

<p>Milwaukee County Department of Health and Human Services Division of Youth and Family Services</p> <p>POLICY AND PROCEDURE</p>	<p>Original Date Issued: 10/01/2020</p> <hr/> <p>Last Revision Date: N/A</p>	<p>Current Review Date: 12/17/2020</p> <p>Current Review By: DB</p>	<p>Section: AFTERCARE</p>	<p>Policy No: 069</p>	<p>Pages: Page 1 of 11 (10 Attachments)</p>
<p><input checked="" type="checkbox"/> Division of Youth and Family Services (DYFS)</p> <p><input checked="" type="checkbox"/> Detention Center</p> <p><input type="checkbox"/> DYFS Services Network</p> <p><input checked="" type="checkbox"/> Purchase of Service Agencies</p>	<p>Current Effective Date: 01/01/2021</p>	<p>Subject: Aftercare Youth Policy: Conduct and Revocation Process</p>			

I. Policy

It is the policy of Division of Youth and Family Services (DYFS) that the delivery of our Aftercare programming and services is provided consistently and effectively to all youth in the program. Additionally, it is the practice of DYFS to investigate youth who have allegedly violated rules of conduct or court-ordered conditions of Aftercare supervision, per the Administrative Code, Department of Corrections (“DOC”). DOC s. 393.12.

In the event that an Aftercare Youth’s conduct reaches that threshold, the purpose of this policy is to provide the necessary guidance to ensure DYFS will respond with a formal process that will address the conduct and hold youth accountable in a manner consistent with applicable statute, department guidelines and best practices that uphold community safety.

II. Scope

This protocol applies only to court-ordered Aftercare Supervision youth of the Milwaukee County Department of Health and Human Services (“DHHS”) - Division of Youth & Family Services. The County is authorized to provide Aftercare supervision for youth who are released from a youth correctional facility or secure residential care center for children and youth. Wis. Stat. s. 938.34(4n).

III. Definitions

- A. Administrative Detention:** Secure temporary confinement of a youth in Type 1 secure correctional facility, an approved detention center or approved section of a county jail pending the completion of a violation investigation, the outcome of a revocation proceeding or the placement of a youth in an authorized placement as an alternative to revocation. DOC s. 393.03(1).
- B. Alternate Care:** Placement in foster home, group home, residential care center for children and youth or secure residential care center for children and youth. Wis. Stat. s. 938.538(3)(a)1p.
- C. Revocation:** The legal act of revoking aftercare supervision. The termination of Aftercare Supervision and return to Type 1 facility.
- D. Violation Report:** A document that outlines the alleged violations of youth on aftercare supervision. DOC s. 393.13.

- E. Violation of Supervision:** The youth violates court orders conditions or rules of supervision, the Human Service Worker (“HSW”) or any other person authorized to provide or providing intake or dispositional services for the court under Wis. Stat. s. 938.067 or Wis. Stat. s. 938.069 may, without a hearing, take the youth into custody and place the youth in a youth detention facility or youth portion of the county jail that meets the standards promulgated by the department of corrections by rule or in a place of non-secure custody designated by that person for not more than 72 hours while the alleged violation and the appropriateness of revoking the youth Aftercare status are being investigated. Wis. Stat. s. 938.355(6d)(b)1.

IV. Violation of Aftercare Supervision. DOC ss. 393.05 and 393.11

A. Identifying/Reporting a Violation. DOC s. 393.11

1. Youth committed a conduct prohibited by the conduct rules of DOC s. 393.05 of Aftercare Supervision and/or court-ordered conditions.
2. The youth was convicted or was adjudicated delinquent for violating a criminal law or municipal ordinance.

B. Violation of Supervision

1. Investigation Process

If an HSW has reason to believe the youth violated Aftercare rules of supervision or court ordered conditions, an investigation shall be completed within 72 hours. DOC s. 393.12(1). *If the youth is in custody and the investigation cannot be completed within the 72-hour timeframe a court hearing must be completed.* Wis. Stat. s. 938.355(6d)(d).

Violations examples are as follows:

- Youth has any police contact
- Curfew violations
- New referral(s)
- New delinquency petition filed
- Not participating in court ordered or mandated group services, etc.
 - a. Obtain a statement from the youth that includes the youth’s signature of acknowledgement (*Refer to Attachment A: DYFS Form 001: Youth Statement and DYFS Form 001b: Youth Statement Supplemental Page*).
 - b. Complete the Violation Investigation Report (*Refer to Attachment B: DYFS Form 002: Violation Investigation Report*). This document shall include the actual conduct/rule or law violations using the standard allegation format and include signature of HSW and Supervisor. DOCs. 393.13.

Violation Investigation Report Content:

- A description of the alleged misconduct, including any conflicting versions of the nature or circumstances of the alleged violation.
- The alleged victim’s statement or a statement of the impact on the alleged victim.
- The youth’s statement.
- A description of any alleged violations of the law, any statement of confession to enforcement, guilty plea, pending charges, a prosecutor’s recommended disposition or a conviction for the conduct underlying the alleged Aftercare violation, if known.
- A list of all conduct rules and court-ordered conditions the youth allegedly

violated.

- A description of the HSWs investigation and statement of the Human Service Worker conclusions.
- Information about the custody status of the youth.
- Any recommendation for alternatives or revocation of Aftercare supervision and the reasons for the recommendation.
- The assigned HSW shall maintain the violation report in the youth's file.

- c. Schedule a case consultation with assigned supervisor to determine, at that time, what action the allegations warrant.

Potential case consult decisions include but are not limited to:

- Youth remain in the community with counseling
- Community alternative to revocation
- Modification of the youth's services/case plan
- 72-hour hold in Secure or non-secure placement
- Administrative Detention

- d. Contact the youth's parent/guardian to inform them of the outcome of the investigation and next steps.

- e. Document the following information in Synthesis (*Refer to DYFS Policy #012: Case Noting*).

