

VOLUNTEER FAMILY INTERACTION SUPERVISOR
HANDBOOK

Outagamie County Department of Health & Human
Services

Youth & Family Services Division

500 W Fifth St

Appleton, WI 54911

(920) 832-5515

hhsvolunteers@outagamie.org

www.hhsvolunteers.org

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Mission Statements

DEPARTMENT OF HEALTH & FAMILY SERVICES

The mission of the Outagamie County Department of Health & Human Services is to promote healthy, independent individuals by: Protecting those citizens who are vulnerable because of age, sex, or disability, from abuse and neglect; Maximizing independence and decrease dependence of those citizens we serve in the natural and least restrictive setting; Preventing neglect, abuse, individual and family dysfunction, illness and disability; Promoting healthy, independent, productive lifestyles; and Managing public funds allocated for human services in a prudent and responsive manner.

CHILDREN, YOUTH & FAMILIES DIVISION

The Outagamie County Children, Youth and Families division provides county administration of programs to assist children and families. Those include assistance for children in need of protection or services, foster care services, licensing of facilities that provide out-of-home care for children, background checks of child caregivers, and child abuse and neglect assessments. Our vision is that all children and youth are safe and loved members of thriving families and communities.

YOUTH & FAMILY SERVICES DIVISION

In partnership with the community, the mission of the Division of Youth & family Services is to promote a Youth Justice System that balances protection of the community with youth and family accountability, and competency development for youths to live responsibly and productively in the community. Based on individual needs, the division will create opportunities for youths to develop pro-social lifestyles and build successful relationships with their family and community.

OVERVIEW OF CHAPTER 48 CHILDREN'S CODE

The purpose of this chapter of the state statutes is to protect children and unborn children and preserve family unity whenever possible, protect the rights of all parties, recognize that children have basic needs that must be provided for including adequate food, clothing, and shelter, to be free from physical, sexual, or emotional harm or exploitation, the need to develop physically, emotionally, and mentally to their potential, and the need for a safe and permanent family.⁹ The chapter ensures constitutional and legal rights are enforced for children and other interested parties.

The chapter also provides the definitions by which abuse and neglect are determined. Abuse is defined as non-accidental physical injury (lacerations, fractures, burns, internal injuries, severe or frequent bruising, great bodily harm), sexual intercourse or contact or exploitation of a child, trafficking of a child, permitting, allowing, or encouraging prostitution, making a child view or listen to sexual activity, exposing intimate parts, manufacturing methamphetamine with a child present, or in the child's home, and emotional damage. Neglect is a failure, refusal, or inability of the caretaker to provide necessary food, clothing, medical or dental care, or shelter for reasons other than poverty that seriously endangers the physical health of the child.⁸

CHILD PROTECTION INITIAL ASSESSMENT

When a report of abuse or neglect is made, the Children, Youth and Families Division starts an investigation and assesses the risk and safety of the children. Offers of information and resources may be given and if the allegation meets jurisdiction to screen, families may be referred for services.

CHILD PROTECTION ONGOING

When a safety or service need is identified, ongoing services promotes safety, protection, and permanency for children in the least restrictive setting. In accordance with federal law, state law, and county policy, we empower families through:

- Assessment and treatment planning
- Resource coordination
- Advocacy and support
- Education
- Court referral and supervision

When conditions exist to necessitating the opening of a family case for Ongoing Services, on a voluntary basis or by a court order, the purpose of agency intervention must be clearly communicated to all involved parties. The purpose of agency intervention directs the case planning process and clarifies the caseworker's role with the household as well as formal and informal providers. Service provision decisions are based on assessments and planning with the family to establish goals that achieve measurable outcomes. Throughout the provision of Ongoing Services, the primary role of the agency caseworker is to engage families in a positive working relationship to achieve a safe, stable home and permanence for children.²

On-going Services

Ongoing Services has the following fundamental intervention responsibilities:

- Evaluating the existing safety plan developed during initial assessment/investigation.
- Managing child safety through continuous assessment, oversight, and adjustment of safety plans that ensure child safety and are the least intrusive to the family.
- Engaging families in the case planning process that identifies underlying needs which directs services to address threats to child safety.
- Measuring progress related to enhancing parent/caregiver protective capacities and eliminating safety related issues.
- Achieving timely permanence for all cases.⁷

An assessment and plan is developed in accordance with the Federal Adoption Safe Families Act (ASFA) to address threats to child safety, permanence, and well-being. The plan is completed with the child, family, and agency to empower parents to protect and care for their children without agency involvement. Plans include long-term planning for the family and providers. The social worker will conduct an assessment to fully understand impending danger, parental capacities, and supports. The worker will engage the family in a change process so the family can learn to reflect on their experiences and understand the process.

Safety

Safety intervention for Child Protective Services cases is a continual process ending with case closure. The safety process focuses on assessing for, and controlling, impending danger while collaborating with parents or caregivers to establish a capacity to minimize risk factors, protect children from harm, and provide a safe and nurturing environment.⁷

Child Protective Services (CPS) implements and manages safety plans that meet the needs of the child, are manageable, and can be sustained to control impending danger. Implementing a safety plan does not mean a child is safe. Impending danger is controlled through an in-home safety plan or an out-of-home placement until the parent has the ability to provide safety and any identified safety threats are eliminated. When out-of-home placement is required, agencies must determine whether the placement environment is safe for the duration of the placement.⁷

The safety intervention process uses a family centered approach where parents or caregivers are viewed as the experts in their family and, as such, are the focus of the intervention. This approach requires agencies to continually engage families in a change process while also recognizing that only the family can decide when or if they are ready to change. Support of a parent's or caregiver's right to self-determination is significant in achieving lasting change and ensuring safety for children in the household.⁷

Well-Being

A child's well-being is dependent upon the caretaker's ability to meet their physical health, mental health, behavioral health, and educational and cultural needs. Agencies should make efforts to assess children's and adult's needs in these areas throughout the case process and address identified needs as part of case planning activities. Children and families should be meaningfully engaged in all aspects of the service process to build and maintain a trusting, supportive working relationship.⁷

CHILD PROTECTIVE SERVICES OUT-OF-HOME CASES

Out-of-Home Child Protective Services cases involve an unsafe child where impending danger is controlled through an out-of-home placement. A thorough understanding of child safety decisions and actions is essential for caseworkers since safety assessment, analysis, planning, and the management of child safety occurs in every aspect of CPS involvement with a family. Removal and placement outside of the home is traumatic for all involved. Removal can interfere with a sense of safety, learning, curiosity, social engagement, and emotional regulation. The effects can last into adulthood; therefore, the decision is not made lightly.⁷

FAMILY INTERACTION

"When children are in out-of-home care, family interaction is an opportunity to maintain, establish, and promote parent-child and sibling relationships and should occur as frequently as possible. It is also an opportunity for parents or caregivers to evaluate their own parenting capacities and gain knowledge of new practices and views about parenting."⁷

The purpose of family interactions is to facilitate timely reunification of children and families, assess and address safety issues during the interactions, assess and work with the family to improve parental protective skills, minimize trauma caused by the out of home placement, establish, enhance, and maintain child, sibling, and family attachments, and establish and facilitate other permanency options when appropriate.

Family interaction can take the form of face to face contact, phone calls, letters, texts, emails, attendance at routine activities such as counseling sessions, medical appointments, school events, and faith-related activities. Face-to-face interactions should occur at least weekly unless there are court orders or evidence that the interaction is not in the child's best interests.

Family Interaction Plan

The agency must ensure an initial face-to-face family interaction occurs within five working days of the out-of-home placement. Going forward, the agency must have a minimum of one weekly visit. When siblings are not placed together, the siblings must have face to face interaction at least one time a month. Family interaction will not occur if continued contact is not in the child's best interest. If there is evidence that the contact goes against the safety of the child, the interaction can be decreased or suspended. Family interactions are not a punishment or reward and cannot be used against a parent to control or punish. The out-of-home provider cannot block family interactions. If parents fail to interact with their children it can be documented as a lack of

parental concern for the child. Team meetings will occur regularly to assess the effectiveness of services, evaluate progress, make adjustments to the permanency plan, and ensure the child has regular opportunities to engage in age and developmentally appropriate activities.

The interaction plan will be developed by agency staff, parents, other family members as appropriate and the children if they are able to contribute to the process, the out-of-home provider, and other participants identified by the agency or family. The plan will address the responsibility of the parents to arrange/confirm visits, plan and prepare activities, and assist child with transition at the end of the visit. The plan will also identify how transportation will take place and any barriers must be addressed to ensure the visits take place regularly.

Family interaction plans will change over time depending on concerns for safety, well-being and permanency. When the goal is for reunification, the plans will become less restrictive. If reunification is not the end goal, family interaction will still occur unless there is a court order or parental rights are terminated.

Permanency Plan

Permanency planning occurs simultaneously with the family's involvement with the child welfare agency. Prompt actions to maintain a child safely in the home or permanently place the child in a safe, alternate family setting positively influences the quality of a child's permanent relationships, cultural identity, and sense of self.

Planning for permanence includes establishing lifelong connections for the child by fostering relationships with extended family and caregivers. Partnerships between the family and out-of-home care providers lead to the specific conditions required to achieve permanency. These conditions must be included in the goals specified in the family plan or court order.

A Permanency Plan is developed which outlines the parents' or caregivers' rights and responsibilities with an emphasis on the emotional and developmental impact on out-of-home care on children, value of maintaining family interaction, purpose of involving the non-custodial parent, relatives, and informal supports as resources, review of timelines with possible outcomes or consequences, the role of the out-of-home care provider, and if applicable, compliance with Active Efforts for eligible Indian children. Steps are identified to establish a safe and permanent home.⁷

The team determines the order in which diminished parent/caregiver protective capacities are addressed. If the child is 14 or older and has been in out-of-home care for six months, the youth and two other individuals selected by the youth who is not a case worker or foster parent, must be part of the development of goals of the Permanency Plan.

