a tornado hits.

(c) Keep a record in writing of the date and time of each tornado practice exercise.

(24) RECREATIONAL PURSUITS. (a) *Camping facilities.* A residential care center for children, youth and young adults operating or using camping facilities shall comply with requirements for recreational camps established under ch. HFS 175, if applicable.

(b) *Adventure-based experiences.* 1. A center providing adventure-based experiences such as a ropes course, rock climbing, wilderness camping and hiking experiences to residents shall ensure that personnel leading and providing training to residents are trained and have experience for the type of adventure-based experience, and that equipment used in the experiences are properly installed, in good condition and in good working order.

2. Before a resident is permitted to participate in an adventure-based experience, the center shall ensure that the resident's medical history does not prohibit participation in the type of activity planned. If there is a question about a resident's ability to participate for medical reasons, the center shall not permit participation without the approval of the resident's physician and the resident's parent or guardian.

3. Staff-to-resident ratios shall be adequate to manage and supervise the experienced-based adventure based upon the number of residents and type of activity.

SUBCHAPTER VII SPECIALIZED PROGRAMS

HFS 52.57 Exceptions and additional requirements for type 2 programs. (1) **APPLICABILITY AND AUTHORITY TO OPERATE.** A residential care center for children and youth designated by the Wisconsin department of corrections as a type 2 child caring institution may accept type 2 resident admissions only if approved by the department under the center's license to operate a type 2 program.

(2) **TYPE 2 PROGRAM COMPLIANCE.** (a) A residential care center for children and youth with a type 2 residential care center program shall comply with this chapter for youth who are admitted with type 2 status, except as otherwise provided under subs. (3) and (4), with type 2 provisions under ch. 938, Stats., and with any type 2-related policies and procedures and administrative rules that may be issued by the Wisconsin department of corrections.

(b) Violation of any type 2 related policy or procedure or administrative rule referenced in par. (a) constitutes a violation of this chapter.

(3) **TYPE 2 TEMPORARY REPLACEMENTS.** (a) *Applicability.* The provisions of this chapter apply for type 2 temporary replacements except for s. HFS 52.21 (1), (2), (4), (6), (7) and (8) (a) and ss. HFS 52.22 and HFS 52.23.

(b) *Type 2 temporary replacement into same center.* For type 2 replacements into a type 2 residential care center for a temporary placement lasting 10 days or less, the center shall document in the resident's record all of the following:

1. The name of the agency and person authorizing replacement along with the placement agreement outlining care arrangements, expectations and special conditions, if any, on the resident.

2. Reason or precipitating incident or incidents for replacement being imposed.

3. Behaviors which the resident has been advised will lead to a type I sanction placement.

4. Center-provided service efforts to treat reasons for the resident's type 2 replacement.

5. Any notable incidents by the resident during the resident's stay.

6. Summary assessment of resolution of the issues identified under subd. 4. at discharge.

7. Names of person and agency to which the resident was discharged.

(c) *Type 2 temporary replacement into a different type 2 center.* Type 2 replacement into a type 2 residential care center that is not the type 2 residential care center in which the resident was originally placed shall meet the requirements under sub. (2) as though the type 2 resident was a first time type 2 admission. The rule section exceptions under par. (a) do not apply under this paragraph.

(4) TYPE 2 READMISSIONS. (a) *Readmission within 6 months.* A type 2 residential care center shall comply with the provisions for short-term programs under s. HFS 52.58 for a type 2 readmission of a youth to the same residential care center from which the youth was discharged within the previous 6 months.

(b) *Readmission 6 months or more after being discharged or readmission to a different type 2 center.* A type 2 residential care center shall comply with sub. (2) when a type 2 readmission to the same residential care center occurs 6 months or more after the youth was discharged or when the youth is readmitted to a different type 2 residential care center.

HFS 52.58 Exceptions and additional requirements for short-term programs. (1) APPLICABILITY. (a) A residential care center for children and youth may operate a short-term treatment program with approval of the department. This section applies to the operation of short-term treatment programs. A short-term treatment program shall comply with all provisions of this chapter except as provided in this section.

(b) The requirements of this section apply to short-term resident readmissions except that the assessment and treatment care plan for the resident under sub. (5) needs only be updated to reflect the resident's current treatment and care needs.

(2) DEFINITIONS. In this section:

(a) "Short-term resident admission" means a short-term resident whose stay at the center is expected to be 90 days or less or whose return to the center for another short-term stay readmission occurs 90 days or more from the resident's discharge from that center or who is placed into a different center for short-term care readmission.

(b) "Short-term resident readmission" means a short-term resident whose readmission to the center for another short-term stay occurs less than 90 days from his or her discharge from that center and whose stay at the center may be of varying periodic episodes within a 90 day period.

(c) "Short-term treatment program" means a program of temporary residential care and treatment service delivery to a child or youth whose placement is transitional for purposes of assessment, treatment and planning for placement back into the community. "Short-term treatment program" does not include a respite care service program under s. HFS 52.59, or a crisis stabilization program certified under ch. HFS 34.

(3) PROGRAM STATEMENT. In place of the requirements for a program statement and operating plan under s. HFS 52.41 (1) (intro), (a) and (b), a center that operates a short-term treatment program shall have a treatment program statement that includes all of the following:

(a) A narrative covering treatment purpose, philosophy, approach and methods for short-term transitional placement into the community.

(b) Identification of short-term treatment program professional service providers and consultants involved in short-term transitional placement efforts that are center or community based.

(c) Identification of any coordinating service and placement agencies.

(d) A description of the extent to which the center's short-term program is compatible with or will operate separately, including in residential living arrangements, from the center's non-short-term residential program. If it will be operated separately, identification of the building or area in which the short-term program will be operated.

(e) A description of arrangements for continuing education of short-term residents.

(f) A description of health care arrangements for short-term residents, including the process for securing medical authorizations for general and emergency medical care including surgery.

(g) A description of recreational activities and programming available for short-term residents.

(4) **ADMISSIONS.** A center operating a short-term treatment program shall meet the provisions of s. HFS 52.21, except s. HFS 52.21 (5) (a) and (8) (a), and all of the following:

(a) *Obtaining authorizations.* For a short-term resident, the center as part of written admissions procedures shall obtain authorization from the parent or guardian of a resident for the center to do all of the following:

1. Provide or arrange for routine medical services and procedures, including dental services and non-prescription and prescription medications.

2. Obtain from a health care authority the authority to delegate and supervise administration of medications by center-authorized staff and for staff to handle and provide the medication to the resident and observe self-administration of the medication by the resident.

3. Obtain other medical information as needed on the resident.

4. Obtain written authorization to provide or order, when necessary, emergency medical procedures including surgery, when there is a life-threatening situation and it is not possible to immediately reach the parent or guardian authorized to give signed written specific informed consent.

(b) *Health screening.* Upon admission of a short-term resident, center staff shall do both of the following:

1. Observe the child for evidence of ill health. A staff person capable of recognizing common signs of communicable diseases or other evidence of ill health shall make this observation. The new resident's temperature shall also be taken and evaluated. If the new resident shows overt signs of communicable disease or other evidence of ill health, the center shall make arrangements for immediate examination by a health care practitioner.

2. Arrange for or obtain the results of a complete physical examination comparable to a HealthCheck examination for each child in accordance with the HealthCheck periodicity schedule.