- Date(s) Document(s) was signed
- Who signed the documents
- Where (location) the documents were signed
- Whom the documents were submitted to
- Date of Staffing/Consult and decision
- That a copy was maintained in the youth file

2. Response to Investigation

a. Counseling DOC s. 393.12(2)(a).

A counseling shall occur for rule violations that are not serious and less likely to occur again when behavior is addressed community protection and protection of the youth missing.

Counseling may be the appropriate course of action if any of the following apply:

- The youth is unfamiliar with the conduct rule or court-ordered condition.
- The youth has not previously violated the same or a closely related conduct rule or court-ordered condition.
- The youth is unlikely to repeat the behavior if warned and counseled.
- The youth's ability to understand the conduct rules or court-ordered conditions is limited or impaired.
- Summary disposition or revocation is not appropriate.

HSW is responsible for completing the following with the youth:

- Review Court-ordered conditions and Aftercare conduct rules

- Refer for additional supportive services if appropriate
- Non-formal intervention (i.e. Carey Guides, Juvenile Cognitive Intervention Program supplemental, etc.)

b. Summary Disposition DOC s. 393.12(2)(b)

1. Procedure

The HSW may inform the youth they are in violation of a conduct rule or court-ordered condition of Aftercare and do one or more of the following:

- Explain the court-ordered conditions and conduct rules and inform the youth that any additional violations may result in revocation of Aftercare supervision.
- Modify or supplement the conduct rules.
- Require the youth to participate in a DYFS or contracted provider alternative to corrections program.
- Further restrict the youth's placement or supervision.

2. Report

When the HSW imposes a summary disposition, the HSW shall prepare a written violation report consistent with DOC s. 393.13.

3. Appeal

- The youth has the right to appeal the summary disposition within five (5) days of the imposition and the HSW supervisor will have five (5) days
- The filing of an appeal by a youth may not delay the imposition of the summary disposition pending outcome of the appeal.

c. Initiation of Revocation Proceedings

The assigned HSW or county department/division may recommend revocation after considering the following, per DOC s. 393.12(2)(c):

- The committing of an offense
- Past conduct and the positive and negative adjustments during aftercare supervision
- Previous Violations and the outcome of each
- Seriousness of the violation
- Alternatives to revocation, and why they are not appropriate or have been rejected.

d. Revocation of Youth under Extended Jurisdiction DOC s. 393.12(3).

- The Aftercare revocation procedures in DOC ss. 393.14 to 393.16 and 393.18 do not apply a youth subject to extended jurisdiction under Wis. Stat. s. 48.366 Stats.
- When the assigned HSW decides to initiate revocation proceedings for a youth subject to extended jurisdiction, the Aftercare provider shall file a petition for revision of the court with the committing court requesting revocation of the youth's Aftercare status.

e. Administrative Detention

(Refer to Attachment C: DYFS Form 003: Aftercare Administrative Detention)

A youth may be placed on an Administrative Detention for the following reasons under DOC s. 393.12(4):

1. If the assigned HSW initiates revocation proceedings the youth can be placed on an administrative detention based on the alleged violation or past conduct pending the revocation outcome.
2. The assigned HSW may hold the youth on an administrative detention if it is likely the following will occur in the current placement. DOC s. 393.12(4)(a):
 - Youth will encourage others by example, expressly or by the youth's presence to defy staff authority and thereby erode and there by erode the staff's ability to control a particular situation.
 - You will seek to intimidate a witness.
 - Youth will present an imminent danger to himself/herself or others.
 - Youth will be a flight risk
 - Criminal disciplinary or revocation proceedings will be inhibited.
 - Youth has an increased likelihood to reoffend
 - Youth will engage in activity that violate a conduct rule or court-ordered conditions.
3. If a youth under Aftercare Supervision is removed from an approved placement and a suitable alternative is not available, DYFS may place the youth at a type 1 secure correctional facility until alternative is found. DOC s. 393.12(4)(b).
 - If alternative placement is found within thirty (30) days the Aftercare supervisor shall notify DYFS the assigned section manager, co-deputy administrator, and public defender's office (milwjuveclericals@opd.wi.gov) of the youth's status.
 - If alternative placement is not found within sixty (60) days the assigned section manager shall notify DYFS co-deputy administrator, administrator, and public defender's office (milwjuveclericals@opd.wi.gov) of the youth's status.
4. When DYFS decides to place a youth on administrative detention, the Aftercare provider may request that the youth be taken into custody under Wis. Stat. s. 938.19(1)(d)6. and released to the Aftercare provider under Wis. Stat. s. 938.20(2)(cm).
5. The Division may place a youth in a type 1 secure correctional facility or a secure detention facility within the meaning of Wis. Stat. s. 938.02(16), Stats., pending the outcome of revocation proceedings DOC s. 393.12(4)(d).
6. Required notifications under DOC s. 393.12(4)(c):
 - The youth shall receive notification no later than the 7th day after the youth is placed on administrative detention, stating the reason the administrative detention was initiated, and shall identify the basis under par. (2).
 - The notice shall inform the youth that he or she may appeal the administrative detention decision to the next supervisory level in writing at any time prior to the revocation hearing.
 - The supervisor reviewing the appeal shall respond in writing to the youth within 7 days after receipt of the appeal. Failure of the supervisor to respond upholds the administrative detention decision.

- The youth may appeal the decision of the supervisor to the administrator at any time prior to the revocation hearing. The administrator shall respond in writing to the youth within 7 days after receipt of the appeal. Failure of the administrator to respond upholds the administrative detention decision.
- The original administrative detention decision shall remain in effect pending the decision on the appeal.

V. Violation Report. DOC s. 393.13

(Refer to Attachment B: DYFS Form 002: Violation Investigation Report)

When a violation results in a summary disposition, initiation of revocation proceedings or youth is taken into custody by law enforcement for a violation of law, the assigned HSW shall prepare a written violation report. DOC s. 393.13(1).