Safety, stability, and permanence are essential for all children involved with the child protective service system no matter the circumstances or type of case. Every child is expected to have a safe, stable, and permanent home prior to case closure. When working with families, the agency is responsible for permanence by ensuring a safe and stable home for children that remain with parents/caregivers, are reunified with parents/caregivers, or are placed in an alternative permanent living situation.⁷

The ultimate goal of a permanency plan is reunification. However, permanence for a child may also be achieved through adoption, transfer of guardianship, placement with a relative, or other permanent living arrangement when reunification cannot be achieved.

SAFE CASE CLOSURE

Safe case closure occurs when a child is safe, protected, and in a permanent and stable home. The agency does not automatically close a case upon reaching permanence, but works with a family to establish supports before ending involvement. These supports include arrangements and connections within the family network or community that can be created, facilitated, or reinforced to provide the parent or caregiver resources and assistance once agency involvement ends.⁷

Termination of Parental Rights (TPR)

The federal Adoption and Safe Families Act and Wisconsin Statute 48.415 requires a TPR petition to be filed when a child has been in out-of-home care for 15 of the last 22 months or when any of the following apply: the child is abandoned as an infant, the parent committed murder or voluntary manslaughter of another child of the parent; aided, abetted, attempted, conspired, or solicited to commit such a murder or voluntary manslaughter; is convicted of human trafficking or sex trafficking of a minor, committed rape or sexual assault of the child's mother and the child was conceived as a result, or committed a felony assault that resulted in serious bodily injury to the child or another child of the parent. The grounds for involuntary termination of parental rights must clearly show that the parent is unfit through severe or chronic abuse and neglect, sexual abuse, abuse or neglect of other children in the home, abandonment of the child, long-term mental illness or deficiency of the parent(s), long-term alcohol or drug-induced incapacity of the parent(s), failure to support or maintain contact with the child, involuntary termination of the right of the parent to another child.^{2,9}

Transfer of Guardianship

When reunification is not possible, the court can transfer guardianship to someone who will take on the legal and financial responsibilities of guardianship. The parents keep their parental rights, but with limitations imposed by the court or guardians.

SUPERVISED FAMILY INTERACTIONS

When a child is removed from their home and placed in a foster home, relative placement, emergency resource home, or another out-of-home placement, they and their families are most often court ordered to have supervised contact. Oftentimes this visitation is ordered to be supervised because of the abuse, neglect, and/or home conditions that the child was removed from. The number of visits per week, length of visits, and whether they are supervised or unsupervised is recommended by our Department, but ultimately, decided by the court.

Sometimes relatives, a family friend, or someone else the family has interactions with is allowed to supervise the visits. This situation may work with some families, but often there are other relationship issues that make this difficult. It may be hard for these individuals to be

objective about the parents' abilities because they want the children to go home or the opposite may be true and the friend or relative may be critical because of knowledge of past abuse and neglect. Most often when there is visitation ordered, professional staff will supervise the family interaction so that they can assess what level of supervision is needed and who would be best to provide this supervision. Social workers will continue to supervise the higher needs families. In cases where there is concern about the parent being aggressive, visits would be supervised by the social worker at the agency where there are others in the building for backup.

In cases where there is extensive work to be done with the parent regarding job and/or home search, parenting, and other issues, the worker may request a home consultant to supervise the visits as well as help the parent in other areas where they need skill building. Parents may be involved with a number of other service providers to support and teach them skills. The parents may have other visits during the week that they are participating in with these service providers.

A referral for a volunteer may occur when the family is deemed appropriate for a volunteer to take over visits. The level of supervision required may vary from 100 percent supervised to brief check-ins, where the volunteer is close by. The goal of all family interaction is to allow parents and children as much time together as safely possible. Visits may occur at the Department, where we currently have five rooms on the 2nd floor of the Human Services Building that are designed for family interaction, the Wright House (650 Seneca Drive, Appleton, WI 54911), the community (parks, restaurants, libraries), or in the parent's home or another suitable environment. The determination regarding where the visits will occur is made by the assigned social worker.

All of the volunteer's observations/contacts with families will be required to have the appropriate documentation. During your orientation, proper documentation will be discussed in more detail.

Benefits of Family Engagement

When the focus is family engagement and recognizing parents as the experts in their family, there is more buy-in to make positive changes that will last. Preserving the family unit, improving interpersonal relationships, creating a sense of belonging and connectedness, improving the quality of caseworker visits, and youth empowerment are benefits of family interactions.¹ When the family time is regular and meaningful, there is more parental engagement, a greater likelihood of reunification, the timeline toward reunification can move faster and be sustained, better well-being for all involved, and better ties for older youth when reunification is not the permanency goal. When children have frequent and regular time with their parents there is a stronger attachment, better well-being, fewer behavioral problems, lower levels of depression, and better adjustment than children who have fewer or less regular visits.⁵

What to do During a Family Interaction Visit

The ultimate goal is to empower parents to be able to interact with their children in an unsupervised setting by helping them work through their issues. Staff will observe, document, and ensure the safety for everyone involved. It is important that the visit follows the guidelines set out in the Family Interaction Plan. When parents deviate from the plan then the supervisor of

the visit must intervene to stop the inappropriate behavior or topic and re-direct the situation. If the parent does not stop the inappropriate behaviors, it is the supervisor's responsibility to end the visit. Objective and detailed documentation of the visits is important. See the Appendix for more information on documentation. When the visit is coming to a close, provide a warning to the parent and child to start the clean-up process.

Referral Process for Supervised Family Interactions

- Referrals for supervised family interactions are sent to the HHS-CYF-Family Interaction email box.
- The Home Consultant Supervisor, Volunteer Services Coordinator, and Family Services User Manager meet weekly to discuss the referrals and make assignments.
- When there is a referral appropriate for a volunteer, the volunteer coordinator will fill out the Family Interaction Summary for Volunteers and send it along with the referral to the volunteer asking if he/she is willing to accept it.
- Once accepted, the Volunteer Coordinator will also work to get the Family Interaction Plan for the volunteer and provide the volunteer with the contact information for the case worker so the volunteer can set up a meeting and get started.
- A worker will meet with the volunteer for the first supervised visit and make introductions to the family, as well as to make the worker aware of any concerns. If there are drug/alcohol concerns the worker needs to make the volunteer aware and describe the behavior of the parent when under the influence so the volunteer knows what to watch for.
- The volunteer will make a written note for each visit covering what is outlined in the Family Interaction Plan as well as using the Effective Documentation Guide. The note will be emailed to the worker and the coordinator as soon after the visit as possible.
- If there are concerns during a visit, the volunteer needs to contact the social worker right away and cc the volunteer coordinator.
- By the seventh of the next month, the volunteer will send the volunteer coordinator the mileage form as well as the monthly activity log.

Cancellations

If the volunteer needs to cancel a visit for personal illness, emergency, weather, etc. the volunteer must speak to the social worker or a supervisor. If the volunteer cannot contact the worker immediately the volunteer must contact the parent, foster parent and anyone else involved in the visit and let the volunteer coordinator know as well. Documentation is needed anytime a visit is cancelled or ended early, including a no-show.

There are several reasons a visit may be cancelled/ended early:

- Illness on the part of the parent, child, or volunteer
- Inclement weather
- The parent does not arrive within 15 minutes of the scheduled time. If someone else is transporting the children, make sure the driver stays until the parent arrives or 15 minutes has elapsed. No shows must be documented and sent to the worker and volunteer coordinator. Make note if there was an attempt from the parent to contact someone.

- The parent does not confirm the visit ahead of time (if this is stipulated in the Family Interaction Plan).
- If you feel a parent is under the influence of drugs or alcohol, the visit should be cancelled immediately.
- If there is a significant incident anytime during the visit (the parent is arguing with the volunteer, the parent is speaking negatively about the other parent/foster parent/social worker, physical discipline is used, emotional outbursts, making threats, the parent or child brings a weapon, etc.) or any other issue as stated on the Family Interaction Plan.
- The parent falls asleep during the visit
- The parent is on his/her phone excessively
- The parent brings unapproved additional people to the visit

Transportation

The Volunteer Family Interaction Supervisor is often asked to help with transportation to and/or from the visit. Volunteers are not responsible for installing car seats. Mileage reimbursement is available at the federal rate.

Wright House

650 Seneca Drive, Appleton, WI 54911, Code is 5161 – do not share the code with anyone. Make sure to replace the key and ensure door is locked when leaving.

The wireless ID is VBCWrightHouse and the password is PptmJesus2

The Wright House is only for fully supervised visits. The supervisor is required to remain with the family the entire time the family is on the property.

Parking is not allowed on the street. If parking is not available in the driveway, parties must park in the Valley Baptist church parking lot and walk over.

A worker can reserve the Wright House. Please note which room is reserved for you – the Sunday School room or the remainder of the house.

Families need to bring snacks and activities as this is not a stocked facility.

Families can use the playground at the church.

Remind families to clean up after themselves during and after the visit.

In the cabinet marked CYF there are cleaning supplies. All surfaces need to be wiped down prior to leaving.

Families can use the cooking facilities. Make sure the family thoroughly cleans up.

Knives are stored in a bin that is above the stove. Make sure the knives are returned to the bin and the bin is placed back above the stove to keep out of reach of minors.

Any food brought in, must be removed at the end of the visit. Do not leave any food behind!

All trash must be removed at the end of a visit

Visitation Rooms at the Department

These rooms must be scheduled by a county worker. Each room has its own toys, which are organized into bins and placed in the cabinets. Families are expected to put all toys that they played with away (in the bins, inside the cabinets) by the end of their visit. If any toys get visibly dirty and need to be cleaned, there should be a big bin in each room to put the dirty toys in for a cleaning. There are games, puzzles, and some books the family can get from the observation room. Families are then expected to put those items back in the observation room at the end of their visit, and we are asking that staff ensures these things happen to keep our rooms clean and free of clutter. If there are any problems with the rooms, please let the social worker know.