(c) *Preliminary care and treatment plan.* 1. Upon admission of a new short-term resident to a center for a short-term treatment program, the center shall develop a preliminary care and treatment plan for the new resident pending completion of the short-term program assessment and treatment plan under sub. (5) (b).

2. The preliminary care and treatment plan shall be based on the center's review of information received from the referral agency and the center's professional intake staff person's initial evaluation of the new resident's treatment and care needs.

3. The preliminary care and treatment plan shall be completed within 7 calendar days of a short-term resident's admission and shall identify or describe all of the following:

a. Referral agency goals and objectives for the resident, if any, and center care and treatment objectives for the resident.

b. The primary or immediate presenting behavior issues of the resident.

c. Center services to be provided to the resident to address those primary or immediate presenting behavior issues.

d. Any special immediate medical or dietary needs.

(5) ASSESSMENT, TREATMENT PLANNING AND DISCHARGE PLANNING. (a) *General.* A center's short-term treatment program shall meet the assessment and treatment planning requirements under par. (b), instead of those under s. HFS 52.22, for each resident. Center staff shall date and document meeting these requirements in each short-term resident's record.

(b) *Assessment and treatment and care planning.* A plan for a short-term care resident's care and treatment shall be developed within 15 calendar days of admission. The plan shall include all of the following:

1. 'Assessment.' A documented assessment of the resident's needs both immediate and for transition to community placement. The assessment shall be conducted where possible with resident care worker staff who will work with the resident, the placing person or agency, the resident if 12 years of age or older, a center social worker and, as necessary, professional consultants. The assessment shall cover all of the following:

a. Presenting issues or problems. These may include behavioral functioning, emotional or psychological status, personal and social development and familial relationships.

b. Educational needs.

c. Recreational interests and abilities.

d. Perceived barriers or risks in making the transition to community placement.

e. Services necessary to address assessment areas.

2. 'Treatment and care plan.' A dated treatment and care plan developed where possible by the persons or agencies identified under subd. 1. that is time-limited, goal-oriented and individualized to meet specific resident needs identified in the assessment under subd.1. The plan shall include all of the following components:

- a. Identification of staff and services to be provided or arranged by the center to meet the resident's needs.
- b. A statement of behavioral or functional objectives that specifies resident behaviors to be addressed with the objectives focused on preparing the resident for transition to community based placement services and other placement arrangements.
- c. Transitional planning arrangements with the placing agency which provide for continuity in programming when the resident is placed into the community.
- d. Arrangements for continuing educational services and other programming during the youth's stay at the center.

3. 'Treatment plan implementation and review.' a. A short-term resident's services case manager shall coordinate, monitor and document in the resident's treatment record a review and assessment of the treatment and care plan for the resident no later than 30 days after admission and at least every 30 days thereafter to determine the resident's readiness for community placement by considering the resident's strengths and suitability for community placement.

b. The review and assessment under subd. 3. shall identify the reason for continued placement at the center, any planning efforts for community placement, barriers to placement in the community and plans to eliminate those barriers and recommendations if any, for changes in transitional placement planning or in efforts to prepare the resident for community placement.

c. In documenting a review and assessment of the treatment and care plan for a resident, the resident's services case manager shall enter the date of the review and list the participants in the review.

(c) *Discharge planning.* A short-term treatment program need only comply with sub. (2) in s. HFS 52.23, and shall include documentation of all of the following in any discharge plan for a resident:

1. The date and reason for discharge.
2. New location of the resident.
3. A brief statement identifying resident readiness for discharge and placement elsewhere and remaining needs.
4. Name and title of person and agency to which the resident was discharged.
5. For an unplanned discharge, a brief summary or other documentation of the circumstances surrounding the discharge.

(6) **RESIDENT RECORDS.** A short-term treatment program shall meet the resident record requirements in this section and in s. HFS 52.49 except under s. HFS 52.49 (2) (b) 1. a. to g. and 3.

(7) **TRAINING AND EVALUATION.** (a) Initial training for staff of short-term treatment programs shall include training in the following areas:

1. Wrap around principles and philosophy.
2. Arranging for transitional care and transitional placement planning principles and methods.

(b) A center shall at least annually evaluate its short-term treatment care program through a center survey to be completed and returned to the center by referral sources. The center shall use the survey information to improve, as necessary, its short-term care program.

HFS 52.59 Respite care services program. (1) **APPLICABILITY.** A residential care center for children and youth may operate a respite care services program with approval of the department. A residential care center for children and youth that chooses to provide respite care services shall comply with the provisions of this chapter except as stated in this section.

(2) **DEFINITIONS.** In this section:

(a) "Respite care" means temporary care for a child or youth with a disability or special care need, usually on behalf of a parent or regular caregiver for the purpose of providing relief to the parent or regular caregiver from the extraordinary and intensive demands of providing ongoing care for the child or youth, but also for when a parent or regular caregiver may be at risk of abusing a child or youth due to stress and, therefore, requires relief from caregiver duties, or the parent or regular caregiver is in a crisis situation that can be alleviated by providing temporary relief from caregiver duties.

(b) "Respite care services episode" or "episode" means a period of time during which respite care is provided to a parent or regular caregiver by placing a child or youth, otherwise under the parent's or regular caregiver's care, at a residential care center.

(c) "Respite care services program" means a center-provided program of respite care services for a child or youth with a disability or special need on behalf of a parent or regular caregiver and includes, for the child or youth, individualized personal care and services at the level necessary to meet the child's or youth's immediate needs, along with room and board provided in comfortable surroundings.

(3) **EXCEPTIONS FOR RESPITE CARE PROGRAMS.** Respite care programs shall comply with all provisions of this chapter except the following:

- (a) Section HFS 52.21 (1), (2), (5) (a) and (8) (a).
- (b) Sections HFS 52.22 and 52.23.
- (c) Section HFS 52.41.

(d) Section HFS 52.49 (2) (b) 1. a. to g. and 3.

(4) PROGRAM STATEMENT (a) A center accepting respite care clients shall have a program statement describing its respite care services program. The program statement shall cover at minimum all of the following:

1. The purposes for which respite care is provided and the type of population served.
2. Specific center assessment procedures and services available for care arrangements in assisting a child or youth admitted for respite care.
3. Compatibility of the respite care services program component with other programs of the center.
4. Staffing arrangements for respite care services.
5. Health care arrangements for respite care placements, including the process for securing medical authorizations for general and emergency medical care including surgery.
6. Recreational activities and programming for respite care placements.

(5) ADMISSIONS A center operating a respite care services program shall have all of the following written policies and procedures for admission of a prospective respite care resident:

(a) A policy regarding the type of respite care children or youth who can be served, such as those who are emotionally disturbed, physically handicapped, medically needy or developmentally disabled, including the specific types of developmental disabilities served.

(b) Procedures for screening children and youth referred for respite care to ensure that they are appropriate for the center's respite care program.

(c) Procedures for obtaining parent or guardian written consents for emergency medical care and authorization for administration of medications.

(d) 1. Procedures for obtaining from the parent or other regular caregiver necessary and essential information for the temporary care of the child or youth which may include medical, behavioral, dietary or emotional concerns and appropriate responses or instructions. Assessment shall cover at minimum the following areas: eating, toileting, mobility, communication, health problems, behavioral issues, socialization, supervision needs and personal self-help.