- A. The Violation Report shall include the following:
1. A description of the alleged misconduct, including any conflicting versions of the nature or circumstances of the alleged violation.
 2. The alleged victim's statement or a statement of the impact on the alleged victim *(Refer to Attachment A: DYFS Form 001: Youth Statement)*.
 3. The youth's statement *(Refer to Attachment A: DYFS Form 001: Youth Statement)*.
 4. A description of any alleged violations of the law, any statement or confession to law enforcement, guilty plea, pending charges, a prosecutor's recommended disposition or a conviction for the conduct underlying the alleged Aftercare violation, if known.
 5. A list of all conduct rules *(Refer to Attachment D: DYFS Form 009: Rules of Aftercare Supervision)* and court-ordered conditions *(Attach copy of Dispositional Order)* the youth allegedly violated.
 6. A description of the HSW Violation Investigation Report *(Refer to Attachment B: DYFS Form 002: Violation Investigation Report)*
 7. Information about the custody status of the youth:
 - 72-hour hold
 - Apprehension Request
 - Administrative Detention
 - Detainer
 - Wisconsin Circuit Court Access- Case Summary
 - Group Home/Residential Treatment Center
 - Home/Foster Home
 8. Any recommendation for revocation of Aftercare and the reasons for the recommendation, or a description of the specific summary disposition imposed under DOC s.393.12(2)(b).
 9. Assigned HSW shall place violation report in youth's file.

VI. Revocation Process

A. Request the Administrative Hearing

1. Complete the Revocation Hearing Request Form (*Refer to Attachment E: DYFS Form 005*)
 - The assigned HSW submits the completed form to the Department of Administration-Division of Hearings and Appeals (DOA) via email to DOADHAMilwaukee@Wisconsin.gov. Send the email with a “read receipt”
 - HSW continues completing the forms for Final Administrative Hearing Information Packet.
2. Notice of Hearing. DOC s. 393.14(1).
 - The assigned HSW shall serve the **youth in physical custody** on an administrator detention under DOC s. 393.12(4) a written notice of the hearing no later than the 7th day after being placed in physical custody.
 - If the youth is **NOT in physical custody**, the notice shall be served to the youth at least 14 days prior to the scheduled administrative hearing.
 - a. The assigned HSW will receive the notice of hearing from the DOA via email. The DOA will mail a notice to the youth.
 - b. HSW is responsible for completing the Youth Aftercare Notice of Violation, Acknowledgement, Statement of Hearing Rights and Receipt (*Refer to Attachment F: DYFS Form 004*), including the date, time, and location of the hearing.

The assigned HSW is responsible for sending (*Refer to Attachment F: DYFS Form 004*) to the following parties:

 - Youth
 - Parent/Guardian
 - Public Defenders Office: milwjuveclericals@opd.wi.gov
 - c. Reissuance of notice
 - DYFS notice of a revocation hearing is found to be improper and the impropriety results in the dismissal of the revocation proceedings, the County Aftercare Division may reinitiate revocation proceedings by issuing a proper notice.
 - Upon receipt of a hearing date, the HSW is responsible for issuing a subpoena. The State of Wisconsin Subpoena (*Refer to Attachment I: DYFS Form 007*) requires supervisory consultation to determine appropriate parties to invite. Parties can include the following:
 - Law Enforcement
 - Parent/Guardian
 - Victims
 - Etc.

B. Voluntary Waiver of Revocation Hearing. DOC s. 393.14(3).

A youth served the Notice of the hearing has the right to waive the revocation hearing, including the right to be represented by an attorney at that hearing, if the youth waives these rights knowingly, voluntarily and in writing (*Refer to Attachment F: DYFS Form 004*).

1. The HSW is responsible for the following prior to allowing the youth to sign the waiver (*Refer to Attachment F: DYFS Form 004*):
 - a. Contact the appointed attorney
 - Request the Attorney is Present when the waiver is signed or obtain permission to proceed with the signing of the waiver without them being present.
 - b. Consider mental health factors
The Aftercare provider may not accept a waiver from a youth of any age if the Aftercare provider reasonably believes that the youth lacks the mental capacity to make a reasoned and voluntary waiver of his or her rights.
 - Contact the Wraparound Care Coordinator prior to asses
 - c. Obtain a Witness
The witness may not be an employee of the Aftercare provider, unless no other witness is available.
 - Wraparound Care Coordinator or Consultant
 - Therapist
 - Community Advocate
 - Appointed Attorney

C. Completion of Revocation Information Packet. DOC s. 393.14(4).

The following steps must take place in preparation for the Revocation Hearing process, referencing the Aftercare Revocation and Waiver Packet Checklist (*Refer to Attachment H: DYFS Form 010*).

1. The following documents must be included in the information packet:
 - a. Request for Administrative Action & Department Order (*Refer to Attachment J: DYFS Form 008*)
 - b. Revocation Hearing Request form (*Refer to Attachment E: DYFS Form 005*)
 - c. The conduct rules and court-ordered conditions signed by the youth (*Refer to Attachment: D: DYFS Form 009*)
 - d. Violation Investigation Report (*Refer to Attachment B: DYFS Form 002*)
 - e. Witness, Victim, or Youth Statement (*Refer to Attachment A: DYFS Form 001*)
 - f. Copy of Original Dispositional or Extension Order
 - g. Petitions from pending charges (*if applicable*)
 - h. Supplemental Material (i.e. 72-hour holds, active capias...)
 - i. Aftercare Revocation Summary (*Refer to Attachment: G: DYFS Form 006*)
 - j. Youth Aftercare Notice of Violation, Acknowledgement Statement of Hearing Rights and Receipt (*Refer to Attachment F: DYFS Form 004*)
 - ✚ Document the completion of the information packet in Synthesis (*Refer to DYFS Policy #012 Case Noting*).