APPENDIX



VOLUNTEER SERVICES

Health & Human Services

Youth & Family Services Division

500 W. FIFTH ST. APPLETON, WISCONSIN 54911

OFFICE: TELEPHONE 920.832.5515 Fax 920.832.5975

hhsvolunteers@outagamie.org

www.hhsvolunteers.org

FAMILY INTERACTION SUPERVISOR

DEPARTMENT:

Outagamie County Department of Health & Human Services, Volunteer Services

RESPONSIBLE TO:

Volunteer Coordinator

CATEGORY:

Volunteer

DESCRIPTION:

The family interaction supervisor oversees visits between the child(ren) and their parent(s) or other family members to ensure a safe and healthy visit when children are placed in alternate care. All cases are screened and determined to be appropriate for a volunteer before being offered.

RESPONSIBILITIES:

- Supervise interactions between family members
- Provide transportation for one or both parties to and from the visit
- Intervene and coach if parent or child demonstrates inappropriate verbal or physical behaviors
- Maintain contact with the social worker assigned to the case and work as a team member to best meet the needs of the family
- Take notes at each visit and email them to the social worker and volunteer coordinator in a timely fashion
- Fill out mileage and time logs monthly and turn in to volunteer coordinator by due date
- Report any concerns during visits to social worker and volunteer coordinator immediately
- Abide by the county's rules of confidentiality

QUALIFICATIONS:

- Have a valid driver's license
- Have current and legal insurance coverage on vehicle
- Have a clean driving record
- Pass background check
- Be punctual and dependable
- Interact with diverse populations in friendly and courteous manner
- Show compassion while maintaining appropriate boundaries
- Past experience with mentoring or coaching is a plus
-

TIME COMMITMENT:

- Minimum commitment of six months of volunteering
- Visits vary in length and frequency. The volunteer chooses what cases to accept based on their own schedule. The schedule of visits is consistent from week to week.

WORK LOCATION:

Visits may take place at the county building, the Wright House, in a person's home, or in the community. The location is determined by the worker to ensure safety for everyone.

BENEFITS:

- Choose cases that fit your schedule
- Mileage reimbursed at federal rate
- If over 55 and enrolled in RSVP (Retired and Senior Volunteer Program) you will not be taxed on income earned from reimbursement checks
- Meet new people
- Know you are assisting people who are at a difficult time in their lives
- Support the county employees to better serve all the clients



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Monthly Activity log for Volunteer Family Interaction Supervisor

Name of Volunteer: _____

Month/Year: _____

Report time in hours

Date	Visitation Time	Transport Time	Report Time	Commute Time	Activity

Were there any cancellations of visits? Please list the parent and the number of cancellations:

Would you like more contacts or feedback from the social worker? _____ From Volunteer Services? _____

Do you have any comments and/or questions about your work as a volunteer or about your client's situation? (Use back of form for additional space)

Please return by the 7th of the following month

NOTE: You must itemize the mileage claimed for each day.

Claimant's Statement: I declare this account of daily expenses is true and correct. These are actual, reasonable and necessary expenses incurred by me in the performance of my duties required by the public service. No part of this account has been previously reimbursed to me. I certify that I have read and understand the Vehicle Usage Policy (Admin Rule AR05-01) and the Travel Regulation Policy (Admin Rule AR04-01) and do adhere to all provisions of them. These Admin Rules can be obtained from the County's intranet site on the County Executives page or contact your department head or supervisor for a copy.

Date

Date _____

Date _____

15

NOTE: You must itemize the mileage claimed for each day.

Date	Specify the official business purpose including the departure point and the destination.	Time (to the quarter hour)	Total Miles	Department Office Use Only	Total Cost of Miles....office use only
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[illegible]

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Claimant's Statement: I declare this account of daily expenses is true and correct. These are actual, reasonable and necessary expenses incurred by me in the performance of my duties required by the public service. No part of this account has been previously reimbursed to me. I certify that I have read and understand the Vehicle Usage Policy (Admin Rule AR05-01) and the Travel Regulation Policy (Admin Rule AR04-01) and do adhere to all provisions of them. These Admin Rules can be obtained from the County's intranet site on the County Executives page or contact your department head or supervisor for a copy.

Please Print Claimant's Name (Required)

Date _____

Claimant's Signature (Required)

Date _____

Supervisor's Signature (Required)

Date _____

Revised 6/23

Why should I join RSVP?



RSVP is a national volunteer program for volunteer age 55 or better. Perhaps you have heard about it but not sure why it should interest you. Our goal is to make sure that the benefits and services are available to any Outagamie and Calumet county volunteer who is interested in being part of RSVP. RSVP is a program that support volunteers by providing benefits while they are serving their community.

One of the biggest benefits is that the RSVP staff meets individually with each prospective member to learn about their interest, skills and availability. Then the staff works to find a meaningful opportunity or two for each member. Because you already have the right match for you, this would not be something that you would access. But the staff would like to meet you and explain the following benefits:

- Supplemental insurance
- Mileage reimbursement when possible
- Recognition events
- Placement services and ongoing support
- Social opportunities with your fellow volunteers
- One time volunteer event notices
- Also as a RSVP volunteer you do not have to pay taxes on your reimbursements for your volunteering.

These benefits are not paid by the agency where you volunteer. Most of the funds are state and federal grants. These are your tax dollars supporting your efforts. The Volunteer Fox Cities, our program sponsor, does raise funds and in-kind support to meet a 30% grant match. (Most government grants have this requirement).

There is no cost to join RSVP. By joining RSVP – it does not mean that you need or will use all of the benefits. It just means that while you are actively volunteering, they are available to you.

For more information



If you live in Winnebago County, contact Melissa Schmidt 920-725-2791
melissa.schmidt@advocap.org to answer any questions and register for RSVP at 920-426-0150. You can also register online at advocap.org/services/volunteer/services/#RSVP

In Outagamie and Calumet Counties, call 920-832-9360 x204 or go to rsvpvolunteerfoxcities.org to answer questions and to register for RSVP. You can also register online at volunteerfoxcities.org/rsvpenrollment/.

VOLUNTEERS

(taken from Employee Handbook pp. 79-81)

Outagamie County recognizes the value of the contributions made by volunteers to the community and in support of county programs. However, volunteers also expose the county to potential risk and liability. Proactive risk management efforts can control and minimize liability exposures and help ensure that the use of volunteers is a positive experience for the volunteers, Outagamie County and its residents.

This section of the handbook sets forth minimum requirements for the use of volunteers in support of county objectives. Due to the nature of various volunteer programs throughout the county, additional steps, training or safeguards may be prudent or required and are not limited by this section.

A volunteer of Outagamie County is defined as an individual recognized and authorized by Outagamie County or one of its officials, agents or employees to perform services on behalf of Outagamie County without receipt of salary or compensation other than expense reimbursement.

RESPONSIBILITY

It is the responsibility of the management staff of each department utilizing volunteers to ensure the provisions of this section of the handbook are followed and that any additional steps, training or safeguards which would minimize exposure to liability are instituted. The Human Resources Department, Risk Administrator, Corporation Counsel and other departments are available as needed to assist with evaluation of technical issues associated with the operation of the volunteer programs.

INSURANCE COVERAGES

General Liability. The county's general liability insurance policy provides that any expressly authorized volunteer of the county, while acting within the scope of their volunteer service, is covered by the policy, subject to its terms, conditions and exclusions.

If a volunteer's actions cause physical injury or property damage to another and the injured party files a claim against or sues the volunteer, the county or its insurer will defend the volunteer and be responsible for any financial judgment incurred, provided that the volunteer was acting within the scope of their responsibilities, gives notice of the claim to the county and cooperates in the defense or litigation.

Automobile Liability. The county's automobile liability insurance policy states that anyone operating a county owned vehicle with the permission of the county, or their personal vehicle while conducting county business, is an insured subject to policy terms, conditions and exclusions. However, when using a personal vehicle, the county's automobile liability coverage is secondary, or excess, over any other insurance available to the volunteer. Volunteers who use their own vehicle to conduct county business should confirm with their insurance provider that there is coverage for such use. The county does not provide any physical damage coverage for the volunteer's personal vehicle.

For any volunteer that is likely to drive in the course of their service, the Department is required to obtain and maintain on file a Certificate of Insurance or Insurance Identification Card that verifies automobile insurance coverage at least equal to the Wisconsin minimums. The Department will also obtain evidence of continued coverage if the volunteer's insurance expires during the term of service with the county. State minimums are listed on the Risk Administration website under the "Insurance Info" tab.

Volunteer Accident Policy. The county provides accident insurance to all volunteers which covers medical, dismemberment and death benefits to a maximum of \$25,000 per occurrence along with a \$1,000 dental benefit. These benefits are payable for an injury sustained while on the county premises and participating in authorized volunteer work or while traveling in connection with volunteer activities while under direct supervision of the county. The county does not provide any coverage for loss of income, permanent disability or other non-monetary damages or injuries.

Reporting. Volunteers must report all incidents/accidents related to their volunteer service to their supervisor as soon as possible and complete a Volunteer Report of Injury or Accident (Addendum 3) which must be forwarded to the Risk Administrator within 48 hours. Verbal notification to the Risk Administrator should be made as soon as possible.

MINIMUM PROCEDURAL REQUIREMENTS

All volunteer candidates should be screened and interviewed based on interests and suitability for the responsibilities of the assignment by the supervising department. References should be obtained, documented and retained.

Basic information will be collected and maintained by the supervising department or agency for all individuals retained as volunteers prior to the provision of any services on behalf of the county. The basic information will include: Name, Telephone Number, Address and Date of Application.