2. Procedures for obtaining identifying information at the time of admission on the child or youth and family and information about current special needs of the child or youth, including usual day activities; transportation arrangements; any appointments; current health problems; special equipment used; communication issues; behavioral issues; eating habits, schedule and preferences; sleeping habits and any usual bedtime routine; toileting concerns; safety concerns; discipline or behavioral management recommendations; preferred leisure time activities; and any other comments from the parent or regular caregiver.

(e) Procedures as described under s. HFS 52.21 (7) for orienting a child or youth to the center's respite care program, available care staff and room arrangements and assisting the child or youth in any adjustment issues to the child's or youth's temporary stay.

(f) Procedures for assigning specific care staff to a respite care child or youth.

(g) Procedures for contacting the parent or other regular caregiver regarding care questions or in emergency situations.

(h) A policy on who may pick up the child or youth at the end of respite care and policies and procedures for establishing the date and time at which the child or youth is to be picked up.

(i) Procedures for making a record of all of the child's or youth's personal belongings and medications upon arrival at the center.

(j) Procedures for maintaining a log with dates of all respite care episodes for each child.

(6) STAFFING. A center shall assign a staff person to have primarily responsibility for the center's respite care services program. This person shall have experience in serving the type of disability or population the center serves. Staff-to-child ratios shall at minimum meet the ratio as otherwise prescribed in s. HFS 52.12 or be as needed to meet the needs of the respite care persons in care. The responsible staff person shall have access to medical, psychiatric, dietary and social services consultation as needed.

(7) WRITTEN CARE PLAN. (a) *Written care plan.* A center shall develop a written plan of care for each child or youth admitted to the center for respite care.

(a) *Planning for the child.* 1. The written care plan shall be prepared in consultation with the child's or youth's parent or other regular caregiver and prior to placement, except if the reason for placement is of a crisis emergency nature.

2. The written care plan shall provide for necessary service supports to meet social, emotional adjustment, medical and dietary needs, physical environment accommodation, means for the respite care child or youth to contact his or her parent or other regular caregiver, accommodations to meet physical handicaps such as requiring, if needed by the child or youth; a TTY device for the hearing impaired, handrails and visual devices, and a planned variety of recreational activities. The educational needs of the child shall be attended to while in placement as prescribed by the parent or other regular caregiver.

(c) *Length of stay.* A respite care placement shall not extend beyond 9 days per episode unless department approval is first obtained.

(8) DISCHARGE. For respite care residents, a center shall have a respite care discharge policy that provides for both of the following:

(a) Documenting in the respite care resident's care record the dates of respite care stay, a summary of the child's or youth's stay with any significant incidents noted and the name of the person to whom the child or youth was discharged.

(b) Giving a complete accounting in the respite care resident's care record of all personal belongings, medications and medical equipment that went with the child or youth upon discharge.

(9) TRAINING AND EVALUATION. (a) *Training*. 1. Training for staff of a respite care services program shall include training in the areas of arranging for transitional care and transitional placement planning principles and methods.

2. Staff shall have respite care training designed around the specific needs of individuals for which care is provided, such as autism, epilepsy, cerebral palsy and mental retardation. As part of this training, staff who have not already had some experience working with the type of individual to be cared for shall have at least 8 hours of supervised experience by someone who is knowledgeable in working with the type of individual or more than 8 hours if necessary to ensure the provision of competent care.

(b) *Evaluation*. A center shall evaluate respite care provided through a center survey to be completed by the parent or other regular caregiver and, if possible, the child or youth after each respite care episode. The center shall use the survey information to improve, as necessary, its respite care services program, and shall keep these surveys on file for one year from their completion.

(10) CLIENT RECORDS. A center with a respite care services program shall meet the resident record requirements found under this section and under s. HFS 52.49, except requirements under s. HFS 52.49 (2) (b) 1. a. to g. and 3. A respite care resident's record shall include all documentation required under this section.

SUBCHAPTER VIII - NEED DETERMINATION AND LICENSE APPLICATION

HFS 52.61 Determination of need for additional beds. (1) AUTHORITY AND PURPOSE. This section is promulgated pursuant to s. 48.60 (3), Stats., to regulate the establishment of new residential care centers for children and youth and to control the expansion of existing residential care centers in order to ensure an adequate number and variety of facilities to meet the needs of Wisconsin children and youth who require out-of-home residential care and to prevent unnecessary expansion of residential care centers and the resulting increase in costs to Wisconsin citizens.

(2) TO WHOM THE RULES APPLY. This section applies to any new applicant for a license to operate a residential care center for children and youth and to existing residential care centers for children and youth wishing to expand the capacity of their facilities.

(3) DEFINITION. In this section, "applicant" means any person wishing to apply for a license to begin operation of a new residential care center for children and youth or any person wishing to expand the capacity of an existing residential care facility for children and youth. "Applicant" does not include a person who by reason of consolidation or other acquisition acquires control or ownership of beds when the consolidation or other acquisition results in no increase in or a reduction of the existing state-wide residential care center bed capacity.

(4) CERTIFICATION OF NEED REQUIREMENT. No person may apply for a license under s. HFS 52.62 (1) to operate a new residential care center for children and youth or for a license amendment under s. HFS 52.62 (3) to expand the bed capacity of an existing residential care center until the department has reviewed the need for the additional placement resources which would be created and has certified to the applicant in writing that a need exists for the proposed new placement resources.

(5) DEMONSTRATION OF NEED. To enable the department to make a determination of need for a new residential care center for children and youth or for additional beds at an existing residential care center for children and youth, the applicant shall submit all of the following documents and information to the department:

(a) A detailed plan for the operation of the proposed residential care center which includes all of the following:

1. The number, sex, and age range of the children to be served.
2. The type or types of needs or disabilities of children to be served.
3. The center staffing, including a list of full-time and part-time positions by job titles and numbers.
4. A description of the proposed program and treatment goals.
5. A proposed budget, including the current or projected per diem rate.
6. The location of the center and a drawing of the layout of the physical plant.

(b) A detailed written description of the methodology and findings which document the reasons why the unserved children under par. (a) cannot be served satisfactorily in less restrictive settings such as is in their own homes with treatment services provided to the children and their families, in specialized treatment foster homes or in group homes.

(c) Documentation meeting the criteria in sub. (7) (a) 2. that existing Wisconsin residential care center placement resources are not adequate to meet the needs of Wisconsin children who require the type or types of care and treatment services the applicant proposes to provide. No beds occupied or to be occupied by children who are placed primarily for educational purposes may be considered in determining need under this section. Of the remaining beds, for purposes of determining need and establishing waiting lists, not more than 40% shall be considered available for out-of-state children.

(d) Information that supports the probability that a new or expanded center will be used by Wisconsin placement resources, and that an expanded center will attain and maintain an average monthly occupancy rate of 80% or more over the first 2 years of operation and that a new center will have an average monthly occupancy rate of not less than 80% at the end of the second year.

Note: The documents and information required by the Department to make a determination of need should be sent to the Bureau of Regulation and Licensing, P.O. Box 8916, Madison, WI 53708.