2. Review of Revocation Information Packet:

✚ *If a youth waives his/her rights to a revocation hearing, the completed information packet shall be submitted to the DYFS Administrator no later than fourteen (14) working days after the acceptance of the waiver. DOC s.393.16*

- a. HSW Submits completed Packet to Assigned Supervisor for Review
- b. Assigned HSW Supervisor Submits Revocation Information Packet to the assigned Section Manager to obtain Signature form of DYFS Administrator
 - If the Administrator is unavailable obtain a signature from the co-Deputy Administrator
 - If a DYFS representative is not available obtain a signature from the Department Director

3. Submission of Revocation Information Packet

a. Revocation Hearing

The HSW is responsible for submitting the Revocation Information Packet to the following individuals 5 working days prior to the scheduled proceeding:

- Division of Hearing & Appeals DOSDHAMilwaukee@wisconsin.gov
- Aftercare/Re-Entry Supervisor
- Public Defenders Office milwjuveclericals@odp.wi.gov

b. Voluntary Waiver of Revocation Hearing

The HSW is responsible for submitting the Revocation Information Packet to the following individuals:

- Department of Juvenile Corrections DOCDJCRecords@wisconsin.gov
- DYFS Detention Superintendent
- DYFS Detention Deputy Superintendent
- DYFS Administrator
- DYFS Co-Deputy Administrator

4. County Administrators Decision. DOC s. 393.16(3).

a. Waive Revocation Hearing

The DYFS Administrator has fourteen (14) days after the receipt of the waiver packet to issue a written decision rejecting or accepting the waiver.

a. Rejection. DOC s. 393.16.

1. The youth's case shall be remanded by the DYFS Administrator to the assigned HSW and HSW Aftercare Supervisor for Alternate Planning and placement.

The written decision shall be submitted to the following:

- Assigned HSW
- HSW Aftercare Supervisor
- Appointed Attorney milwjuveclericals@odp.wi.gov

b. Acceptance. DOC s. 393.16(3)(d).

The youth will be transferred to a Type 1 Facility

1. DYFS Administrator shall promptly forward the written decision to:

- DYFS Co-Deputy Administrator
- HSW Aftercare Supervisor
- Assigned Section Manager
- Youth
- Parent/Guardian

2. DYFS Assigned HSW is responsible for submitting the information packet and decision notification:

- Department of Juvenile Corrections: DOCDJCSupport@wisconsin.gov
- Appointed Attorney: milwjuveclericals@opd.wi.gov
- District Attorney's Office: milwdelqref@da.wi.gov
- DYFS Detention Superintendent
- DYFS Co-Deputy Superintendent

E. State of Wisconsin Division of Hearings & Appeals (DHA) Revocation Decision

Revocation Hearing is held before an Administrative Law Judge to determine if there is probable cause to revoke youth for alleged Aftercare Supervision court order or conduct rule violations.

a. Termination of Aftercare Supervision

1. The HSW will receive the Revocation Decision, and Revocation Order and Warrant from DOA for the youth to return to a Type 1 facility. The Revocation and Warrant shall be submitted to:

- Department of Juvenile Corrections:
DOCDJCSupport@wisconsin.gov
- Appointed Attorney: milwjuveclericals@opd.wi.gov
- District Attorney's Office: milwdelqref@da.wi.gov
- DYFS Detention Superintendent
- DYFS Co-Deputy Superintendent
- Youth
- Parent/Guardian

b. Revocation Declined

1. The HSW will receive the Revocation Decision from DOA. The Revocation Decision shall be submitted to:

- Department of Juvenile Corrections:
DOCDJCSupport@wisconsin.gov
 - Appointed Attorney: milwjuveclericals@opd.wi.gov
 - District Attorney's Office: milwdelqref@da.wi.gov
 - DYFS Detention Superintendent
 - DYFS Co-Deputy Superintendent
 - Youth
 - Parent/Guardian
2. The HSW will complete the following to place the youth back on Aftercare Supervision with services:
- Schedule a Team Meeting
 - Release the youth to community placement with Global Positioning System (GPS)
 - Review the Probation/Sanction Agreement (*if applicable*)
 - Review the conduct rules and court-ordered conditions signed by the youth (*Refer to Attachment D: DYFS Form 009*)
- ✚ Document the completion of all steps and pertinent dates in Synthesis (*Refer to DYFS Policy #012 Case Noting*).

Reviewed & Approved By:


Mark Mertens, Division Administrator

STATEMENT

<input type="checkbox"/> VICTIM	<input type="checkbox"/>	<p>AFTERCARE SUPERVISION YOUTH: I have been advised that I must account in a truthful and accurate manner for my whereabouts and activities, and that failure to do so is a violation for which I could be revoked. I have also been advised that none of this information or any evidence derived therefrom can be used against me in criminal proceedings.</p> <p>This warning statement does not apply to victim or witness. I have read or have had read to me, the above warning. Initials _____</p>
<input type="checkbox"/> WITNESS	<input type="checkbox"/>	This statement is written by the Human Service Worker with my permission. Witness Initials _____
<input type="checkbox"/> YOUTH	<input type="checkbox"/>	This statement is written by the Human Service Worker with my permission. Youth Initials _____

Youth Name: _____ made the following statement on _____ at the location: _____ to HSW-YA Name: _____ a Milwaukee County Division of Youth and Family Services staff person.

I have read/had read to me this statement consisting of _____ page(s). This statement is a true and accurate account of my whereabouts and activities.

VICTIM / WITNESS / YOUTH SIGNATURE	DATE SIGNED
WITNESS SIGNATURE	DATE SIGNED

VIOLATION INVESTIGATION REPORT

NAME:	DOB:	YOUTH #:	DOC #:
DISPOSITIONAL ORDER NUMBER(S):		CASE TYPE: <input type="checkbox"/> Probation <input type="checkbox"/> Aftercare	

VIOLATION STATEMENT (Allegation Format):
 1.