An Outagamie County Volunteer Information Form is attached (Addendum 1). Use of this particular form is optional. Based on the nature of the volunteer assignment, additional information may be required.

Criminal Background Investigations will be required for volunteers who are assigned tasks in which there will be unsupervised interaction with clients and/or where the handling of money or sensitive information is involved. The Human Resources Department will pay for Criminal Background Checks and will assist with processing the checks as necessary. Any questionable information obtained in a background check should be discussed with the Human Resources Department or Risk Administrator.

Motor Vehicle Operations Checks are required for all volunteers whose responsibilities will include driving any vehicle (county or personal) in the fulfillment of their assignments. Any check that reveals an infraction within the past 3 years must be reviewed with the Risk Administrator. Details for completing Motor Vehicle Operations Checks can be found on the Risk Administration website under the "Insurance Info" tab.

The supervising department or agency will provide all volunteers with a written description of their responsibilities and duties and should include at a minimum: volunteer title, supervisor or point of contact, objective of the position, duties of the position, and requirements necessary to perform the duties. The supervising department or agency will control the time and activities of the volunteer and maintain records which will, at a minimum, indicate the beginning and end of volunteer service for each individual.

All volunteers should receive basic training on how to carry out their responsibilities. Based on the complexity and responsibility of the assignment, instruction will vary from an informal orientation to a formalized training program. Training will include safety issues and incident reporting information.

It will be the responsibility of the supervising department or agency to monitor the performance of volunteers and ensure that volunteers are performing up to standards and in the best interests of the county. Those not performing up to expectations will be relieved of their responsibilities.

RECORDS RETENTION

Records of each volunteer's basic information, begin and end dates, and any other pertinent information will be retained by the supervising department or agency for a period of seven years. In the event a juvenile is retained as a volunteer, those records will be kept for a period of seven years from the date the individual reaches the age of majority (18).

A copy of the Volunteer Form can be obtained from Human Resources.

Insurance Information - Volunteers

Procedures - Conducting Motor Vehicle Operation Checks:

Driver license record information can be obtained through the Wisconsin Department of Transportation by completing a "Vehicle / Driver Record Information Request" form MV2896. This form can be obtained by going to the following website: www.dot.wisconsin.gov/drivers/forms/mv2896.pdf.

Complete Section A - "Requestor Information" and the "Driver Record Information" portion of Section B. Information requests are free of charge to municipalities. To avoid a service charge, check the "Government Agency" box 3 under Section 2 - "Authorization". Sign/date the form and attach a stamped, self-addressed envelope for return of the requested information.

In general, acceptable driving records includes those with no (0) Operating Under the Influence (OWI) / Driving Under the Influence (DUI) charges within the last three (3) years and a maximum of one (1) at fault accident and up to two (2) moving violations in the past three (3) years. Departments with questions regarding specific driving abstracts should consult with the Risk Administrator (extension 5494). Departments should inform applicable volunteers that they are required to notify the department of any changes in their driver's license status.

Minimum Auto Liability Insurance Limits – Volunteers

For any volunteer that may drive his/her personal vehicle for County business, a certificate of insurance or insurance identification card shall be obtained from the volunteer verifying they have personal automobile liability insurance coverage with limits in an amount at least equal to that of the Wisconsin Financial Responsibility Law (State Statute 344.01) which are \$25,000 bodily injury / person, \$50,000 bodily injury / accident and \$10,000 property damage / accident. After June 1, 2010, Wisconsin drivers will be required to have an automobile insurance policy in force with the following minimum liability coverage limits:

- \$50,000 for injury or death of one person;
- \$100,000 for injury or death of two or more people; and
- \$15,000 for property damage.

Departments shall obtain evidence of continued coverage if the volunteer's insurance expires during the period the volunteer's services are engaged. Departments should inform applicable volunteers that they are required to notify the department of any change in their automobile liability insurance coverage.

Volunteer Policies

Outagamie County Department of Health & Human Services recognizes the contribution volunteers make to the community and supports volunteers in many of its programs. While each program has specific roles and responsibilities for their volunteers, there are some basic guidelines that need to be followed.

ELIGIBILITY: Volunteers must meet the requirements of the specific program they are volunteering for. This may include, but is not limited to specific training, criminal background check, credit check, reference check, proof of auto insurance and driver's license.

It is the policy of Outagamie County Health & Human Service that employees and adult household members of employees may not volunteer for Department of Health & Human Services programs. They may, however, volunteer for other county and community programs.

BACKGROUND AND CREDIT CHECKS: Background checks are required every four years for all volunteers. Credit checks are required every four years for volunteers performing guardianship and representative payee functions.

All background and credit checks will be reviewed by the volunteer coordinator. Questionable items on either report will be forwarded to a review committee made up of representatives from Health & Human Services administration, the Corporation Counsel's office, and the Probate office (guardianship and representative payee volunteers). The review committee will make the final determination as to whether the volunteer applicant will be allowed to be a county volunteer.

TRAINING: Outagamie County Health & Human Services volunteers are required to complete confidentiality, civil rights, and harassment trainings in addition to any other training specific to the program.

CONFIDENTIALITY: The confidentiality of all client information is mandatory. Volunteers are required to sign a Confidentiality Agreement every four years when background checks are redone.

EQUAL OPPORTUNITY: Outagamie County does not discriminate on the basis of age, race, religion, color, sex, national origin, ancestry, handicap, physical condition, developmental disability, sexual orientation or marital status. Volunteers are expected to follow the same policy and treat all clients with respect.

GIFTS: Volunteers are not to accept gifts, gratuities, and favors or provide service for monetary value from the client.

EFFECTIVE DOCUMENTATION⁸

Proficient documentation is essential to support a supervisor or colleague's ability to assure a child's safety, well-being, and permanence, or testify in court when the author of the case note is not available. Every case note should be written as if it might be read by an attorney, judge, or state or federal reviewer, because such a review could occur.

Competent documentation must be objective, accurate, clear, descriptive, relevant, and concise and review the definition of each principal.

- **Objective** information means that the statements are just and reasonable and without expressing bias or prejudice.
 - Case records should concisely record what the worker sees, hears, and experiences while working with a family. They should document facts and clear behavioral expectations.
 - Example: "The house was dirty" vs "There was food and clutter all over the floor, un-rinsed, dirty dishes piled in the sink and sitting on the table, and the trash was overflowing from the garbage can and creating a noxious odor."
- **Accurate** information means that the statements are precise and truthful.
 - Although errors can and do occur, the author should always strive to check facts, spelling of names, and terms and grammar when documenting the case file.
 - If the worker learns that information is incorrect, add updated accurate information to the case record. NEVER erase original information.
- **Clear** information means the reader, a reasonable person, will comprehend the author's meaning without having to interpret the meaning of any particular jargon or ambiguous phrasing.
 - For example, instead of stating: "Derek was acting out", use language that describes the specific behaviors, actions or statements of the person, such as: "Derek skipped school and was caught shoplifting."
- **Descriptive** information means that the reader will glean a detailed understanding of the events that occurred,
 - Record the date of contact, who was seen, the purpose, and the outcomes in a list or chart.
 - It is easier to understand the sequence of contacts and the important outcomes of the visit than if they are buried in a paragraph of description.
- **Relevant** information means providing pertinent, important, and significant information that relates directly to the child's safety, well-being, and permanency and the families functioning and protective capacities.
 - Avoid extensive, unnecessary, run-on information.
 - Use quotations to paint a vivid, concise picture of the family. Example: "Mrs. Jacobs seems very depressed," vs. "Mrs. Jacobs said, "Of course I'm depressed. Wouldn't you be if you were in my situation?"
- **Concise** information means that the statements are a brief summary recording of the information and not a process recording.
 - Summary recording is a concise summarized description of important facts and events in the case that enables the reader to quickly discern family's needs, services provided, and outcomes.

Process recording is the attempt to capture word for word or action by action what occurred during the contact. This "running record" style is often wordy, redundant and confusing, and does not get to important information quickly.

Information to cover in a note includes:

Name

Date/time of visit

Location

Participants:

Parent arrived on time

Parent had appropriate hygiene

Parent provided basic necessities (diapers, wipers, formula)

Parent provided healthy meal/snack

Parent provided child-centered activities

Parent met their child's needs

Parent demonstrated concern for safety when appropriate

Parent facilitated development of child's speech, language, motor skills

Parent had age appropriate expectations for the child

Parent demonstrated nurturing touch (hugs, kisses, etc.)

Parent reinforced child for appropriate behavior

Parent used appropriate discipline (time-out, redirect)

Parent focused upon child (not adult issues and concerns)

Parent demonstrated an interest in child's conversation and activities

Parent refrained from criticism of others (foster parent, social worker, ex –spouse)

How did the children respond to the parent?

Describe any concerns or questions regarding this interaction

Strengths of the visit

Additional comments



SUPERVISED VISIT REFERRAL
EMAIL COMPLETED FORM TO:

hhscyffamilyinteraction@outagamie.org

DATE	
NAME OF REFERRING WORKER:	

SOCIAL WORKER NAME	
SOCIAL WORKER PHONE NUMBERS (OFFICE/CELL)	
SOCIAL WORKER EMAIL ADDRESS	

HOME CONSULTANT NAME	
HOME CONSULTANT PHONE NUMBERS (OFFICE/CELL)	
HOME CONSULTANT EMAIL ADDRESS	

ADDITIONAL WORKER INFORMATION	
-------------------------------	--

VISITING FAMILY MEMBER NAME	
VISITING FAMILY MEMBER PHONE	
VISITING FAMILY MEMBER ADDRESS	

2ND VISITING FAMILY MEMBER NAME	
2ND VISITINGFAMILY MEMBER PHONE	
2ND VISITING FAMILY MEMBER ADDRESS	

CHILD NAME & DOB	
CHILD FOSTER PARENT/PLACEMENT	
CHILD ADDRESS	
PLACEMENT PROVIDER PHONE	
TRANSPORTATION DETAILS IF ANY (please indicate car seat need)	

DO VISITS CURRENTLY OCCUR? WHO DOES THE CURRENT VISIT?	
IF YES, IS THIS REQUEST TO REPLACE OR ADD TO VISITS?	
IF NO, WHAT ARE THE TIME CONSTRAINTS WITH THE CHILD'S SCHEDULE AND PARENT'S WORK SCHEDULE, IF ANY?	
HOW LONG DO YOU ANTICIPATE THE TIME COMMITMENT TO BE?	
DESIRED TIME AND DAY OF VISIT? WHAT IS THE FREQUENCY AND IS IT FLEXIBLE?	