(6) PUBLICATION OF NOTICE - PARTY STATUS. (a) Upon receipt of the documents and information listed in sub. (5), the department shall publish a class 2 notice under ch. 985, Stats., in the official state newspaper designated under s. 985.04, Stats., and in a newspaper likely to give notice in the area of the proposed center. The notice shall include a statement that the department has received an application for a certificate of need to operate a new residential care center or to expand the bed capacity of an existing residential care center. The notice shall also include the number of additional beds, the geographic area to be served, the types of young people to be accepted for care, the services to be provided and program objectives.

(b) The notice shall invite the submission of written comments, factual data and reasons why the application should be granted or denied from any person within 30 days after the publication of the notice. The notice shall advise persons submitting written comments to indicate their interest in the application and whether the individual commentator wants to be considered for party status in any later proceedings.

(7) NEED DETERMINATION. (a) *Evaluation procedures.* 1. The department shall review the applicant's documents and information for completeness and may ask the applicant for additional materials or information that the department considers necessary for evaluation purposes.

2. Except as provided under subd. 3, the administrator of the department's division of children and family services or his or her designee shall make the need determination decision based on the following criteria:

a. The compatibility of the applicant's proposed plan of operation or expansion with the stated treatment goals for the program.

b. The validity of the research methodology used to document need for the proposed program.

c. The congruence of the conclusions reached in the applicant's needs research with department data on current county placement needs and available beds in existing residential care centers for children, youth and young adults providing similar services.

d. The correctness of the applicant's contention that the proposed center is more appropriate than less restrictive care arrangements for children, youth and young adults.

e. The applicant's documentation supporting the argument that existing Wisconsin residential care centers for children, youth and young adults are not adequate to meet the needs of Wisconsin children, youth and young adults who require the type or types of care and treatment services the applicant proposes to provide.

f. The applicant's documentation of the probability that the center, if expanded, will attain and maintain an average monthly occupancy rate of at least 80% for the first 2 years of operation or,

if new, will attain an average monthly occupancy rate of at least 80% at the end of the second year of operation.

3. An application for expansion of an existing residential care center for children and youth by 3 or fewer additional beds shall be presumed to meet the criterion under subd. 2. d. unless at least one of the following is true:

a. The center submitted another application for expansion of bed capacity in the previous 2 years and that application was approved.

b. There is clear and convincing evidence that the criteria under subd. 2. have not been met.

(b) *Notice of determination.* 1. Within 90 calendar days after the date on which all required documents and information were received from an applicant, the department shall send written notice of its determination of need to the applicant and to anyone who commented under sub. (6) (b) on the application. The notice shall state the specific reason for the determination.

2. If the department determines that there is need for additional beds, the notice shall be accompanied by the department's certification that a need exists for the proposed new placement resources which entitles the person to apply for a license to operate a new center or to apply for an amended license that will permit the addition of beds at an existing center.

3. The duration of the approval under subd. 2 shall be limited to 18 months from the date that it is issued, except that the department may grant one 6-month extension if the approved applicant has a good reason for the delay in becoming operational and documents to the satisfaction of the department that it will be operational within that 6-month period. Any request for extension shall be filed before expiration of the initial 18-month period. If the proposed center is not operational during that 18-month time period, or the extended period, the need determination shall be considered invalid and the approval shall be cancelled. In this subdivision, "operational" means in regard to a new center that the center has been licensed under s. HFS 52.62 and that all approved beds meet requirements for operation, and in regard to expansion of an existing center that all additional beds meet requirements for operation and the center is licensed under s. HFS 52.62 to operate with the additional beds. An acceptable reason for an extension under this subdivision shall include unforeseen delay in obtaining adequate financing approval, in staffing or in construction.

(c) *Appeal.* 1. An applicant or a party adversely affected by a determination issued under par. (b) 1. may request an administrative hearing under s. 227.42, Stats., from the department of administration's division of hearings and appeals by submitting a written request for hearing to that office so that it arrives there within 30 days after the date of the notice under par. (b).

2. The standard of review for the hearing shall be whether the record contains the quantity and quality of evidence that a reasonable person could accept as adequate to support the decision.

Note: To request a hearing, submit the request to: Division of Hearings and Appeals, P.O. Box 7875, Madison, Wisconsin 53707-7875, or deliver it to the Division at 5005 University Ave., Room 201, Madison, WI .

HFS 52.62 Licensing administration. (1) GENERAL CONDITIONS FOR APPROVAL OF LICENSE. An applicant for a license under this chapter shall complete all application forms truthfully and accurately and pay all fees and forfeitures due and owing prior to receiving a license. The department shall issue a residential care center license to an applicant within 60 days based upon receipt and department approval of a properly completed application, satisfactory department investigation and determination that the applicant is fit and qualified. Continued licensure requires a licensee to remain fit and qualified. In determining whether an applicant is fit and qualified, the department shall consider any history of civil or criminal violation of statutes or regulations of the United States, this state or any other state or other offenses substantially related to the care of children, youth or adults by the applicant, owner, manager, representative, employe, center resident or other individual directly or indirectly participating in the operation of the residential care center. This includes substantiated findings by a county social services or human services department of child abuse or neglect under s. 48.981, Stats., or substantiated reports of abuse of residents or patients under ch. 50, Stats., whether or not it results in criminal charges or convictions.

(2) INITIAL LICENSE APPLICATION. (a) A person wanting a license to operate a residential care center for children and youth shall apply on a form provided by the department and shall include all information requested on the form and all related materials and information required under par. (c), along with the license fee required under s. 48.615, Stats. A complete application includes completion of all information requested on the application form and all related materials and information required under par. (c) and the license fee.

Note: A copy of the application form may be obtained from the appropriate field office of the Department's Division of Children and Family Services. See Appendix D for addresses of the Division's field offices. The completed form and required related materials and information and the license fee should be returned to the same office.

(b) A complete application for a license shall be submitted to the department at least 60 days before the date proposed for the center to begin operating.

(c) An applicant for a license shall submit all of the following information and materials along with the completed application form:

1. A copy of the certificate of need under s. HFS 52.61 (7) (b).
2. A statement signed by the applicant agreeing to comply with this chapter.
3. A notarized statement signed by the applicant on a background information disclosure form, HFS-64, provided by the department concerning any specified criminal conviction or pending charge.
4. Diagrammatic floor plans of all center buildings showing all of the following:
 - a. The location of all exits.
 - b. All rooms to be used by residents with their dimensions and use.
 - c. The number of residents and the age range of residents proposed for each living area.

- d. Rooms that are exclusively for male or female residents.
 - e. For bathrooms, the number of toilets, tubs or showers and washbasins.
5. A diagram of the outdoor area of the center showing dimensions and all buildings, and a map of the surrounding area showing the location of the center.
6. The names, addresses and telephone numbers of 3 persons, other than relatives, who personally know the applicant.
7. A completed department-provided checklist indicating that the applicant complies with all requirements for initial licensure.
8. A description of other licenses or certifications currently held or expected to be obtained by the applicant, or business enterprises that will be a part of the operation of the residential care center or operating on the grounds of the residential care center.
9. For an applicant operating any other type of licensed children's program or other human services program on the grounds of the center, a statement that describes how each program will remain separate and distinct.
10. A description of the organizational structure of the center, showing the chain of command and identifying staff members, with their titles and work schedules, who will be on the premises in charge of the center for all hours of operation. This document shall be signed by the applicant.
11. A copy of the report of an inspection by a local fire department or other fire safety inspection acceptable to the department showing approval of the facility for fire safety.
12. A copy of the approval of the center's electrical system by an inspector certified under ch. Comm 16.
13. If the center gets its water from a private well, a letter indicating that the water is safe to drink according to tests made on water from the private well, as required under s. HFS 52.56 (1).
14. A copy of the Wisconsin department of commerce building safety inspection approval or, if new construction, the Wisconsin department of commerce building construction approval.
15. A statement signed by the applicant specifying the geographical area to be served by the center, such as counties or states covered.
16. A financial statement with evidence of availability of funds to carry the center through the first year of operation.
- (d) Within 30 working days after receiving a complete application, the department's licensing representative shall inspect the center to determine the applicant's ability to comply with this chapter.