DESCRIPTION (Substantiating details are to be a brief chronological narrative and include summary statement, impact on victim, loss of property or other results of violation):

EVIDENCE		
THE FOLLOWING DOCUMENTS ARE ATTACHED:		
<input type="checkbox"/> Police Report / Agency	Report Number	Report Date
<input type="checkbox"/> Youth Statement(s)	Date Obtained	
<input type="checkbox"/> Victim Statement(s)	Date Obtained	
<input type="checkbox"/> Witness Statement(s)	Date Obtained	
<input type="checkbox"/> Physical Evidence		
<input type="checkbox"/> Other _____		
SUMMARY OF:		
<input type="checkbox"/> Youth Verbal Statement		Date Obtained
<input type="checkbox"/> Victim/Witness Verbal Statement		Date Obtained
CUSTODY STATUS:		
<input type="checkbox"/> Group Home:		
<input type="checkbox"/> Residential Treatment Center (RTC):		
<input type="checkbox"/> Foster Home		
<input type="checkbox"/> Out of County Secure:		
<input type="checkbox"/> Milwaukee County Jail		
<input type="checkbox"/> Milwaukee County Secure Detention		

DISPOSITION		
DATE OF SUPERVISOR CONFERENCE:	HSW-YA PRESENT:	SUPERVISOR PRESENT:

YASI Dynamic Risk Score:	Protective Factors:
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FUNCTIONAL OBJECTIVE	RELEVANT CASE FACTORS	NECESSARY RESPONSE INTENSITY	AVAILABLE DISPOSITION OPTIONS
Control the Youth (protect the public)		<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High	
Correct the Behavior (treatment in a confined setting)		<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High	
Hold the Youth Accountable (not depreciate the seriousness of the violation)		<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High	

RECOMMENDED DISPOSITION:

DATE AMENDED DYFS-009 SIGNED (refer to document):	CUSTODY DATES: to
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HSW-YA SIGNATURE	DATE	SUPERVISOR SIGNATURE	DATE
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AFTERCARE ADMINISTRATIVE DETENTION

NAME OF YOUTH		YOUTH NUMBER	DATE COMPLETED <small>Click here to enter a date.</small>	
SEX OFFENDER REGISTRATION REQUIRED <input type="checkbox"/> YES <input type="checkbox"/> NO		VICTIM/WITNESS NOTIFICATION <input type="checkbox"/> YES <input type="checkbox"/> NO		
PRIOR PLACEMENT (if State case) <input type="checkbox"/> CLS <input type="checkbox"/> LHS <input type="checkbox"/> MJTC <input type="checkbox"/> OTHER:				
CURRENT AFTERCARE PLACEMENT				
ADDRESS		CITY	STATE	ZIP CODE
NAME OF HSW		PHONE NUMBER OF HSW		
PARENT(S)/RESPONSIBLE PARTY		RELATIONSHIP		
ADDRESS		CITY	STATE	ZIP CODE
HOME PHONE NUMBER	WORK PHONE NUMBER		PARENTS HAVE BEEN CONTACTED <input type="checkbox"/> YES <input type="checkbox"/> NO	

REASON FOR RETURN TO MILWAUKEE COUNTY YOUTH DETENTION CENTER FOR AN ADMINISTRATIVE DETENTION:

- Investigation of Aftercare Violation
- Temporary Placement Accordance to 393.12 (4)(b), Wisconsin Administrative Code

Explanation:

Has the youth been served the **Youth Aftercare Revocation Notice of Violation, Acknowledgement, Statement of Hearing Rights and Receipt (DYFS 004)**?

- YES
- NO, HSW will arrange for youth to be served DYFS 004 – Notice served no longer than 7 days after taken into custody
- N/A, for youth temporary placed at JCI pursuant to s. DOC 393.12 (4)(b)

ANTICIPATED DATE OF ARRIVAL AT DETENTION <small>Click here to enter a date.</small>	ANTICIPATED TIME OF ARRIVAL AT DETENTION
MEDICATIONS <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE MEDICATIONS ACCOMPANYING THE YOUTH <input type="checkbox"/> YES <input type="checkbox"/> NO

RULES OF AFTERCARE SUPERVISION

NAME:	DOB:	YOUTH #:	DOC #:
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JST 001.	You shall avoid all conduct which is in violation of a criminal law, tribal law or municipal ordinance.
JST 002.	You shall report any arrests or police contact to your assigned Human Service Worker immediately, but not later than 72 hours after the contact or 12 hours if on Type 2 status. If you are taken into custody, you shall inform the arresting officer and intake worker of the name of your Human Service Worker and your correctional status.
JST 003.	You shall cooperate with your Human Service Worker and fully participate in your community supervision treatment plan.
JST 004.	You shall be truthful with your Human Service Worker and other supervising staff at all times.
JST 005.	You shall keep all scheduled appointments with your Human Service Worker and all service providers.
JST 006.	You shall report to and inform your Human Service Worker of your whereabouts and activities as directed and may not to go or be present at any place prohibited by the Human Service Worker or supervising staff.
JST 007.	You shall obtain advance permission from your Human Service Worker to quit or change a job, or educational or vocational program. Any emergency changes must be reported to your Human Service Worker within 72 hours, or within 24 hours if on Type 2 status.
JST 008.	You shall obtain permission from your Human Service Worker before changing your residence. Any emergency change must be reported to your Human Service within 72 hours, or immediately if in Type 2 status.
JST 009.	You shall, if you are in alternate care placement, obtain permission from your Human Service Worker to change your residence.
JST 010.	You shall not leave the State of Wisconsin without permission from your Human Service worker and a signed travel permit.
JST 011.	You may not purchase, own, carry or possess a firearm, knife, weapon or ammunition, without permission from your Human Service Worker. A Human Service Worker may not grant a youth permission to possess a firearm if the youth is prohibited from possessing a firearm under s.941.29, Wis Stats., any other state or federal law, municipal ordinance, or court order.
JST 012.	You shall not use or possess illegal drugs, drug paraphernalia or inhalants, except as prescribed for you by a physician. Verification must be provided to your Human Service Worker as directed.
JST 013.	You shall submit to and cooperate with searches of your person, living quarters, vehicle or property under your control. You shall submit to other tests ordered by supervision staff, consistent with the law, including but not limited to urinalysis, breathalyzer blood tests, and DNA testing.
JST 014.	You may not borrow money or purchase on credit without prior approval from your Human Service Worker.
JST 015.	You may not buy, sell, lease, possess or operate a vehicle without permission from your Human Service Worker. Before approval can be given, you must show proof of insurance, a valid driver's license and written permission from the vehicle owner.
JST 016.	You shall report to the Department of Motor Vehicle within 10 days of the date of release from the institution and complete the change of address process to verify your current address.
JST 017.	You shall have no unsupervised/unapproved contact with any other youth under Probation/Aftercare Supervision or any adult under Probation/Parole/Extended Supervision. You shall not have any contact with any youth at Lincoln Hills School or Copper Lake School without permission in advance from your Human Service Worker.
JST 018.	You shall adhere to any conditions listed on your Dispositional Order for any/all active adjudications, including all NO CONTACT orders with victims, witnesses and/or co-actors.
JST 019.	You shall comply with all additional/special rules implemented by your Human Service Worker.
JSP 001.	
JSP 002.	
JSP 003.	
JSP 004.	
JSP 005.	

