

<p>Milwaukee County Department of Health and Human Services Division of Youth and Family Services</p> <p>POLICY & PROCEDURE</p>	<p>Original Date Issued: 01/01/2014</p> <hr/> <p>Last Revision Date: 12/3/2013</p>	<p>Current Review Date: 10/13/2017</p> <p>Current Review By: DP</p>	<p>Section: OUT OF HOME CARE</p>	<p>Policy No: 004</p>	<p>Pages: Page 1 of 1 (1 Attachment)</p>
<p><input checked="" type="checkbox"/> Division of Youth and Family Services (DCSD)</p> <p><input type="checkbox"/> Detention Center</p> <p><input type="checkbox"/> DCSD Services Network</p> <p><input type="checkbox"/> Purchase of Service Agencies</p>	<p>Current Effective Date: 01/01/2018</p>	<p>Subject:</p> <p style="text-align: center;">Passes for Youth in Out of Home Placements Policy</p>			

I. Policy

It is the policy of Division of Youth and Family Services (DYFS) to promote the well-being of all youth in Out of Home Care (OOH) by promoting familial connections through a systematic process of maintaining community safety. Passes are to be granted as specifically directed on the non-secure or other court order.

This policy applies to all youth under DYFS Supervision that are placed outside of the home in the following placement types:

- Foster Homes
- Group Home Care
- Residential Treatment Centers (RTC)
- Temporary Shelter Care
- Treatment Foster Homes
- Special Programming (e.g. Milwaukee County Accountability Program)

II. Procedure

- A. The Youth Multi Pass Form must be electronically completed to authorize a pass (*Please refer Attachment A*). Form located at: H:\DYFS Documents - June 2015\OUT OF HOME Placements.
- B. Passes are to be reviewed and approved by the Human Service Worker (HSW) on a case-by-case basis.
- C. HSWs should base approval decisions on consultations with the parent/guardian, the program placement staff, including program requirements. Approval decisions should not be based solely on behavior. (*Please refer to Specific Program Policies when applicable*).
- D. Placement staff will document all pass utilization, noting the destination, authorization, parent/guardian verification (if appropriate), mode of transportation and time of departure and return of the youth.
- E. All passes must have a specified destination. There should be no “open” passes granted. This is to ensure, to the extent possible, that youth are not being sent to an empty house or to an environment that could put them at risk.
- F. Organized, supervised activities that occur away from the placement location as part of programming are not regarded as a pass. Youth should not be excluded from these activities based on pass criteria.
- G. In the event that other government entities (e.g. Wraparound, Division of Milwaukee Child Protective Services, etc.) are involved, all steps above must be followed in conjunction with other case managers.

 A copy of the completed Pass Form must be submitted to the HSW Law Enforcement Liaison.

Reviewed & Approved By: _____


Mark Mertens, Division Administrator

<h1 style="color: blue; margin: 0;">Youth Multi Pass Form</h1>		Placement Type:
This form must be electronically completed - No hand-written passes will be accepted. Refer to DYFS Policy 004 for Youth Pass Guidelines.		<input type="checkbox"/> Foster Home <input type="checkbox"/> Group Home Care <input type="checkbox"/> MCAP <input type="checkbox"/> Residential Treatment Centers (RTC) <input type="checkbox"/> Temporary Shelter Care <input type="checkbox"/> Treatment Foster Care
Passes are to be reviewed and approved by the Human Service Worker on a case-by-case basis.		
Youth Information	Approved <input type="checkbox"/>	Denied <input type="checkbox"/>
Youth Name: _____ Youth I.D.: _____ Gender: _____ Height: _____ Distinguishing Marks/Tattoos: _____	Current Placement: _____ D.O.B.: _____ Race/Ethnicity: _____ Weight: _____	
Pick Up/Departure Information		
Pass Date: _____ Destination: (specific) _____ Transporting Adult: _____ Departure Time: _____ City: _____ Phone No.: _____	Authorized By: _____ Parent/Guardian Verification: (if needed) _____ Relationship to Youth: _____ Departure From Address: _____ Zip: _____ Alternate Phone No.: _____	
Approved Pass Location		
Supervising Adult's Name: _____		Phone No.: _____
		Alternate Phone No.: _____
(Mark If Applies)		
Address 1:	zone1 <input type="checkbox"/> zone2 <input type="checkbox"/> zone3 <input type="checkbox"/>	City/Zip 1: _____
Address 2:	zone1 <input type="checkbox"/> zone2 <input type="checkbox"/> zone3 <input type="checkbox"/>	City/Zip 2: _____
Address 3:	zone1 <input type="checkbox"/> zone2 <input type="checkbox"/> zone3 <input type="checkbox"/>	City/Zip 3: _____
Return Information:		
Authorized By: _____	Parent/Guardian Verification: (if needed) _____	
Expected Return Date: _____	Expected Return Time: _____	
Adult Returning Youth: _____	Address: _____	
Actual Return Date: _____	Actual Return Time: _____	
Human Service Worker (HSW) Signature: _____		HSW Printed Name: _____
Date: _____		