(e) If the department, following its review of a license application and the results of the inspection under par. (d), finds that the applicant meets the requirements for a license established under this chapter and has paid the applicable fee referred to in s. 48.68 (1), Stats., the department shall issue a probationary license for 6 months in accordance with s. 48.69, Stats. The probationary license shall be issued after completion of the inspection under par. (d) and may be renewed for one 6-month period. If the center remains in satisfactory compliance with this chapter during the probationary license period, the department shall issue a regular license. The center shall post the license in a conspicuous place in the center where the public can see it.

(f) If the department, following its review of a license application and the results of the inspection under par. (d), finds that the applicant is not in compliance with this chapter, the department shall specify in writing to the applicant each area of noncompliance. The department's written response shall be sent to the applicant after the date of the inspection under par. (d). The applicant shall have an opportunity to come into compliance. When the applicant believes that all areas of noncompliance have been corrected, the applicant may request a re-inspection by the department's licensing representative. The department's licensing representative shall complete a new inspection of the center within 20 working days after being notified by the applicant that the center is ready to be re-inspected.

(3) LICENSE CONTINUATION. (a) *Non-expiring license.* A regular license shall be valid indefinitely, unless suspended or revoked by the department.

(b) *License continuation application.* 1. At least 60 days before the beginning date of every 2 year period of licensure, the department shall send a license continuation application to the licensee along with a notice of the license continuation fee required under s. 48.615, Stats.

2. At least 30 days before the continuation date of the license, the licensee shall submit to the department an application for continuance of the license in the form and containing the information that the department requires along with the license application fee required under s. 48.615, Stats., and any other fee owed under s. 48.685 (8), Stats., and any forfeiture under s. 48.715 (3) (a), Stats., or penalty under s. 48.76, Stats.

(b) *License continuation approval.* If the department establishes that the minimum requirements for a license under s. 48.67, Stats., are met, the application is approved, the applicable fees referred to in ss. 48.68 (1) and 48.685 (8), Stats., and any forfeiture under s. 48.715 (3) (a), Stats., or penalty under s. 48.76, Stats., are paid, the department shall continue the license for an additional 2-year period.

(4) AMENDMENT TO LICENSE. (a) Before a licensee may make any change affecting a provision of its license, the licensee shall submit a written request to the department for approval of that change and shall receive approval from the department in the form of an amended license.

(b) Any of the following changes require amendment of the license:

1. A change in any of the licensee's powers and duties under s. 48.61, Stats., that are covered by the license.

2. A change in the maximum number of residents or in the sex or age range of residents which the center will serve.

3. A change in the type of resident population served such as emotionally disturbed, sexual offender, developmentally disabled, alcohol or drug dependent or delinquent.

4. A change in the name or address of the center.

5. A change in ownership or the name of the licensee.

6. Any other change as allowed under Wisconsin statutes.

(c) A licensee seeking to expand operations to increase the number of residents served under the existing license shall have been operating in substantial compliance with this chapter.

(5) LICENSE DENIAL OR REVOCATION. (a) The department may refuse to grant a license or may revoke a license if the applicant or licensee has violated any provision of this chapter or ch. 48 or 938, Stats., or fails to meet the minimum requirements of this chapter.

(b) The department may refuse to grant a license or may revoke a license if an applicant or licensee or a proposed or current employe, student intern or volunteer is any of the following:

1. A person who is the subject of a pending criminal charge for an action that directly relates to the care of children or activities of the center.

2. A person who has been convicted of a felony or misdemeanor or other offense which is substantially related to the care of children or activities of the center.

3. A person who has been determined to have abused or neglected a child pursuant to s. 48.981, Stats., or who has been determined to have committed an offense which is substantially related to the care of children or activities of the center.

4. A person against whom a finding of abuse, neglect, or misappropriation of property pursuant to ch. HFS 13 has been entered on the Wisconsin caregiver registry maintained by the department.

5. A person who has had a department-issued license revoked within the last 5 years.

6. A person who has a recent history of psychological or emotional disorder which suggests an inability to adequately handle the administrative affairs of the center or, for anyone having contact with the residents, presents a risk that the residents may be harmed or their well-being neglected. The department may require the person to submit to a psychological examination.

7. A person who is the subject of a court finding that the person has abandoned his or her child, has inflicted sexual or physical abuse on a child, or has neglected or refused, for reasons other than poverty, to provide necessary care, food, clothing, medical or dental care, or shelter for his or her child or ward or a child in his or her care so as to seriously endanger the physical health of the child.

8. A person who has violated any provision of this chapter or ch. 48, Stats., or fails to meet the minimum requirements of this chapter.

9. A person who has made false statements on the background information disclosure form completed under the requirements of ch. HFS 12.

Note: Examples of charges and offenses the department will consider in making a determination under this paragraph that an act substantially relates to the care of children are: sexual assault; abuse of a resident of a facility; a crime against life and bodily security; kidnapping; abduction; arson of a building or of property other than a building; robbery; receiving stolen property from a child; a crime against sexual morality, such as enticing a minor for immoral purposes or exposing a minor to harmful materials; and interfering with the custody of a child. The list is illustrative. Other types of offenses may be considered.

(6) NOTICE TO DENY OR REVOKE A LICENSE. (a) If the department decides under sub. (5) to not grant a license or to revoke a license, the department shall notify the applicant or licensee in writing of its decision and the reasons for it. Revocation of a license shall take effect either immediately upon notification or 30 days after the date of the notice unless the decision is appealed under sub. (8); whether the revocation shall take effect immediately upon notification or 30 days after the date of the notice shall be determined in accordance with the criteria found in s. 48.715(4m)(a) and (b), Stats.

(b) Upon receipt of the notice of revocation and during any revocation proceedings that may result, the licensee may not accept for care any child not enrolled as of the date of receipt of the notice without written approval of the department's licensing representative.

(c) By the effective date of a license revocation, the licensee shall have arranged alternative placements for all residents. The arrangements shall be made in cooperation with each resident's parent or guardian and legal custodian or placing agency, if not the same. The licensee shall share this information with the licensing representative at least one week before the effective date of the license revocation.

(7) SUMMARY SUSPENSION OF A LICENSE. (a) Under the authority of s. 227.51 (3), Stats., the department shall summarily suspend a license and thereby close a residential care center when the department finds that this action is required to protect the health, safety, or welfare of children in care. A finding that summary suspension of a license is required to protect the health, safety or welfare of children in care may be based on, but is not limited to, any of the following:

1. Failure of the licensee to maintain or restore environmental protection for the residents, such as heat, water, electricity or telephone service.

2. The licensee, an employe, a volunteer, or any other person in regular contact with the children in care has been convicted of or has a pending charge for a crime against life or for a crime of bodily injury.