- I have read or have had read to me the conditions/rules of Aftercare Supervision. I understand the conditions/rules of Aftercare Supervision that I am expected to adhere to.
- I understand that a violation of my aftercare supervision may result in an investigation and a 72-hour hold and placement at a juvenile detention facility, the juvenile portion of a county jail, or non-secure custody (with or without a hearing).

YOUTH SIGNATURE:	DATE:	HSW-YA SIGNATURE:	DATE:
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REVOCATION HEARING REQUEST

Instructions: A copy of the YOUTH AFTERCARE NOTICE OF VIOLATION, ACKNOWLEDGMENT, STATEMENT OF HEARING RIGHTS AND RECEIPT (DYFS-004) must be attached to this request.

YOUTH NAME	DOB	AGE	GENDER	YOUTH #	DOC #
STATUS TO BE REVOKED: AFTERCARE SUPERVISION			DETENTION STATUS: Choose an item.	LOCATION: Choose an item.	DATE OF CUSTODY:
CASE #	CASE #	YOUTH'S ADDRESS			
HEARING TYPE IN-PERSON			DHA LOCATION: DHA Milwaukee		
HEARING LOCATION VEL R. PHILLIPS JUVENILE JUSTICE CENTER 10201 W. Watertown Plank Rd., Wauwatosa, WI 53226			DEFENSE COUNSEL NAME & CONTACT INFO (if known)		
HUMAN SERVICE WORKER	ADDRESS 10201 W. Watertown Plank Rd. Wauwatosa, WI 53226	PHONE #	EMAIL ADDRESS		
LIST DAYS/DATES WHEN HSW IS UNAVAILABLE					
HSW SUPERVISOR NAME	ADDRESS 10201 W. Watertown Plank Rd. Wauwatosa, WI 53226	PHONE #	EMAIL ADDRESS		
WITNESSES NAME & ADDRESS (include HSW, if applicable, and place * before any witness for whom a subpoena will be required; use HSW's address for victims)					

VICTIM ACCOMMODATION REQUEST

Pursuant to Administrative Rule HA2.05(5)(b), the Division of Youth & Family Services is requesting that the testimony of _____ be taken outside of the presence of the youth because _____.

- There is a substantial likelihood that _____ will suffer significant psychological or emotional trauma if _____ testifies in the presence of the youth because _____.
- There is a substantial likelihood that _____ will not be able to give effective, truthful testimony in the presence of the youth because _____.

EVIDENCE TO BE CONSIDERED AT HEARING

- | | |
|--|---|
| <input type="checkbox"/> Information in the Youth's file | <input type="checkbox"/> Photographs |
| <input type="checkbox"/> Youth's Written Statement | <input type="checkbox"/> Physical Evidence |
| <input type="checkbox"/> Police Reports | <input type="checkbox"/> Written Witness Statements |
| <input type="checkbox"/> Medical Reports | <input type="checkbox"/> GPS Tracking Records |
| <input type="checkbox"/> Lab or Chemical Reports | <input type="checkbox"/> Other Evidence |

VIOLATIONS (PLEASE USE ALLEGATION FORMAT)

1.

HSW SIGNATURE	SUPERVISOR SIGNATURE	DATE SIGNED
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**YOUTH AFTERCARE NOTICE OF VIOLATION, ACKNOWLEDGMENT,
 STATEMENT OF HEARING RIGHTS AND RECEIPT**

YOUTH'S NAME	DOC #	YOUTH #	DATE OF BIRTH	HUMAN SERVICE WORKER-YA
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Court Case # of all cases for which revocation is recommended:

CASE #	CASE #	CASE #
UPCOMING COURT HEARING: DATE:	TIME:	BRANCH:

NOTICE OF VIOLATION The Division of Youth & Family Services has recommended revocation or your probation / aftercare supervision based on the following allegations:

PLEASE USE ALLEGATION FORMAT

1.

HEARING RIGHTS

You are entitled to a revocation hearing to determine if you have committed the violation(s) alleged by the Division of Youth & Family Services and if your Aftercare Supervision should be revoked. You have a qualified right to be represented by an attorney at this hearing. If it is determined that you are indigent, the State Public Defender's office will appoint an attorney to represent you unless you retain your own attorney. You also have a right to inspect the Human Service Worker's file.

You have the following rights at the hearing:

1. The right to be present,
2. The right to deny the allegations and speak on your own behalf,
3. The qualified right to be present and question witnesses,
4. The qualified right to present evidence, and
5. The right to receive a written decision stating the reason(s) for it based on the evidence and testimony presented.

You have a qualified right to waive your right to a revocation hearing. If you waive your right to a hearing, the Department will determine if you have committed the violation and if your Aftercare Supervision should be revoked.