WHERE SHOULD VISITS TAKE PLACE? COMMUNITY, FAMILY HOME, DEPARTMENT?	
---	--

WHO WILL BE RESPONSIBLE FOR INTERACTION CALENDAR?	
---	--

WHO IS NOT ALLOWED AT THE VISIT?	
WHAT SHOULD NOT BE DISCUSSED AT THE VISIT?	
IS THERE A NO-CONTACT OR RESTRAINING ORDER IN PLACE FOR THE CHILD'S PARENTS?	
IS THIS A DOMESTIC VIOLENCE CASE?	
IS THERE A CONCERN OF SEXUAL ABUSE?	
IS THIS AN APPROPRIATE REFERRAL FOR A VOLUNTEER?	
IS FAMILY SERVICES CURRENTLY ASSIGNED TO THIS FAMILY?	
OTHER RELEVANT INFORMATION THAT IS GOOD TO KNOW BEFORE ASSIGNING?	
ADDITIONAL NOTES?	

**** Please ensure that the referral is completed in its entirety. Including duration per week, timeframe commitment including transport, and what days including family schedules. If this is not completed, we will send back to you and will not be able to fulfill the referral until we have the necessary information. Thanks! ☺**

-Kayla, Megan, and Barb



VOLUNTEER SERVICES

Health & Human Services
Youth & Family Services Division
500 W. FIFTH ST. APPLETON, WISCONSIN 54911
OFFICE: TELEPHONE 920.832.5515 Fax 920.832.5975
hhsvolunteers@outagamie.org
www.hhsvolunteers.org

FAMILY INTERACTION SUMMARY FOR VOLUNTEERS

Date:

Social Worker Name:

Social Worker Phone:

Social Worker Email:

Additional Worker Name:

Additional Worker Phone:

Additional Worker Email:

Visiting Parent Name:

Visiting Parent Phone:

Visiting Parent Address:

2nd Visiting Parent Name:

2nd Visiting Parent Phone:

2nd Visiting Parent Address:

Child Name/DOB:

Parent/Foster Parent Placement:

Address:

Phone:

Location of Visit:

Frequency of visit:

Duration of Visit:

Type of Supervision (full/partial/pop-in):

Is transportation needed?

Round trip or one-way?

Is car seat available?

For who?

Family Interaction Plan available? If not, what is the worker watching for/any specific things to document:

ROI on file?:

FAMILY INTERACTION PLAN EXAMPLE

Name:	Case Name:	Effective Date:
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List those allowed to visit with child

Name	Relationship to child

Parent/Caregiver level of Supervision and Location

Parent/Caregiver 1:

Minimum Level Required: Supervised

Frequency: one timer per week

Supervised by:

☒ Department or contracted provider

☐ Foster Home – Name(s):

☐ Relative – Name(s):

☐ Other – Name(s):

Least Restrictive Location Permissible: County Facility

Parent/Caregiver 2

Minimum Level Required: NA – Parent/Caregiver Not involved

Frequency: one timer per week

Supervised by:

☐ Department or contracted provider

☐ Foster Home – Name(s):

☐ Relative – Name(s):

☐ Other – Name(s):

Least Restrictive Location Permissible: County Facility

Rationale for Level of Supervision and Location

Describe each parent's / caregiver's diminished protective capacities that impact child safety warranting supervised family interactions.

Christie has demonstrated some violent behavior. At the time of removal, she assaulted Department staff. She has also been observed to be physically and verbally threatening with her children. This has included dragging Areyu across the floor and threatening to "beat" Tyler's "ass." During visits Christie has escalated the children's behavior by getting out of control herself. When Christie becomes escalated, it is difficult to redirect her to more appropriate coping skills. When the children become escalated as a result of her behavior, she is not able to manage this, and the children then become a safety risk to each other. This presents safety concerns for the children, necessitating contact between Christie and her children to be supervised at this time.

Christie has struggled with managing the combined behaviors of the children. This has resulted in injuries to the younger children at times. Christie will need to learn how to manage the children's behavior in order to protect them from harming each other prior to having unsupervised contact.

Christie has significant mental health issues. There have been multiple reports of Christie talking to herself and to walls. There have been concerns that Christie may have hallucinations. Christie is no longer working with Outagamie County Mental Health for therapy and medication management. Further assessment of Christie's mental health is necessary in order to determine the role her mental health plays in her ability to safely care for her children.

Christie has significant mental health issues. There have been multiple reports of Christie talking to herself and to walls. There have been concerns that Christie may have hallucinations. Christie is no longer working with Outagamie County Mental Health for therapy and medication management. Further assessment of Christie's mental health is necessary in order to determine the role her mental health plays in her ability to safely care for her children.

Noah's father is Shane. He has not had contact with his children for an extended period of time. The Department did not know his whereabouts until 11/30/2003, when he was arrested and incarcerated at Outagamie County Jail. After his release from jail, Shane has again been unresponsive to efforts by the Department to reach him. Shane admits to a history of alcohol and drug abuse. He appears to struggle with mental health issues as well. At this time, it is not known how these issues impact his ability to provide safe care for his children. Further assessment is needed if and when Shane makes himself available to the Department.

Plan to Transition Family Interaction

Describe what needs to happen in order to transition the family interaction plan. If supervised, describe what is needed to control impending danger threats in order to transition to unsupervised family interaction. If unsupervised, at what points will family interaction increase in frequency and duration. Be specific.

In order to transition to unsupervised visits, Christie will need to demonstrate that she is able to manage her behavior and refrain from making any physical and verbal threats to staff or her children. Christie will need to show that she can keep her children safe from the behaviors of her other children. She will also need to follow through with mental health treatment as recommended by her providers. The Department will maintain contact with providers in order to ensure that mental health issues impacting her ability to safely care for her children are being addressed. Christie will need to sign a release so the department can obtain this information.

In order to transition to unsupervised visits, Shane will need to make himself available to the Department for assessment once he is released from jail. Any assessed needs impacting safety will need to be addressed. This includes AODA and mental health issues.

Description of Parental / Caregiver Responsibilities

Include each parent's / caregiver's responsibilities to: arrange / confirm interactions with the agency worker, plan and prepare activities for the family interaction and assist their child with the transition at the conclusion of the family interaction.

-
- Christie will interact appropriately with her child during her visit.
 - Christie will not scream, swear, or make verbal threats of harm to anyone supervising her visit or to her child.
 - Christie will not make any promises to the kids about when they are coming home.
 - Christie will not discuss with the children the reasons for removal or the events of the TPC. These issues should be discussed in therapy, but not in the presence of or with the children.
 - Christie will not talk negatively about the children's fathers during visits or during any conversations with the children.
 - Christie will use visit time to have positive interaction with the children.
 - Visits will be ended if staff feel that behaviors are escalating and the interaction is inappropriate.
-

Description of Agency Responsibilities

Include how agency will assure that family interactions will occur on a regular basis.

The Department will arrange supervised visits and transportation for the children for visits as needed.

Transportation

Document how any necessary transportation will take place and who is responsible for the transportation.

The Department, foster home, or volunteer drivers will arrange for her children to get to and from visits. The Department will coordinate this.

Christie will get herself to and from visits.

Description of Sibling Interaction Plan

When siblings are not seeing each other as part of the family interaction plan, a sibling interaction plan is necessary. Describe how, when, and at what frequency sibling interactions will occur.

Siblings will have contact at least monthly. The Department will make arrangements for this to occur.

Comments

GUIDELINES/EXPECTATIONS FOR VISITATION

1. Please inform your CYF Case Manager & the Parent/Family Interaction Provider if you or anyone in your household have COVID related symptoms, have tested positive, or have been exposed to anyone testing positive for COVID-19, or are currently in isolation or quarantine based on guidance from a local Health Department.
2. We ask that you be on time for the visit so that your child will not worry that you are not coming. Being late will shorten the amount of time you spend with your child. If you are more than 15 minutes late, the visit will be cancelled and not rescheduled.
3. Come prepared for your visit. This includes bringing all necessary supplies such as diapers, wipes, formula, healthy snack, activities etc. If visit is over a meal time, please bring along a healthy meal to share with your child. If you are unsure or have questions about what to bring, talk with your social worker or supervised visit worker before the visit.
4. End the visit on time. Long good-byes can be upsetting to your child. Clean up should begin 10 minutes before the scheduled end time. Clean up includes wiping down tables, vacuuming floor, putting toys back in bins/shelves, emptying trash if dirty diapers or left over food was placed in bin.
5. Be emotionally calm. If you are upset, this will upset your child.
6. Remember that this time is for your child. Talk with your child about such things as his/her interests and activities in the home and school. Limit conversations with others present at visits (such as social worker or supervised visit worker) and avoid making promises to your child about the future.
7. Provide simple answers to your child's questions. If you are unsure about how to answer questions, talk to your social worker.
8. Plan an activity that your child enjoys that involves the family talking and doing things together and that does not cost money. (For example, reading books aloud, playing games, coloring, baking cookies (if visit is in your home), going for a walk or to the park, etc.). If you need ideas, please talk to your social worker or the supervised visitation worker.
9. Give gifts only on "special" occasions (birthdays or holidays).
10. Change of location for visits may be possible with prior approval (minimum of 24-hour notice) of worker supervising visits.
11. If your child needs to be redirected, use a calm but stern voice rather than yelling or using physical discipline. Model the behavior you would like to see. If you are having a difficult time redirecting your child(ren), ask the supervising worker or social worker for assistance.
12. If you have concerns about your child's care/wellbeing (clothing, cleanliness, supervision, etc.), please discuss these concerns with your social worker after the visit when the child is not present. The supervised visitation worker can assist you in making a phone call if necessary.
13. If you have concerns about your case or those involved in your case, please discuss these concerns with your social worker after the visit when the child is not present. The supervised visitation worker can assist you in making a phone call if necessary. Again, these visits are for you to spend time with your child. Make the most of this opportunity and save adult conversations for outside of visitation time.