3. The licensee, an employe, a volunteer, or any other person in regular contact with the children in care has been convicted of a felony, misdemeanor, or other offense which is

substantially related to the care of children or activities of the center or has a pending charge which is substantially related to the care of children or activities of the center.

4. The licensee, an employe, a volunteer, or any other person in regular contact with the children in care is the subject of a current investigation for alleged child abuse or neglect pursuant to s. 48.981, Stats., or has been determined to have abused or neglected a child pursuant to s. 48.981, Stats.

5. The licensee or a person under the supervision of the licensee has committed an action or has created a condition relating to the operation or maintenance of the center that directly threatens the health, safety, or welfare of any child under the care of the licensee.

(b) If the department's licensing representative determines that the safety of the residents requires their immediate relocation, the department shall order the licensee, orally and in writing, to find suitable temporary housing for the residents until arranging for their permanent relocation. The department shall further order the licensee, orally and in writing, to notify, for each resident, the placing person or agency and parent or guardian within 24 hours after temporary housing arrangements for the resident have been made.

(c) An order summarily suspending a license and thereby closing a center may be a verbal order by a licensing representative of the department. Within 72 hours after the order takes effect, the department shall either permit the reopening of the center or proceed under sub. (5) to revoke the center's license. A preliminary hearing shall be conducted by the department of administration's division of hearings and appeals within 10 working days after the date of the initial order to close the center on the issue of whether the license shall remain suspended during revocation proceedings.

(8) APPEAL OF DECISION TO DENY OR REVOKE A LICENSE. (a) Any person aggrieved by the department's decision to deny a license or to revoke a license may request a hearing on the decision under s. 227.42, Stats.

(b) The request for a hearing shall be in writing and shall be filed with the department of administration's division of hearings and appeals within 10 days of the department's refusal to issue a license or the department's revocation of a license. A request for a hearing is considered filed upon its receipt by the department of administration's division of hearings and appeals.

Note: A request for hearing should be submitted by mail to the Division of Hearings and Appeals, P.O. Box 7875, Madison, Wisconsin 53707-7875, or should be delivered to the Division at 5005 University Ave., Room 201, Madison, WI, with a copy sent to the appropriate Division of Children and Family Services field office listed in Appendix D.

HFS 52.63 Inspections, complaint investigations and enforcement actions. (1) INSPECTION. Pursuant to s. 48.73, Stats., the department may visit and inspect any residential care center for children and youth at any time. A department licensing representative shall have unrestricted access to the premises identified in the license, including access to resident records and any other materials, and access to residents and other individuals having information on compliance by the center with this chapter.

(2) COMPLAINT INVESTIGATION. Under s. 48.745, Stats., any person having a complaint about a licensed center or a center operating without a license may submit that complaint to the department by telephone, letter or personal interview. A licensing representative of the department shall investigate each complaint. The department shall send a written report of the findings of that investigation to the complainant.

Note: A complaint should be sent, phoned in or delivered to the appropriate Division of Children and Family Services field office listed in Appendix D.

(3) ENFORCEMENT ACTION. The department may order any sanction or impose any penalty on a licensee in accordance with s. 48.685, 48.715 or 48.76, Stats.

APPENDIX A
BASIC HYGIENE & SANITATION PRACTICES
POLICY GUIDELINES FOR REGULATED PROGRAMS

The following guidelines provide simple and effective protection against transmission of disease for all persons who may be exposed to the blood or other body fluids of another person. Body fluids consist of urine, vomitus, feces, wound drainage and blood.

1. The licensee shall promptly disinfect all hard (not cloth) surfaces soiled with blood or body fluids by using a freshly prepared disinfectant solution of household bleach (1/4 cup bleach to 1/2 gallon of water) or a comparable disinfectant solution**. Disposable towels or tissues shall be used, and mops shall be rinsed in the disinfectant.

Persons cleaning up, particularly those with chapped hands, cuts or broken skin, are advised to wear disposable latex gloves.

2. Areas of the skin which come in contact with another person's blood or body fluids shall be immediately washed thoroughly with a disinfectant solution**. When contact occurs to a mucus membrane, such as the eye, nose or mouth, reuse immediately with water and have the person contact a physician for any further advice.
3. Toothbrushes, razors and other personal hygiene utensils shall not be shared and shall be stored in a manner to prevent contact with other persons' hygiene utensils.
4. Sponges and other cleaning utensils used to clean the floor of any body fluid spills shall not be used to wash dishes or to clean blood preparation areas. Mop water shall not be poured down the sink where food is prepared. Sponges and mops shall be disinfected after each use by soaking in a solution of bleach (1/3 cup of bleach in 1/2 gallon of water) for 5 minutes. The soaking solution shall be changed every week.
5. Rugs and cloth furniture (not hard surfaces) that have been soiled with blood or body fluids shall be cleaned with rug shampoo which contains a germicidal detergent, then vacuumed as usual.
6. Linen and laundry:
 - a. Laundry soiled with blood or body fluids shall be rinsed clean and laundered in hot, soapy water. Bleach shall be added to the wash load according to the product manufactures recommendations, but care shall be taken that ample rinsing occurs, as any residue may cause skin irritation and subsequent infection. Soiled (by any fluid produced by the body) clothing or linens not washed immediately shall be placed in a bag separate from other laundry.
 - b. Towels and wash cloths shall not be shared without laundering in between use.

Appendix A (continued)

** The following disinfectant solutions are comparable in terms of their effectiveness. However, a 70 percent alcohol solution is preferred for objects that may be put into the mouth of a person as, for instance, a thermometer.

1. Sodium hypochlorite with at least 500 ppm available chlorine (1:100) needs to be freshly prepared each time it is used or daily.

An easy way to dilute bleach is to add 1/4 cup bleach to 1/2 gallon water - 1:65. The date of preparation of the bleach solution must be indicated because freshness of the solution is important, for effectiveness. The solution should not be stored for longer than one week.

2. Ethyl or isopropyl alcohol (70-90 percent). Use full strength.
3. Phenolic germicidal detergent in a 1 percent aqueous solution, such as Lysol. Follow product label.
4. Hydrogen peroxide, a 3 percent solution.
5. Quaternary ammonium germicidal detergent in 1-2 percent aqueous solution, such as Tri-Quat, Mytar or Sage. Follow manufacturer's recommendations.
6. Iodophenol germicidal detergent with 30-50 ppm available free iodine, such as Wescodyne. Follow product label for dilution.

APPENDIX B
FACILITY ACCESSIBILITY REQUIREMENTS

Facility Accessibility Feature	All residents able to walk without means of support such as canes, crutches or walkers	One or more residents able to walk only with support of canes, crutches or walkers, or unable to walk
a. Ramped or grade level for at least 2 primary entrances from street, alley or ancillary parking to a primary floor	Not Required	Required ¹
b. Accessible building entrance to a grade level floor within 30 inches of finished grade	Permitted	Required ¹
c. Accessible entrance door must be at least 36 inches in width.	Not Required ²	Required
d. All interior passageway doors on primary floor must have at least a 2' 8" wide clear opening	Permitted ²	Required
e. At least one of the following between interior floor levels: elevator, ramp or lift	Not Required	Required ^{3,4}
f. Unobstructed interior access to all common-use areas	Required	Required
g. Unobstructed interior access to bathing and toilet facilities	Required ⁵	Required ⁵
h. Grab bars for toilet and bath fixtures	Not Required	Required ⁶
i. Compliance with Comm 57.871 "Usable bathrooms"	Not Required	Required ⁶
j. Levered handles on all doors, bathroom water fixtures and other devices normally used by residents with manual strength or dexterity limitations	Required ⁷	Required ⁷
k. Accessible to drinking facilities	Required	Required

¹ Ramped or grade level entrance or porchlift required if residents are not capable of negotiating stairs.