EVIDENCE TO BE CONSIDERED AT HEARING

- | | |
|--|---|
| <input type="checkbox"/> Information in the Youth's file | <input type="checkbox"/> Photographs |
| <input type="checkbox"/> Youth's Written Statement | <input type="checkbox"/> Physical Evidence |
| <input type="checkbox"/> Police Reports | <input type="checkbox"/> Written Witness Statements |
| <input type="checkbox"/> Medical Reports | <input type="checkbox"/> GPS Tracking Records |
| <input type="checkbox"/> Lab or Chemical Reports | <input type="checkbox"/> Other Evidence |

RECEIPT / ACKNOWLEDGEMENT / WAIVER

I have been advised that the Division of Youth & Family Services is recommending revocation of my supervision and I have received notice of the allegations against me and that I have certain hearing rights. I have had the alleged violations and revocation rights explained to me. I have been advised that I may waive any and all hearings to which I am entitled. My signature immediately below is only an acknowledgement that I have received notice and is not an admission of guilt of any allegations.

YOUTH'S SIGNATURE	DATE SIGNED	WITNESS SIGNATURE
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IF THE YOUTH REFUSES TO SIGN ABOVE, COMPLETE THE FOLLOWING

CERTIFICATE OF SERVICE

I _____ certify that on _____ day of _____, _____, a true and correct copy of the YOUTH AFTERCARE NOTICE OF VIOLATION, ACKNOWLEDGMENT, STATEMENT OF HEARING RIGHTS AND RECEIPT were served upon _____ by handing to and leaving with that person the same at _____.

SERVER'S SIGNATURE	DATE SIGNED
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WAIVER
 I understand the alleged violation(s) of my Aftercare Supervision, my revocation hearing rights, and my right to waive these rights. I have decided to waive my right to a revocation hearing. I make this waiver without coercion, threat, consideration or other inducement offered by anyone. I understand that this waiver could result in the revocation of my Aftercare Supervision.
****Only a competent youth, age 15 years or older, may waive. A waiver from any other youth is only valid when approved by the youth's attorney.****

YOUTH'S SIGNATURE	DATE SIGNED	DATE OF BIRTH
ADULT WITNESS/HUMAN SERVICE WORKER SIGNATURE		DATE SIGNED
ATTORNEY'S SIGNATURE OF APPROVAL (for youth under age 15)		DATE SIGNED

You are being held on an Administrative Detention (DOC 393.12(4) if it is likely that any of the following will occur if the youth remains in his/her current placement:

- The youth will seek to intimidate a witness in a pending investigation, disciplinary action or revocation action.
- The youth will encourage others by example, expressly or by the youth's presence, to defy staff authority and thereby erode the staff's ability to control a particular situation.
- The youth will present a substantial danger to the physical safety of himself/herself or another person.
- The youth will attempt to flee.
- Criminal, disciplinary or revocation proceedings will be inhibited.
- The youth will commit a crime.
- The youth will engage in activity that violates a conduct rule or court-ordered condition of Aftercare.
- The youth will not achieve the goals and objectives of his/her Aftercare.

The youth has a right to appeal the Administrative Detention decision to the Section Manager in writing at any time prior to the revocation hearing. The Section Manager shall review the appeal and respond, in writing, to the youth within 7 days of receipt of the appeal. Failure of the Section Manager to respond upholds the Administrative Detention decision.

The youth may appeal the decision of the Section Manager to the DYFS Administrator at any time prior to the revocation hearing. The DYFS Administrator shall respond, in writing, to the youth within 7 days of receipt of the appeal. Failure by the DYFS Administrator to respond upholds the Administrative Detention decision.

The original Administrative Detention decision shall remain in effect pending the decision on appeal.

AFTERCARE REVOCATION SUMMARY

NAME:	DOB:	YOUTH #:	DOC #:
DISPOSITIONAL ORDER NUMBER(S):		HSW-YA NAME:	

VIOLATION STATEMENT (Allegation Format):
 1.

DESCRIPTION (Substantiating details are to be a brief chronological narrative and include summary statement, impact on victim, loss of property or other results of violation):

COURT HISTORY (List active cases and conditions, prior revocations and prior adjudications):

ADJUSTMENT UNDER AFTERCARE SUPERVISION (Include all relevant information during the supervision period. Date supervision began, financial, education/employment, residence, AODA/Treatment history and needs, ATRs, family relationships, compliance w/court-ordered conditions and/or rules of aftercare supervision, all previous violations and dispositions, other):

PENDING CHARGES (Include the offense, location/county, Circuit Court Branch if applicable, date of next appearance and court case number if known):

PLOTKIN ANALYSIS FUNCTIONAL OBJECTIVE	RELEVANT FACTORS	NECESSARY RESPONSE INTENSITY
SERVICE TO THE YOUTH (How would youth's confinement protect the public)		<input type="checkbox"/> Low <input type="checkbox"/> Medium <input checked="" type="checkbox"/> High
CORRECT THE BEHAVIOR (How would treatment in a confined setting best serve the youth)		<input type="checkbox"/> Low <input type="checkbox"/> Medium <input checked="" type="checkbox"/> High
HOLD THE YOUTH ACCOUNTABLE (How does confinement not to depreciate the seriousness of the violation)		<input type="checkbox"/> Low <input type="checkbox"/> Medium <input checked="" type="checkbox"/> High

ALTERNATIVES CONSIDERED (Narrative shall address the specific alternatives considered or previously attempted and why they have been rejected regarding the current allegations):

RECOMMENDATION (Explain the following and how not proceeding with revocation would fail to address the violations): Finding no alternative to revocation which is sufficient to achieve the purposes of supervision, the Division of Youth and Family Services recommends revocation of supervision in order to:

- Protect the public:**
- Provide treatment, which is best provided in a confined setting:**
- Not depreciate the seriousness of the violation(s):**

ADDITIONAL AGGRAVATING OR MITIGATING CIRCUMSTANCES:

RESTITUTION AND OTHER COURT OBLIGATIONS STILL OWED:

HSW-YA SIGNATURE	DATE	HSW SUPERVISOR SIGNATURE	DATE
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AFTERCARE REVOCATION AND WAIVER PACKET CHECKLIST

YOUTH NAME:	HSW-YA:
DATE SUBMITTED TO SUPERVISOR:	DATED SIGNED BY DIVISION ADMINISTRATOR:

REQUIRED DOCUMENTS:

- DYFS 008—REQUEST FOR ADMINISTRATIVE ACTION AND DEPARTMENT ORDER**
 - Form only requires Administrator signature if youth waives his/her hearing rights and chooses to voluntarily return to Lincoln Hills School or Copper Lake School

- DYFS 004—YOUTH AFTERCARE NOTICE OF VIOLATION, ACKNOWLEDGEMENT, STATEMENT OF HEARING RIGHTS AND RECEIPT**

- DYFS 006—AFTERCARE REVOCATION SUMMARY**

- DYFS 002—VIOLATION INVESTIGATION REPORT**
 - Include the following supplemental documents:
 - Police and/or Arrest & Detention reports
 - GPS tracking documents/reports
 - New petitions
 - Dispositional Orders for all active cases
 - Any other documents that support the violations

- DYFS 001—STATEMENT**
 - If there is a victim, please obtain a statement from them (if possible) and include in packet

- DYFS 009—RULES OF AFTERCARE SUPERVISION**
 - Use signed rules with most recent date

DISTRIBUTION:

- DYFS-005—REQUEST FOR HEARING REQUEST**
- DYFS-004—YOUTH AFTERCARE NOTICE OF VIOLATION, ACKNOWLEDGEMENT, STATEMENT OF HEARING RIGHTS AND RECEIPT**

EMAIL TO: DOADHAMilwaukee@Wisconsin.gov (Division of Hearings & Appeals); a revocation hearing will be scheduled and HSW will be notified of date via email.

- ENTIRE REVOCATION PACKET W/SUPPLEMENTAL MATERIAL (see above)**

EMAIL TO: DOADHAMilwaukee@Wisconsin.gov (Division of Hearings & Appeals), Diane.Bates@milwaukeecountywi.gov (HSW Supervisor), Danyelle.Brock@milwaukeecountywi.gov (Section Manager), MurphyV@opd.wi.gov, BeachM@opd.wi.gov, and dormanr@opd.wi.gov (Public Defender's Office)

IF YOUTH HAS SIGNED A WAIVER TO VOLUNTARILY RETURN TO LHS/CLS, SEND PACKET W/DYFS-008 (RECOMMENDATION FOR ADMINISTRATIVE ACTION AND DEPARTMENT ORDER) PROPERLY NOTED AND SIGNED BY DEPARTMENT ADMINISTRATOR AND EMAIL TO: Lori.Mcallister@wisconsin.gov (Deputy Superintendent-LHS) and Brian.Guske@wisconsin.gov (Security Director-LHS).

HSW MUST KEEP A HARD COPY OF ALL DOCUMENTS/PACKETS SUBMITTED IN THE YOUTH'S FILE

State of Wisconsin

In the Matter of:

Click or tap here to enter text.

SUBPOENA

TO:

HEARING DATE	HEARING TIME	HEARING LOCATION
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You are required to appear before the Division of Hearings and Appeals/Department Health and Human Services on the day, time and place stated above to testify or give evidence as a witness.

Failure to appear may result in punishment for contempt which may include monetary penalties, imprisonment or other sanctions.

You are further required to bring with you the following papers and documents as described below:

Sometimes hearings have to be postponed. If you have questions about scheduling or any other questions about the hearing, contact:

NAME AND ADDRESS OF HUMAN SERVICE WORKER REQUESTING SUBPOENA

TELEPHONE NUMBER

FINAL REVOCATION HEARING

Dated this day of 20 .
Department of Health and Human Services
Division of Youth & Family Services

HSW Supervisor

Date

AFFIDAVIT OF SERVICE OF SUBPOENA

I, _____, being first duly sworn on oath, depose and state that
on the _____ day of _____, 20____, at approximately _____am/pm, did
personally serve a subpoena on _____,

By: Giving him/her a copy thereof
 Leaving such a copy at his/her abode

At the following location

(Signature)

RECOMMENDATION FOR ADMINISTRATIVE ACTION AND DEPARTMENT ORDER

DATE PACKET SUBMITTED:				
YOUTH'S NAME	DOC #	YOUTH #	DATE OF BIRTH	HUMAN SERVICE WORKER-YA
CURRENT PLACEMENT: DETENTION	DATE OF ADMINISTRATIVE HOLD:	YOUTH WILL BE ADMINISTRATIVELY TRANSFERRED TO RECEPTION STATUS AT: COPPER LAKE SCHOOL		
CURRENT SUPERVISION TYPE: AFTERCARE			DATE HEARING REQUESTED:	DATE WAIVER SIGNED:

COURT CASE # FOR ALL CASES FOR WHICH ADMINISTRATIVE ACTION IS RECOMMENDED:

CASE #	CASE #	CASE #
DISPOSITION:	DISPOSITION:	DISPOSITION:

VIOLATIONS: The Division of Youth & Family Services has recommended revocation or youth's probation / aftercare supervision based on the following allegations:

PLEASE USE ALLEGATION FORMAT

1.

 HSW-YA SIGNATURE

 DATE

 HSW SUPERVISOR SIGNATURE

 DATE

ADMINISTRATOR DECISION

- Agree with decision to revoke youth's Aftercare supervision per DOC 393.16.
- Youth's Aftercare Supervision is not revoked; the youth's case is remanded to the HSW-YA and HSW-YA Supervisor for alternative planning and placement.

 MARK MERTENS, DYFS ADMINISTRATOR
 (ONLY REQUIRED WITH SIGNED WAIVER)

 DATE