Additional expectations include:

1. _____
2. _____
3. _____
4. _____

REASONS A VISIT MAY BE CANCELLED, SHORTENED OR STOPPED:

1. Use of physical discipline.
2. Inability to control anger or emotional outbursts.
3. Being more than 15 minutes late to your visit.
4. Exposing your child to sexual materials or behavior.
5. Bringing other individuals to a visit who have not been approved by the social worker or are not on the family interaction plan. This includes other children, relatives, significant others, etc.
6. Spending excessive time on your cell phone rather than interacting with your child.
7. Sleeping during your visit.
8. Bringing any type of weapon (knife/gun/etc.) to a visit, even if you have a concealed carry permit.
9. Making any threats of harm (direct or indirect) towards any individual.
10. Being under the influence of drugs or alcohol during a visit.
11. If you or your child have a confirmed and/or actively contagious illness that would present a risk to others such as strep throat, hand/foot/mouth disease, chicken pox, pink eye, fever, cough, etc., the visit will be cancelled. Visitation can resume once you and/or your child have been on antibiotics for 24 hours, and/or symptoms have passed, and/or you and/or your child have been cleared by a physician or public health to return to a shared public setting (daycare, school, etc.). If you and/or your child are ill but the illness is not severe or contagious, then a decision about canceling the visit should be made with your case manager about what is best for all involved parties.

I have read or have had these expectations read to me and understand these guidelines. I understand that my failure to follow these guidelines could result in change to the length of visits or the level of supervision.

Parent's Signature

Date

Staff Person

Date

Outagamie County DHS Child Welfare

Family Interaction Guide for Case Workers:

1. When considering appropriate location, transportation, and safety-related interventions for visits the following will be considered:
 - a. Current caregivers or established connections to the child will be used to facilitate family interaction whenever possible
 - b. Pop-ins will be used whenever possible, as opposed to full supervision, if partial supervision meets the safety needs of the identified family
 - c. Caregiver transport is the preferred method for transportation, whenever possible
 - d. Family Interaction may occur outdoors if family remains compliant with established rules and guidelines for visitation
 - e. Family Interaction may occur in the community if family remains compliant with established rules and guidelines for visitation
 - f. Family interaction may occur in a family home if family remains compliant with established rules and guidelines for visitation
 - g. Family interaction may occur at the Wright House (on the property of Valley Baptist Church) if reserved ahead of time (through system support) and if family remains compliant with established rules and guidelines for visitation
 - h. Family interaction may occur at the Department in the Family Interaction Rooms if family remains compliant with established rules and guidelines for visitation
 - i. While parents are incarcerated, the social worker will make every effort to support in-person family interaction and when this is not possible, virtual options will be explored and offered
 - j. Social distancing between worker and participants is recommended for all family interaction
2. If the Wright House (650 Seneca Drive, Appleton, WI 54911) is utilized for family interaction:
 - a. The “Sunday School Room” and the “Main House” at the *Wright House* are available to CYF, Monday-Friday (8am-7pm) for fully supervised family interaction
 - b. The assigned worker should contact CYF system support to schedule in advance. Please note there are two separate outlook calendars for the Wright House. Please make sure you are aware of which part of the house you are reserving (the sectioned off “Sunday School Room” or the remainder of the house).
 - c. The key to the *Wright House* is located at the *Wright House* in a lock box on the handle of the corner door. The code is 5161. Please do not share this code with anyone and be sure to return the key to the lock box after each use. Please do not leave the lock box set to the code. Also, please ensure the door is locked behind you when you leave.
 - d. Please note, the *Wright House* may only be used for fully supervised family interaction—as the worker is required to remain with the family the entire time the family is on Valley Baptist property
 - e. Please park in the main parking lot of the church and plan to walk over to the house with the family (The church does not have permission from the City of Appleton to allow parking on the street)
 - f. Please remind families to bring activities and snacks for their children as this is not a fully stocked family interaction room

- g. Valley Baptist is comfortable with our families using their outdoor playground equipment, just be sure that the family stays clear of the construction area
- h. Please remind families to clean up after themselves throughout and after their visit
- i. Please do not leave garbage (such as dirty diapers) in the garbage cans. Please bag this up and take this with you to throw away in an outside garbage can
- j. At the conclusion of the visit, please use the cleaning supplies to wipe down all surfaces
- k. Please note: masks, cleaning supplies and sanitizers are available in the marked cabinet
- l. We are welcome to use the internet service at the Wright House. The wireless ID at the Wright house is WRIGHT HOUSE. The password is **PptmJesus3600!** (it is case sensitive).

3. If a CYF visitation room is utilized for family interaction:

- a. When scheduling family interaction in Outlook, please include the following information:
 - 1. Subject: Parent initials – worker supervising
 - 2. Body:
 - 3. Parent's full name
 - 4. Case Head
 - 5. Worker
 - 6. Supervisor
 - 7. Contact information if person supervising is not CYF Worker
 - 8. Transportation details if applicable
 - 9. Additional (optional) notes
- b. Each family interaction room can be used multiple times throughout the day
- c. Please note, all rooms will be sanitized by maintenance mid-day and end of day
- d. Please also plan to sanitize and wipe down all surfaces at the end of the visit
- e. Gloves, hand sanitizer, face masks and extra cleaning supplies are located in the large observation room and are available for use, as needed
- f. The visit rooms are supplied with limited toys and furniture. The worker supervising the visit should supply the family with additional chairs and toys, as needed
- g. At the conclusion of the visit, please place the used toys in the basket in the observation room, labeled for toy sanitization
- h. Prior to exiting the building, the worker supervising the visit will ensure the door to the visitation room is closed, and the worker will secure a sign on the outside of the door messaging to maintenance that the room requires cleaning
- i. Please note, all clients need to be out of the building prior to the building closing. The current building schedule in conjunction with system support hours is as follows:
 - 1. Mondays – 7:30-7:00 p.m.
 - 2. Tuesdays – 7:30-7:00 p.m.
 - 3. Wednesdays – 7:30-6:00 p.m.
 - 4. Thursdays – 7:00-7:00 p.m.
 - 5. Fridays – 7:30-5:00 p.m.

4. If a department car seat is utilized for a visit:

- a. Before and after use, disinfect the ENTIRE car seat (cloth/ plastic/ straps) with Lysol spray/cleaner
- b. Cleaning supplies are available at system support which can be checked out on an “as needed” basis. Additional cleaning supplies are also located in the car seat closet.

5. Additional Guidance on cancelling a visit due to COVID related sickness:
If anyone in a participant's household notifies you that anyone in the participant's household is sick with COVID related symptoms, waiting for COVID test results, on quarantine, or is positive for COVID, please cancel in person visitation, offer virtual visitation in lieu of in-person, and refer to CDC Guidelines for best practice in terms of when in-person visitation will resume.

Managing the Physical Safety of Our Work⁹

***** Please note that cases have been screened so volunteers should not be in situations where they are in danger of physical harm. However, we cannot always predict how someone will react in an adverse situation. The information below is a guide for how to prevent problems as well as to manage things if a threatening situation does occur. This information primarily applies to social workers and home consultants.**

Prep Prior to Meeting in the Client's Home

1. Always make sure your agency knows where you are and how to reach you in case an urgent situation arises, especially after hours or special contacts that occur on the weekends.
2. Always make sure your phone is charged and available while meeting in the home.
3. Come up with an exit strategy – an excuse or reason to leave if the meeting becomes unsafe. Having a plan for these rare, but urgent situations, makes for a smoother, less dramatic exit from an unstable situation.

Scanning Safety at Home Visits

1. Be aware of your surroundings and map out a clear path to exits, sit close to an exit and don't take your shoes off in case you need to leave a bad situation in a hurry.
2. Scan for weapons, people in the home, or alarming devices.
3. Bottom-line: If you don't feel right make up an excuse and leave, before an uncertain situation presents itself and the time to exit has passed.

Adjusting to High-Risk Clients or Situations

1. Always report client's making threats, implications of harm or sexual advances to your superiors immediately. If you feel your concerns are not addressed or minimized continue up the line of command until you feel the risk is managed enough to try to assist this family with services and support.
2. Discuss your worries for your safety and clients who make you feel unsafe with your supervisor for guidance and support. Discuss how to adjust typical approaches based on client's risk to act out, so if they are likely to get agitated to bad news, setbacks or being held accountable – do that in the office or with another person present. Teaming these cases may be wise for support and safety in numbers.
3. Do not give these high-risk individuals drug test or drug test results in their homes in case it is negative and they act out. If court is a place that will make them agitated, make sure

you are not responsible for transporting them to or from court or any other appointment that can dysregulate them.

4. Unexpected home visits can be a very good tool for finding out information or what the real home setting is like when the family is not expecting their social workers. However, this could be a very dangerous situation if your clients are drug dealing or have high traffic of active users in the home. Your unexpected visit could interrupt a drug deal or create paranoia for drug users on the premise, which could cause a dangerous situation. In these situations, unexpected visits should not occur in homes with high criminal activities or drug use.

Managing Clients Who Are Agitated

1. Avoid inciting conflict or shame on a client or situation that may be increasing in volatility. If you feel leaving is the best way to de-escalate the situation, divert your needing to leave or absence on something benign. In preparation for meetings you should think of an excuse or reason to leave a concerning meeting in case it becomes unsafe. Being thoughtful makes for a more genuine exit, without inciting more volatility to the dynamics.
2. It is almost always better to be kind than right, but especially in these situations. Once a client is agitated, the ability to reason or to hear feedback is greatly diminished and should not be the purpose of your engagement, de-escalating the situation is. Keep your ego and emotions in check, despite what is launched at you do not get in the mud. Be as transparent as you can with information. Be empathetic, genuine and respectful of the client's pain or frustration.
3. Address factors that increased the volatility of the meeting later, after you are safe and created a controlled, safe and supportive meeting environment. This gives additional time for the client to process and regulate their feelings and reactions, which increases their ability to grow from this violation.
4. Validate their frustration or pains and make sure you do not minimize their feelings or pains. Be careful using words that may make them feel weak - like fear or scared, as that can make some clients feel powerless and more likely to agitate them more. Also be careful of words that are designed to bring comfort, but instead evokes strong negative responses. Statements like – "I know how you must feel" or "I understand what you are going through".



DURESS SYSTEM PROCEDURE:

The purpose of the Outagamie County duress system is to provide a convenient and efficient notification to an emergency. This system allows a person under duress to quickly and silently call for help in the event of an emergency. Within the building, if possible, 9-911 should be called if staff are able to call the emergency number. The panic button should be utilized if staff felt threatened or another client is threatened and staff are not able to call 9-911.

Panic buttons with the new Spyder Duress system are GPS coordinated and the Outagamie County Sheriff's Department Communication Center is able to locate the button based on a close proximity of the location of the button being deployed. Panic buttons are for within assigned buildings only. Locations of panic buttons will not be able to be determined in parking lots.

Health and Human Services have multiple panic buttons in each division. All system support staff have at least one panic button attached to their desk at each front work station. Staff not assigned a specific panic button may sign out a button when meeting with a potential volatile client.

Procedures for HHS Staff:

To activate the duress call: Push both buttons on remote at the same time. The remote will beep and continue beeping until the remote is reset.

To reset and silence the beeping, you will need to press the left button until it beeps and then immediately press the right button until it beeps again. This will then be reset. If by chance it continues, please try again.

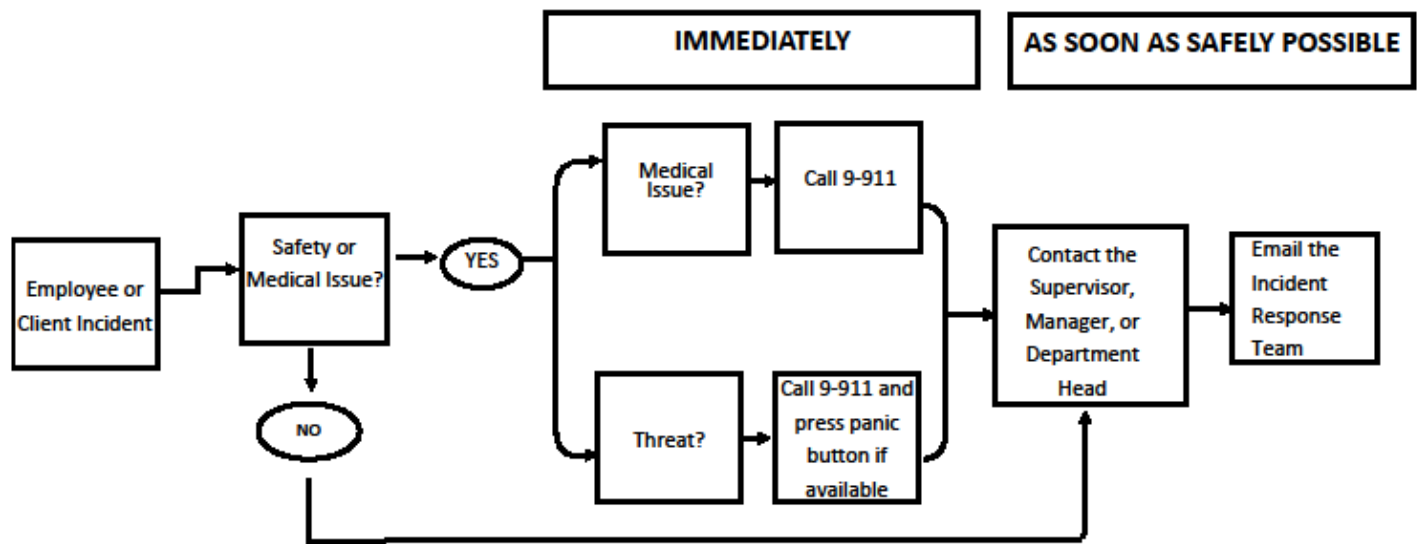
Immediately after the situation has been determined safe, the supervisor of the staff pressing the duress system will be notified. The supervisor will be responsible for notifying the manager of the division and both the director and deputy director of Health & Human Services.

Procedures for Communication Center Response:

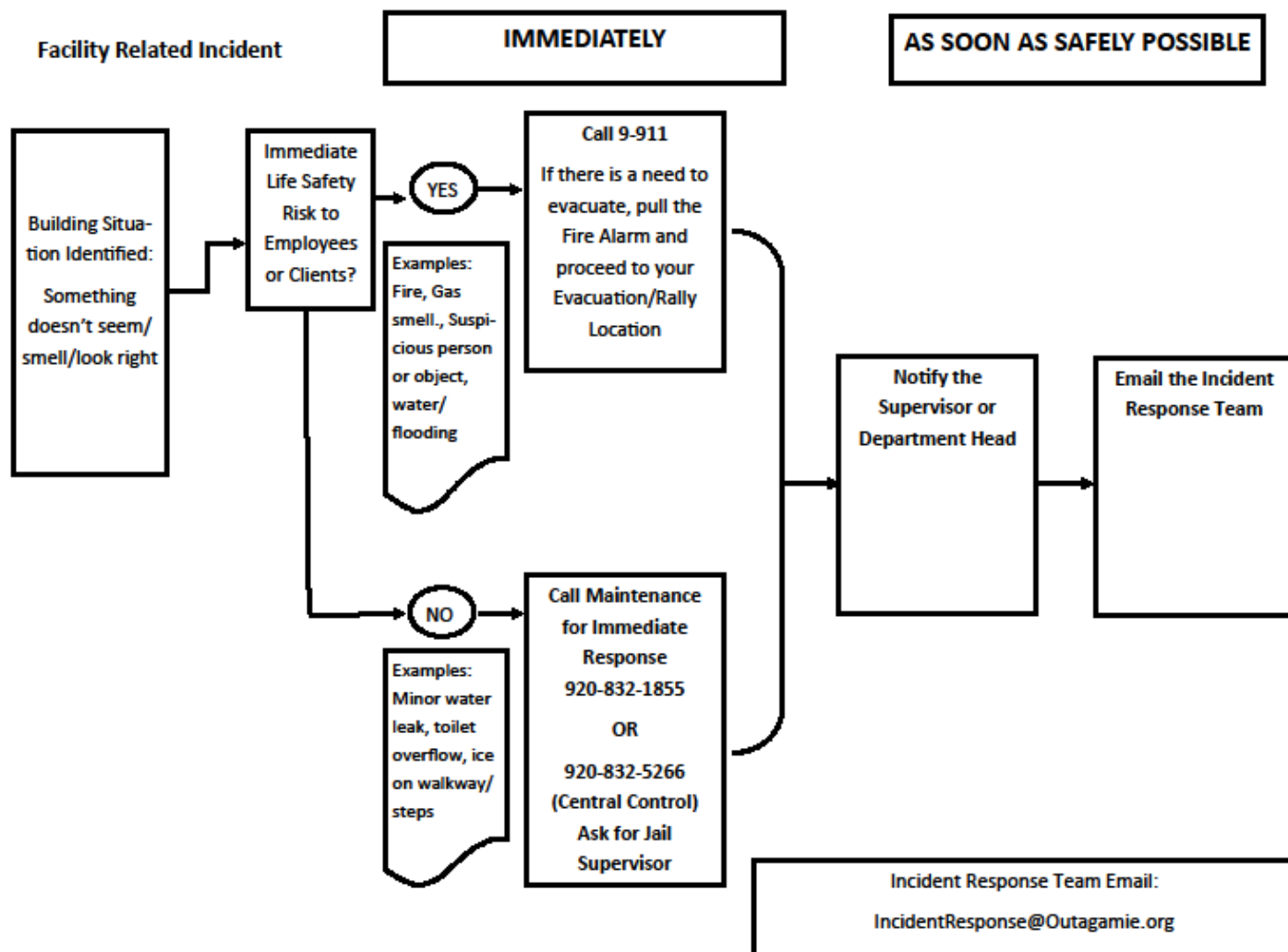
After receiving an alarm, follow the steps:

1. Click the acknowledge button to silence the alarm sound in the Communications Center.
2. For an active alarm, dispatch APD to the public entrance of 320 S walnut Street (near corner of Walnut & 8th street).
3. Direct APD to check in with the CJU security staff at the front entrance during business hours. CJU has the same duress display in their office to show duress alarm locations. CJU will receive the same alarms the Communication Center receives. CJU will act as a first responder when possible.
4. Direct APD to location shown on the duress maps for after hour calls or when CJU is not available.
5. Contact CJU to make sure they are aware of the alarm.
6. Call phone number listed in alarm screen to check on individuals.

Employee or Client Incident



Incident Response Team Email:
IncidentResponse@Outagamie.org



GLOSSARY³

ACTING OUT – Behaviors which a person engages in which demand attention so someone doesn't get hurt or property doesn't get damaged.

ADMINISTRATIVE RULES – Formal Division of Children & Families and Department of Health Services requirements made to implement statutes, applicable to parties outside the agency, having the force of law and produced in conformity with Chapter 227 (of the statutes) procedures. Rules are grouped sections of chapters of the multi-volume Wisconsin Administrative Code.

ALTERNATE LIVING SETTING – A place where the recipient stays overnight for the purpose of receiving human services.

ALTERNATIVE RESPONSE (AR) – A new pathway for screened-in reports of abuse or neglect with moderate risk that allows a social worker to call family to schedule an appointment to meet together to explore whether or not services are necessary versus substantiating someone as a maltreater.

ASFA – The Adoption and Safe Families Act of 1997 is an amendment to Title IV-B and Title IV-E of the Social Security Act. The purpose and intention of ASFA is to provide for safety, permanence, and well-being of children.

CAC – See Child Advocacy Center

CAN – Child Abuse and Neglect

CHAPTER 48 of the Wisconsin Statutes – Called the Children's Code, this collection of statutes covers court and agency responsibilities for children found abused, neglected, in need of adoption, or otherwise in need of protection and services, or who live in foster family or group homes, child caring institutions, or shelter care or secure detention facilities, or who attend day care centers.

CHILD ABUSE – Physical injury inflicted on a child by other than accidental means, including but not limited to lacerations, fractured bones, burns, internal injuries, severe or frequent bruising or great bodily harm.

CHILD ADVOCACY CENTER – A facility used to assist in the assessment of child abuse/neglect cases. In most cases, there is a medical component for examinations of children as well as designated interviewers to assist in determining whether abuse or neglect occurred.

CHILD NEGLECT – The failure, refusal or inability on the part of a parent, guardian, legal custodian or other person exercising temporary or permanent control over a child, for reasons other than poverty, to provide necessary care, food, clothing, medical or dental care, or shelter so as to seriously endanger the physical health of the child.

CHIPS – Children in Need of Protection or Services

CP – Custodial Parent

CPS – Child Protection Services

CPU – Child Protection Unit

CYF – Children, Youth and Families Division

DCF – Department of Children and Families

DHHS – Department of Health & Human Services

DOMESTIC ABUSE PROGRAM – A community based program offering safety and support to battered women and their children.

EMERGENCY RESOURCE HOMES – Foster homes that are available on a 24-hour basis for the placement of children ages 0 to 18. Placements are limited to a stay of 60 days while arrangements are made for the child to be returned home or to another more permanent out of home placement.

FAMILY TRAINING PROGRAM – A contracted service which assesses family dynamics and helps parents who are having trouble managing their children. Services may include effective parenting and behavior management techniques to keep the children in the home and to preserve the family or to reunify the family after an out of home placement.

FOSTER CARE – Mainly court-ordered residential care for children outside their own homes with families who take up to four children. Homes are licensed by county social service department, licensed private child-placing agencies, or by the state Department of Health & Family Services.

FOSTER HOME OR FAMILY CARE HOME – A family situation in the community in which a child is placed to develop maximum potential through experiences in a family setting and through inclusion in group activities such as a school program.

GAL – Guardian Ad Litem

GROUP HOME FOR CHILDREN – A home setting for supervised residence for five through eight children. Examples include: maternity homes and transitional group home.

GUARDIAN AD LITEM – A person appointed to protect the interest of a minor or an incompetent in a particular court proceeding.

HEALTH & HUMAN SERVICES (HHS) DEPARTMENT – County agency formed through the merger of the 51 agency, social service department, health department, and other county human service agencies as permitted by s.46.23, Wisconsin Statutes.

HHS – U.S. Department of Health and Human Services

HHS – Health & Human Services Department

HOME CONSULTANT – In the Children, Youth & Families Division, home consultants provide services to families to prevent neglect and abuse of children, to maintain individual and family independence, and to promote healthy, safe and secure environments. Services may also include, but are not limited to: housing referral assistance, home and financial management, transportation, and parent education. Home consultants work as a team member with the assigned social worker.

HUMAN SERVICES SPECIALIST – In the Children, Youth & Families Division, the Human Services Specialist is the initial point of contact for referrals. They accept child abuse/ neglect referrals and refer the information for disposition. They also provide information and referral about the division, department and community.

LEGAL CUSTODY – The right to the care, custody and control of a child and the duty to provide food, clothing, shelter, ordinary medical care, education and discipline for a child. Legal custody may be taken from a parent only by court action.

PALS – An early intervention volunteer program that provides friendship and positive role modeling to children ages 6-17. Referrals are from department staff and are primarily children who have been involved with the child protective service system.

PARENT CONNECTIONS – A contracted service which provides prevention and early intervention to children and families to prevent abuse/neglect. The program has universal access to parents having their first child. The purpose is to teach parenting skills and teach parents about community resources.

PARENT RESOURCE PROGRAM (PRP) – Social work services provided to prospective parents and parents of children under the age of 10 who are at risk of abusing or neglecting their children. Services are voluntary to divert families from the child protective service system. Referrals are accepted from department staff, community referrals and self-referrals.

PARENTS AS TEACHERS (PAT) – Program through Family Services that provides community response to parents of children ages 0-2. Teaches parenting skills.

PERMANENCY PLANNING – Philosophy that placements in alternate care be planned, with the ultimate goal being the return of the child to his/her natural family at the earliest possible time, or that a permanent home be provided through adoption when return to the natural home is not possible.

RELEASE OF INFORMATION – A legal document signed by a consumer or their legal representative that allows an agency to release specific sensitive personal information about a consumer to a second party. The document must be specific in the content to be released, and time limited.

REUNIFICATION – child returning to the child's parents or the home from which he or she was removed.⁷

SW – Social Worker

TAD – Treatment Alternatives and Diversion

TAP – Transitional Apartment Program

TAP – Treatment Alternative Program – relates to AODA correctional clients

TEMPORARY PHYSICAL CUSTODY – A request is completed by law enforcement or a social worker requesting that an intake worker authorize a placement in a non-secure or secure facility. A designated Juvenile Intake Worker must interview the child, and provide certain due process rights before authorizing a placement which is subject to judicial review.

TPR – Termination of Parental Rights

UNCOOPERATIVE/NON-COMPLIANT- Person disobeys commands or orders, resists temptations and rewards and refuses to participate in program, activity, or learning experience.

VENUE – County of Responsibility

WIC – The Supplemental Nutrition Assistance Program for Women, Infants and Children. Seeks to improve the health of low-income, nutritionally at-risk pregnant, breastfeeding, and postpartum women, infants, and children under age 5 by providing nutrition education, breastfeeding support, community referrals, and supplemental healthy foods.

WRAPAROUND – Wraparound services provide a theoretical framework by which services are provided to families. A wrap around service is developed and/or approved by a child and family team, community-based, culturally competent, unconditional in terms of acceptance of a family and a program, individualized and conceptualized in a system of care framework. A system of care framework includes the services of mental health, social services, education, health, substance abuse, vocational, recreation, and operational services such as juvenile justice, case management, self-help, advocacy and volunteer programs. This system of care is organized or wrapped around a family in a coordinated network that meets the multiple and changing needs of children, adolescents and their families.

YFS – Youth & Family Services

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6. **Wisconsin Child Welfare Professional Development System UW Madison School of Social Work Placement.** Developed September 2016. Revised June 2017, December 2017.
7. **Wisconsin's Ongoing Service Standards.** Division of Safety & Permanence. Wisconsin department of Children and Families, June 2022.
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OUTAGAMIE COUNTY

VOLUNTEER EXPENSE REMIBURSEMENT

AUTHORIZATION FORM

I authorize Outagamie County to deposit directly into my checking or savings account, my expense reimbursement. These expense reimbursements can include travel related reimbursements. I understand that I will continue to receive an expense reimbursement check for the first check cycle after I sign up and that the direct deposit will take place on the following expense reimbursement request. This authorization will be in effect until I notify the Outagamie County Financial Services Department in writing of any changes. As part of my authorization, I understand that I will not be receiving a remittance notification for my reimbursement when it is directly deposited into my bank account.

Volunteer Name – Printed name	
Volunteer Signature	
Volunteer Address	
Date	
Type of Ban Account (Circle One)	Checking or Savings

<p>Please provide the following in this area:</p> <p>Checking Account – Voided check (not a deposit ticket)</p> <p>Savings Account – Deposit Ticket</p> <p>(Voided check or Deposit Ticket must include Bank Transit/ABA number and Account Number)</p>

Financial Services Use Only

Date Entered:		Entered by:	
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**OUTAGAMIE COUNTY
CONTRACTOR IDENTIFICATION
CARD
INFORMATION SHEET**

SUPERVISOR: This form must be completed and returned to Human Resources or provided by the contractor during their appointment. An appointment should be made for the contract employee to have their photo ID taken. Please call Human Resources (832-1668) for an appointment.

Please print clearly

CONTRACT EMPLOYEE: _____
First MI Last

TITLE: _____

DEPARTMENT: _____

START DATE: _____ **EXPIRATION DATE: (if applicable)** _____

DOOR ACCESS REQUESTED: _____

SUPERVISOR AUTHORIZATION:

Supervisor's Name (Print) Phone Ext.

Sign Date

To be signed by the contract employee:

I understand I am responsible to wear an Outagamie County Identification Card as outlined by Outagamie County procedure and department standards. The Identification Card shall be worn solely by me for Outagamie County business. I will surrender my identification card to the Outagamie County Supervisor upon request or termination. I am aware that if I lose my Identification Card, building security could be affected. I should report this loss immediately to Outagamie County.

Contractor Signature Date

For Office Use Only:

Card #				
Encoded #				
HR Int & Date				
Access Level Assigned				