² Two-foot 6-inch passage way doors are permitted in existing buildings.

³ An elevator, lift or ramp must meet the applicable Comm requirements.

- 4 May be omitted if use of other floors is restricted to ambulatory or semiambulatory residents physically capable of negotiating stairs or if there are no one-of-a-kind, common-use areas located on these floors.
- 5 Must meet the resident to bathroom facilities ratio requirements in s. HFS 52.53.
- 6 Not required in rooms used only by ambulatory residents who don't require any means of support through use of canes, crutches, walkers or wheelchairs.
- 7 Required when other hardware creates a barrier or is difficult to use safely by residents with manual strength or dexterity limitations.

An exterior ramp is a sloping walk or structure having a gradient greater than 1:20 that provides access to or a means of exit from a building. An exterior ramp shall meet the following specifications:

- a. Width. A minimum width of 48 inches, of which not more than 4 inches on each side may be occupied by a handrail, and a slip-resistant surface.
- b. Gradient. A gradient not greater than a 1:12 slope.
- c. Handrails. Graspable handrails as follows:
 - A ramp with a gradient greater than 1:20 but less than 1:12 shall have a handrail on at least one side of the ramp.
 - A ramp with a gradient of 1:12 shall have handrails on both sides of the ramp.
 - A ramp shall have a handrail on a side where the adjacent terrain exceeds a 1:4 downward slope away from the ramp.
- d. Handrail height. A handrail mounted so that the top is between 30 inches and 34 inches above the ramp surface.
- e. Midrails. If open-sided, having an intermediate parallel rail located at mid-height between a handrail and the ramp surface.
- f. Handrail clearance. A clear space of at least 11/2 inches between a handrail and any adjoining wall.
- g. Ramp clearance. The floor on each side of an accessible doorway shall be level for a distance of 5 feet from the door, and the ramp shall have a level platform at least 5 feet long where it turns and at least 5 feet of level clearance at the bottom.
- h. Rest platform. A ramp longer than 30 feet in length shall have a 5-foot long level platform after each 30-foot length of ramp.

APPENDIX C
PER MEAL MINIMUM REQUIREMENTS OF NATIONAL SCHOOL LUNCH PROGRAM
PLANNING BREAKFASTS

BACKGROUND

School breakfasts provide a good start toward meeting a child's daily nutritional needs of food energy, protein, vitamins, and minerals. The breakfast meal pattern is a simple, easy-to-follow guide in three components.

Breakfast Meal Requirements

<u>Components</u>	<u>Minimum Required Quantities</u>
Fruit or Vegetable	
Fruit or Vegetable or Fruit Juice or Vegetable Juice.....	1/2 cup
Bread or Bread Alternate	
One of the following or combination to give an equivalent quantity.....	1 serving
✎ A serving (1 slice) of whole grain or enriched bread	
✎ A serving of biscuits, rolls, muffins, etc.. whole-grain or enriched	
✎ A serving (3/4 cup or 1 ounce, whichever is less) of whole-grain or enriched or fortified cereal	
Fluid Milk	
As a beverage or on cereal or both.....	1/2 pint

Recommendations

To help meet children's nutritional needs, breakfast should also contain as often as possible:

Meat or meat alternate--a 1 ounce serving (edible portion as served) of meat, poultry, or fish; or 1 ounce of cheese; or 1 egg; or 2 tablespoons of peanut butter; or an equivalent amount of any combination of these foods.

Also, plan to include:

- ✎ Vitamin C foods frequently.
- ✎ Foods for iron each day.

APPENDIX C (continued)

PLANNING GUIDELINES

Planning appetizing breakfast menus that students will enjoy requires originality and imagination. Try to plan breakfasts that consider students' regional, cultural, and personal food preferences. Be sure to include well-liked and familiar foods. Offer "new" and less popular ones as choices at first until they have higher acceptability. Plan for contrast in texture, flavor, size, and shape of foods applying the principles of good menu planning. For example:

Fruits and Vegetables

Fresh, canned, frozen, and dried fruits can be used interchangeably. Try combining fruits with cereal for variety.

Bread and Bread Alternates

Bread offers many different menu ideas. Use a variety of hot breads, such as cornbread, and different kinds of muffins and biscuits. Or try breakfast rolls made with bulgur, rolled wheat or oats. Sandwiches (open-faced or closed), pancakes, waffles and french toast are often well accepted.

Cereals can give you a light or hearty breakfast and require little labor. You can serve cereals hot or use prepackaged preportioned dry cereals, including wheat, corn, rice and oats.

Meat and Meat Alternates

Use a variety of meat or meat alternates - eggs, sausage, canned meat, ground beef, ham, cheese, peanut butter, fish or poultry. Alternate egg dishes with other main dishes. Serve the egg alone or in combination with different meats or cheese. Look for variety in preparing eggs - scrambled, hard-cooked, soft-cooked, poached or in omelets or french toast.

Keep in mind the age groups you are serving. The way food is served to young children will affect whether or not it is eaten. For instance, it may be necessary to serve hard-cooked eggs peeled and cut in halves, whereas with older residents hard-cooked eggs can be served in the shell. With younger residents, serve finger sandwiches, apple wedges, sectioned oranges and grapefruits, and meat cut into bite-sized pieces. Serve small portions or additional foods. Untraditional foods at breakfast may make breakfast more appealing. Since appetites may vary greatly among residents, you may wish to consider two different breakfast menus - a "Hearty Breakfast" and a lighter "Eye Opener". For example:

Hearty Breakfast

Scrambled Eggs Fresh Fruit
Cinnamon Toast Milk

Eye Opener

Dry Cereal Fresh Fruit
Milk

Appendix C (continued)
BREAKFAST SAMPLE MENUS

Breakfast Pattern	Monday		Tuesday		Wednesday		Thursday		Friday	
		Portion		Portion		Portion		Portion		Portion
Fruit or Vegetable or Fruit Juice or Vegetable Juice	Pineapple Juice	1/2 cup	Orange Quarters	1/2 cup	Grapefruit Juice	1/2 cup	Orange Juice	1/2 cup	Fruit Cup (banana, orange, pineapple)	1/2 cup
Bread or Bread alternate	Choice of Ready-to-Eat Cereals	3/4 cup (1 oz)	Raisin Bread Toast	1 sl	Blueberry Waffle with Syrup	1	Cheese Pizza	1/2 pt	Toast	1 slice
Milk	Milk	1/2 pt	Milk	1/2 pt	Milk	1/2 pt	Milk	1 oz	Milk	1/2 pt
Other		1 oz	Cheese cubes	1 oz			Cheese on Pizza		Deviled Egg	1 egg
Fruit or Vegetable or Fruit Juice or Vegetable Juice	Sliced Pears	1/2 cup	Banana	1 sm	Orange Juice	1/2 cup	Baked Apple	1 med	Orange Juice	1 cup
Bread or Bread alternate	Hot Bagel	1	Cornflakes	3/4 cup	French Toast with Honey	1 slice	Cheese Toast	1 slice	Toast	1 slice
Milk	Milk	1/2 pt	Milk	1/2 pt	Milk	1/2 pt	Milk	1/2 pt	Milk	1/2 pt
Other	Cream Cheese	1 oz					Cheese for Toast	1 oz	Creamed Chipped Beef	1/4 cup
Fruit or Vegetable or Fruit Juice or Vegetable Juice	Purple Plums	1/2 cup	Orange Juice	1/2 cup	School-made Vegetable Soup	1 cup	Orange Sections	1/2 cup	Orange & Grapefruit Sections	1/2 cup
Bread or Bread alternate	English Muffin with Jam	1	Whole wheat toast	1 sl	Cinnamon Toast	1 slice	Biscuit	1	Date Muffin	1
Milk	Milk	1/2 pt	Milk	1/2 pt	Milk	1/2 pt	Milk	1/2 pt	Milk	1/2 pt
Other			Hard-Cooked Egg	1 egg			Grilled Ham Slice	1 oz		
Fruit or Vegetable or Fruit Juice or Vegetable Juice	Raw or Cooked Apple Wedges	1/2 cup	Fruit Cocktail	1/2	Apple Juice	1/2 cup	Pineapple Juice	1/2 cup	Tomato Juice	1/2 cup
Bread or Bread alternate	Bread	1 slice	Hot Oatmeal	3/4 cup	Corn Grits	3/4 cup	Whole wheat toast	1/2 pt	Pancakes with syrup	1-2
Milk	Milk	1/2 pint	Milk	1/2 pt	Milk	1/2 pt	Milk	1 egg	Milk	1/2 pt
Other	Egg for Salad on Sandwich	1/2 egg			Beef Pattie	1 oz	Scrambled egg	1/2 cup		
							Hash Brown Potatoes			

Chapter HFS 52

APPENDIX D

FIELD OFFICES OF THE DIVISION OF CHILDREN AND FAMILY SERVICES

The Department of Health and Family Services licenses residential care centers for children and youth through five Division of Children and Family Services field offices. Below are addresses and phone numbers of the field offices and related counties.

Northeastern Office

(Green Bay)
200 North Jefferson
Suite 411
Green Bay, WI 54301-5191
(414) 448-5312

Northern Office

(Rhineland)
1853 North Stevens Street
P.O. Box 697
Rhineland, WI 54501-0697
(715) 365-2500

Southeastern Office

(Waukesha)
141 N.W. Barstow Street, Room 209
Waukesha, WI 53188-3789
(414) 521-5100

Southern Office

(Madison)
3601 Memorial Drive
Madison, WI 53704-1105
(608) 243-2400

Western Office

(Eau Claire)
Suite # 2
610 Gibson Street
Eau Claire, WI 54701-3687
(715) 836-2157

COUNTIES

Brown, Calumet, Door, Fond du Lac, Green Lake,
Kewaunee, Manitowoc, Marinette, Marquette,
Menominee, Oconto, Outagamie, Shawano,
Sheboygan, Waupaca, Waushara, Winnebago

Ashland, Bayfield, Florence, Forest, Iron, Langlade,
Lincoln, Marathon, Oneida, Portage, Price, Sawyer,
Taylor, Vilas, Wood

Jefferson, Kenosha, Milwaukee, Ozaukee, Racine,
Walworth, Washington, Waukesha

Adams, Columbia, Crawford, Dane, Dodge, Grant,
Green, Iowa, Juneau, Lafayette, Richland, Rock,
Sauk

Barron, Buffalo, Burnett, Chippewa, Clark, Douglas,
Dunn, Eau Claire, Jackson, LaCrosse, Monroe,
Pepin, Pierce, Polk, Rusk, St. Croix, Trempealeau,
Vernon, Washburn

Appendix C (continued) SCHOOL LUNCH PATTERNS

FOR VARIOUS AGE/GRADE GROUPS

	USDA recommends, but does not require, that you adjust portions by age/grade group to better meet the food and nutritional needs of children according to their ages if you adjust portions. Groups I-IV are minimum requirements for the age/grade groups specified. If you do not adjust portions, the Group IV portions are the portions to serve all children.	Grades 4-12 age 9 & over (Group IV)	Grades 7-12 age 12 & over (Group V)	SPECIFIC REQUIREMENTS
<p>MEAT OR MEAT ALTERNATE</p> <p>A serving of one of the following or a combination to give an equivalent quantity:</p> <ul style="list-style-type: none"> Lean meat, poultry, or fish (edible portion as served) Cheese Large egg(s) Cooked dry beans or peas Peanut butter 	<p>A serving of one of the following or a combination to give an equivalent quantity:</p> <ul style="list-style-type: none"> 2 oz 2 oz 1 1/2 cup 4 Tbsp 	<ul style="list-style-type: none"> 3 oz 3 oz 1 1/2 3/4 6 Tbsp 	<ul style="list-style-type: none"> Must be served in the main dish or the main dish and one other menu item. Vegetable protein products, cheese alternate products, and enriched macaroni with fortified protein may be used to meet part of the meat/meat alternate requirement. Fact sheets on each of these alternate foods give detailed instructions for use. 	
<p>VEGETABLE AND/OR FRUIT</p> <p>Two or more servings of vegetable or fruit or both to total:</p>	<p>3/4 cup</p>	<p>3/4 cup</p>	<ul style="list-style-type: none"> No more than one half of the total requirement may be met with full-strength fruit or vegetable juice. Cooked dry beans or peas may be used as a meal alternate or as a vegetable but not as both in the same meal. 	
<p>BREAD OR BREAD ALTERNATE</p> <p>Servings of bread alternate:</p> <p>A serving is</p> <ul style="list-style-type: none"> 1 slice of whole-grain or enriched bread A whole-grain or enriched biscuit, roll, muffin, etc. 1/2 cup of cooked whole-grain or enriched rice, macaroni, noodles, whole-grain or enriched pasta products, or other cereal grains such as bulgur or corn grits A combination of any of the above 	<p>8 per week</p>	<p>10 per week</p>	<ul style="list-style-type: none"> At least 1/2 serving of bread or an equivalent quantity of bread alternate for Group 1, and 1 serving for Groups II-V, must be served daily. Enriched macaroni with fortified protein may be used as a meal alternate but not as both in the same meal. <p>NOTE: <i>Food Buying Guide for Child Nutrition Programs (PA-1331 (1983) provides the information for the minimum weight of a serving.)</i></p>	
<p>MILK</p> <p>A serving of fluid milk</p>	<p>1/2 pint (8 fl oz)</p>	<p>1/2 pint (8 fl oz)</p>	<ul style="list-style-type: none"> At least one of the following forms of milk must be offered: Unflavored lowfat milk Unflavored skim milk Unflavored buttermilk <p>NOTE: This requirement does not prohibit offering other milks, such as whole milk or flavored milk, along with one or more of the above.</p>	

The repeal and rules contained in this order take effect on the first day of the 6th month following their publication in the Wisconsin Administrative Register.

WISCONSIN DEPARTMENT OF HEALTH AND
FAMILY SERVICES

DATE:

By: _____
Joe Leean
Secretary

SEAL: