



STATE OF MICHIGAN
DEPARTMENT OF HEALTH AND HUMAN SERVICES
LANSING

GRETCHEN WHITMER
GOVERNOR

ROBERT GORDON
DIRECTOR

July 18, 2019

Charles Rose
Cass County DHHS
325 M 62
Cassopolis, MI 49031

RE: License #: CP140201012
Cass County DHHS
325 M 62
Cassopolis, MI 49031

Dear Mr. Rose:

Attached is the Renewal Inspection Report for the above referenced facility completed on July 11, 2019. Due to the violations, a written corrective action plan is required. It should be noted that violations of any licensing statutes rules and are also violations of the MSA and your contract. The corrective action plan is due 15 days from the date of this letter and must include the following:

- How compliance with each citation will be achieved.
- Who is directly responsible for implementing the corrective action for each licensing statute and rule or section of the contract or ISEP citation.
- Repeat violations require an explanation as to why the previous corrective action plan failed to prevent a repeat violation of the rule.
- Specific time frames for each citation as to when the correction will be completed or implemented.
- How continuing compliance will be maintained once compliance is achieved.
- The signature of the responsible party and a date.

Upon receipt of an acceptable corrective action plan, a regular license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result.

Please review the enclosed documentation for accuracy and contact me with any questions. In the event that I am not available, and you need to speak to someone immediately, please contact the area manager at (616) 552-3662.

Sincerely,

A handwritten signature in cursive script, appearing to read "Jessica VandenHeuvel".

Jessica VandenHeuvel, Licensing Consultant
MDHHS\Division of Child Welfare Licensing
Suite 200
121 Franklin Street SE
Grand Rapids, MI 49507
(616) 204-6992

enclosure

**MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF CHILD WELFARE LICENSING
RENEWAL INSPECTION REPORT**

I. IDENTIFYING INFORMATION

License #: CP140201012

Licensee Name: Michigan Department of Health and Human Services

Licensee Address: 235 South Grand Avenue
Lansing, MI 48902

Licensee Telephone #: (517) 373-3768

Administrator/Licensee Designee: Charles Rose, Administrator
Jooyeun Chang, Designee

Name of Facility: Cass County DHHS

Facility Address: 325 M 62
Cassopolis, MI 49031

Facility Telephone #: (269) 445-0200

Original Issuance Date: 10/01/1989

Service Types: PLACE CHILDREN FOR ADOPTION
CERTIFY FOSTER HOMES FOR LICENSE
SUPERVISE INDEPENDENT LIVING
PLACE CHILDREN IN FOSTER HOME
EVALUATE APPLICANTS FOR ADOPTION

II. METHODS OF INSPECTION – A. Consultant

Date of On-site Inspection(s):

07/08/2019 & 07/11/2019

	Total No. Of Records	No. of Records Reviewed
No. of current licensed foster homes	23	3
No. of homes pending licensure	8	2
No. of Foster homes closed since the last inspection	7	2
No. of Foster homes borrowed since the last inspection	34	6
No. of Special Investigations in foster homes since last inspection	6	2
No. of incidents of substantiated child abuse and/or neglect in foster care since last inspection	0	0
No. of incidents of substantiated corporal punishment in foster care since last inspection	0	0
No. of children currently placed in licensed foster homes	63	3
No. of children discharged from licensed foster homes since the last inspection	30	2
No. of children whose sibling groups were split	62	5
No. of children who have had 3 or more placements	51	4
No. of children with unlicensed relatives	16	3
No. of children in parental placements	4	1
No. of children in child caring institutions	17	1
No. of youth in independent living placement	0	0
No. youth discharged from an independent living placement since the last inspection	0	0
No. of applicants evaluated for adoption since the last inspection	N/A	N/A
No. of applicants denied a recommendation since the last inspection	N/A	N/A
No. of adoption placements since the last inspection	N/A	N/A
No. of Child Adoption Assessments Completed	N/A	N/A
No. of adopted children currently in supervision	N/A	N/A
No. of children free for adoption more than 12 months	3	1
No. of acceptable corrective action plans (not maltreatment of foster children) submitted by this agency since the last inspection	1	1
No. of current employees who have worked at the facility for: More than a year	17	3

Less than a year 1 1

No. of Persons Interviewed:

Licensing Staff 1
 Foster Care Staff
 Independent Living Staff N/A
 Adoption Staff N/A
 Supervisory Staff 3
 Administrative Staff 1
 Foster Parents N/A
 Youth in Independent Living N/A

The following required records were on file and available for review:

Program Statement Yes No NA
 Program Policies Yes No NA
 Staff Training Records Yes No NA
 Volunteer Supervision Policy Yes No NA
 Income/Expenditure for current year, including IRS Form 990 Yes No NA
 Foster Parent Training Records Yes No NA
 Supervisory Ratio Yes No NA
 Caseload Ratio Yes No NA

METHODS OF INSPECTION – B. Analyst

	Total No.	No. Visited
No. of licensed foster homes	18	3
No. of unlicensed relatives homes	8	4
No. of independent living youth	N/A	N/A
No. of adoptive homes	N/A	N/A

Number of persons interviewed:

Foster Parents 3
 Foster Children 8
 Birth Parents 2
 Independent Living Youth N/A
 Relatives 4
 Adoptive Parents N/A
 Others (please identify person interviewed by role) 2 foster youth observed

III. DESCRIPTION OF FINDINGS

1.) The facility is in compliance with all applicable licensing statutes and rules except for the following:

R 400.12212 Personnel records.

- (3) The personnel record shall contain both of the following:
 - (a) A written evaluation of a staff member's performance within a probationary period or not later than 6 months after the staff member assumes his or her current responsibilities. After the initial evaluation, a written evaluation shall be conducted each year.

Three of three employee files reviewed where the employee worked for the agency for over one year lacked an evaluation completed annually as required.

R 400.12326 Borrowed home.

- (1) Before placing a child in a foster home certified by another agency or tribe, the agency shall have a record containing all of the following documents:
 - (e) A list of all children currently placed in the home.

One of six borrowed bed files reviewed lacked a list of all children that were placed in the foster home as required.

R 400.12405 Change of placement.

- (3) The agency shall document all of the following in the child's record before a change of placement occurs:
 - (a) Reason for the change in placement.
 - (b) If the child is not returned to the parent then the reason why return is not possible.
 - (c) If the child is not reunited with siblings or placed with a relative, then the reason why those placements are not possible.
 - (d) Consideration of the factors identified in R 400.12404(4).
 - (e) Replacement preparation, regardless of the child's age, appropriate to the child's capacity to understand, which includes an explanation to all relevant parties as to why the change is necessary.
 - (f) Notification to the parents, referral source, lawyer guardian ad litem, and courts when applicable, of the change in placement.

(g) Information about the child was shared with the new placement, consistent with the requirements of R 400.12417.

(h) The child's new location and address.

(i) That the current foster parent was notified in writing of the following information:

(i) Not less than 14 calendar days in advance, of the change, except when prior notification would jeopardize the child's care or safety. If prior notice is not provided, then the agency shall notify the foster parent, at the time of the change, why prior notice was not given.

(ii) Of the current foster parent's rights concerning the change in placement.

In three of four open foster care youth files reviewed where a youth had moved placements during the period under review lacked information required in subsections (a) through (h) as required. This would have been captured in a DHS-69 if completed as required.

This is a repeat violation from the 2018 Interim Inspection Report with an approved CAP dated 9/11/18. During that review one of seven files were found to be in non-compliance.

In two of four open foster care youth files reviewed where a youth had moved placements during the period under review lacked information required in subsection (i) that would have been captured in a DHS-30.

R 400.12413 Medical and dental care policy.

(1) An agency's medical and dental care policy shall, at a minimum, include all of the following:

(c) A physical examination for each child as follows, unless a greater frequency is medically indicated:

(ii) For a child 2 years of age or older, a physical examination shall have been completed within 12 months before placement or a new physical examination shall be completed within 30 calendar days after placement.

One of four open foster youth files reviewed requiring a medical examination be completed within 30 days after placement was completed late by 2 days.

R 400.12417 Foster parent information.

(1) An agency shall provide a foster parent with all of the following information before the placement or replacement of a child:

(a) Child's name.

- (b) Child's date of birth.
- (c) Available known information about the child's health.
- (d) Any known history of abuse or neglect of the child.
- (e) All known emotional and psychological factors relating to the care of the child.
- (f) All known behavioral problems of the child.
- (g) Circumstances necessitating placement or replacement of the child.
- (h) Any other known information to enable the foster parent to provide a stable, safe, and healthy environment for the foster child and the foster family, including information about siblings who do not reside in the foster home.
- (i) Name of assigned social service worker.
- (j) Authorization to provide routine and emergency medical care.

Three of five open foster youth case files reviewed requiring a provider be given information prior to placement, lacked documentation the provider was provided with the information required in subsections (a) through (i).

This is a repeat violation from the 2018 Interim Inspection Report with an approved CAP dated 9/11/18. During that review four of eight files were found to be in non-compliance.

One of eight open foster youth case files reviewed, lacked documentation that the provider was given authorization to obtain routine and emergency medical care as required in subsection (j).

R 400.12418 Development of service plans.

- (2) An agency shall complete written service plans for each child and parent or parents, as follows:
 - (b) Within 120 calendar days after the initial removal and at least once every 90 calendar days thereafter.

Three of twenty updated service plans reviewed were completed late by 1, 2, and 4 days respectively.

This is a repeat violation from the 2018 Interim Inspection Report with an approved CAP dated 9/11/18. During that review one of twenty-one updated service plans were found to be in non-compliance. This is also repeat violation from the 2017 renewal licensing study report with an approved CAP on 8/10/2017.

2.) Any violation listed in section 1 is also an ISEP violation. Please note that there are additional ISEP requirements that may not be included in section 1. The facility is in compliance with all additional ISEP requirements except for the following:

ISEP 6.17

Relative Foster Parent Licensing, Generally

(a) Relative caregivers will be licensed unless exceptional circumstances exist such that it is in the child's best interest to be placed with the relative despite the relative's desire to forgo licensing. Such circumstances must be documented in the child's case file and approved by the County Director or, in a Designated County, a county-level child welfare Administrator.

(1) In such circumstances:

(i) the relative caregiver and the other adult household members must meet the same safety standards as non-relative providers;

(ii) the relative caregiver must be fully informed of the benefits, including the exact amount of monetary benefits, of licensure; and

(iii) the relative caregiver must sign a waiver stating understanding that he or she is foregoing the benefits, including the exact amount of monetary benefits of licensure.

(2) DHHS will continue to use a form waiver letter, consistent with this Commitment. This waiver must be re-signed by the relative caregiver annually and a copy must be placed in the child's case file. The relative caregiver may change his or her mind and choose to undergo licensing at any time, and when this occurs, DHHS must allow the relative caregiver to undergo the licensing process.

In one of five relative records reviewed, the relative was not licensed within 180 days of placement nor was there an approved waiver signed. It was noted a waiver was pending from January 2019 but had not yet been completed.

ISEP 6.33

Assessments and Service Plans, Content

(c) Service plans shall be signed by the caseworker, the caseworker's supervisor, the parent(s), and the child(ren), if of age to participate. If the parent(s) or child(ren) or both are not available or decline to sign the plan, the service plan shall include an explanation of the steps taken to involve them and shall identify any follow-up actions to be taken to secure their participation in services.

Three of eight open foster care youth files reviewed lacked the required signatures on the parent agency treatment plans.

One safety/concern alert where it was reported the parent and/or child was not involved in development of the treatment plan, lacked signatures of the parent and/or child as required, was confirmed that these were not completed.

This is a repeat violation from the 2018 Interim Inspection Report with an approved CAP dated 9/11/18. During that review three of eight files were found to be in non-compliance.

ISEP 6.40 Visits, Worker-Parent

(a) For each child in foster care with a permanency goal of reunification, the child's caseworker shall have face-to-face contacts with the child's parent(s) as follows:

- (1) for the first month the child is in care, two face-to-face contacts with each parent, at least one of which must occur in the parent's place of residence;
- (2) for each subsequent month, at least one face-to-face contact with each parent and phone contact as needed, with at least one contact in each three-month period occurring in the parent's place of residence.

In two of seven open foster care youth files reviewed, monthly face-to-face contact with the parents were not documented as required.

In one safety/concern alerts where it was reported the foster care case worker did not meet monthly with the parent, it was confirmed through review of the file that monthly face to face meeting with the parents did not occur as required.

This is a repeat violation from the 2018 Interim Inspection Report with an approved CAP dated 9/11/18. During that review three of eight files were found to be in non-compliance (Cited under 722-6H).

ISEP 6.42 Visits, Between Siblings

(a) DHHS shall ensure that children in foster care who have siblings in custody with whom they are not placed shall have at least monthly visits with their siblings who are placed elsewhere in DHHS foster care custody.

Two of five open foster care files reviewed where siblings were not placed together lacked monthly sibling visitation as required.

In one safety/concern alerts where it was reported monthly sibling visits did not occur, it was confirmed through review of the file that visits did not occur as required.

This is a repeat violation from the 2018 Interim Inspection Report with an approved CAP dated 9/11/18. During that review two of six files were found to be in non-compliance (cited under 722-6I). This is also a repeat violation from the 2017 renewal licensing study report with an approved CAP on 8/10/2017 and from the 2016 annual licensing study report and the 2015 renewal licensing study report.

ISEP 6.49 Medical Passports

- (a) At the time the child is placed or re-placed, the foster care provider shall receive the child's Medical Passport, which must contain the information required by MCL 722.954c(2) and DHHS Policy FOM 801 (dated 3-1-2015) (or any successor policies approved by the Monitors). And at least quarterly thereafter, an updated Medical Passport must be prepared, as required by the "Medical Passports" section of DHHS Policy FOM 801 (dated 3-1-2015) (or any successor policy approved by the Monitors) and provided to the foster care provider.

Six of eight open foster care youth files reviewed lacked documentation of the initial and/or quarterly medical passports provided to the foster care provider as required.

In four safety/concern alerts where it was reported the caregiver was not provided a medical passport, it was confirmed through review of the file the caregiver was not provided the medical passport as required.

This is a repeat violation from the 2018 Interim Inspection Report with an approved CAP dated 9/11/18. During that review seven of eight files were found to be in non-compliance. This is also repeat violation from the 2017 renewal licensing study report with an approved CAP on 8/10/2017.

ISEP 6.34 Provisions of Service

DHHS shall ensure that the services identified in the service plan are made available in a timely and appropriate manner to the child and family, and shall monitor the provision of services to determine whether they are of appropriate quality and are having the intended effect. DHHS is responsible for helping the parent(s) from whom the child has been or may be

removed, the child(ren), and the foster parent(s) identify appropriate, accessible, and individually compatible services; assisting with transportation when necessary; helping to identify and resolve any barriers that may impede parent(s), child(ren), and foster parent(s) from making effective use of services; and intervening to review and amend the service plan when services are not provided or do not appear to be effective. Compliance with the requirements of this Commitment shall be measured through a QSR, subject to the approval of and independently

In one safety/concern alerts where it was reported the caregiver the agency did not provide a referral to infant mental services; it was confirmed via review of the case record and the agency's report that a referral was not made.

- 3.) Any violation listed in section 1 is also a DHS Policy violation. Please note that there are additional DHS Policy requirements that may not be included in section 1. The facility is in compliance with all additional DHS Policy requirements except for the following:

FOM 722-6H

Case Contacts

First Month Following Reunification and/or Placement with a Respondent/Adjudicated Parent

- The primary caseworker must have weekly face-to-face contact in the home with the family (parent/legal guardian **and** the child) for the first month following reunification or parental placement.
- At least one contact each month must include a private meeting between the child and the caseworker; see Private Meeting in this item.

Note: The period of weekly contacts may be extended up to 90-days, if necessary.

One of one open foster care youth files reviewed where the youth returned to the parental home during the period under review lacked the required weekly visits.

This is a repeat violation from the 2018 Interim Inspection Report with an approved CAP dated 9/11/18. During that review one of one files were found to be in non-compliance.

FOM 722-6H Case Contacts

Contact with Supervisor (Supervision)

The caseworker must meet with his/her supervisor at least monthly for case consultation on every assigned case.

One of eight open foster care youth files reviewed lacked documentation that the caseworker met with their supervisor each month as required.

This is a repeat violation from the 2018 Interim Inspection Report with an approved CAP dated 9/11/18. During that review one of one files were found to be in non-compliance.

FOM 722-6H Caseworker Contact

Caseworker contact with children in out of home placement.

First Two Months after Initial Placement or a Placement Move

The caseworker must have at least two face-to-face contacts per month with the child for the first two months following an initial placement or a placement move. The first face-to-face contact with the child must take place within five business days from the date the case is assigned to the caseworker or within five business days of the date of the placement move. At least one contact each month must take place at the child's placement location. Each contact must include a private meeting between the child and the caseworker; see Private Meeting in this item.

NOTE: A month is defined as 30 calendar days, unless otherwise specified; for example, calendar month.

One of eight open foster care case files requiring two face-to-face visits within the first two months of placement or replacement lacked documentation the visits were completed as required.

In one safety/concern alerts where it was reported the worker did not complete the initial visits as required, it was confirmed via the case file review.

This is a repeat violation from the 2018 Interim Inspection Report with an approved CAP dated 9/11/18. During that review one of seven files were found to be in non-compliance. This is also a repeat violation from the 2017 renewal licensing study report with an approved CAP on 8/10/2017.

FOM 722-09C Foster Care Action Summaries

Which Cases/When

All foster care cases where there is:

1. A replacement.
2. Termination from foster care placement.
3. A change in FC worker.
4. Agency change/transfer to another FC agency (if less than 30 days of completion of last case service plan).
5. A change in the parent's living situation.
6. Case closing (if less than 30 days of completion of last case service plan).
7. Foster care transfer to adoption.

In cases where there is a case transfer to another agency or the case is closed by the court, the FC/JJ action summary may be used to document the necessary information for the case action provided less than 30 days have transpired since the completion of the last case service plan. The FC/JJ action summary must accurately document all case service delivery from the report period end date of the last service plan through the closing or transfer date on SWSS FAJ.

Two of two closed foster care youth files reviewed lacked the closing action summary.

This is a repeat violation from the 2018 Interim Inspection Report with an approved CAP dated 9/11/18. During that review one of four files were found to be in non-compliance.

FOM 722-3B Relative Engagement and Placement

Ongoing Search and Notification

Throughout the case, caseworkers must continue to identify, notify, and engage relatives until the child achieves legal permanency or until case closure for a youth with a permanency goal of APPLA. The ongoing efforts must be documented in **each** case service plan.

Documentation

Upon receipt or completion, all relative search forms must be uploaded to the *Document* hyperlink under *Case Overview* in MiSACWIS.

Two of eight open foster care files reviewed lacked documentation of the agencies efforts to identify, notify and engage relatives within each case service plan.

This is a repeat violation from the 2018 Interim Inspection Report with an approved CAP dated 9/11/18. During that review one of eight files were found to be in non-compliance.

FOM 722-3 Placement Selection and Standards

Residential Placement Exception Request

A residential placement exception request must be completed:

- Prior to placement in a residential facility.
- Every 90 days from the date of initial placement.
- Prior to a residential placement change or move.

One of one open foster care youth file reviewed requiring a residential placement exception request was not completed as required. The youth remains in residential care however the most recent approved placement exception request is dated January 24, 2018, approximately 18 months overdue.

This is a repeat violation from the 2018 Interim Inspection Report with an approved CAP dated 9/11/18.

FOM 722-8C Foster Care Parent-Agency Treatment Plan and Service Agreement

Signatures

When completed, obtain all signatures as appropriate, including those of parent(s)/guardian(s), foster care worker, supervisor, foster parent, caregiver, any youth age 14 and older and in the case of placement agency foster care cases, the local DHS office designee

Four of eight open foster care files reviewed lacked the required foster parent signatures, which would indicate their involvement in the plan development.

In two safety/concern alerts where it was reported the caregiver did not participate in the development of the parent agency treatment plan, it was confirmed as the caregiver did not sign the parent agency treatment plan as required.

This is a repeat violation from the 2018 Interim Inspection Report with an approved CAP dated 9/11/18. During that review two of eight files were found to be in non-compliance.

FOM 722-06H Caseworker Contacts

Caseworker contacts with Caregiver(s)

The caseworker must have at least one face-to-face contact in the caregiver's home each calendar month. If there are two caregivers, such as a primary and secondary caregiver, the caseworker must have a face-to-face contact with the secondary caregiver in the home at least once each quarter. The caseworker must make an unannounced visit to the home every quarter. The unannounced visit must be documented in MiSACWIS.

In one of seven open foster care youth files reviewed, quarterly face to face contact with the secondary caregiver was not documented within the social worker contacts.

In three safety/concern alerts where it was reported the unannounced home visits did not occur, it was confirmed through review of the file that unannounced home visits did not occur as required.

FOM 722-06B Family Team Meetings

Types and Timeframes

FTMs must occur within the required time frames as outlined in the following tables:

FOSTER CARE	
Type	Time Frame

<p>Case Plan Development/ Reassessment</p>	<p>Initial Case Plan (ISP) - within 30 calendar days before the case plan due date.</p> <p>Note: This FTM may be combined with the CPS Case Opening (ISP) FTM.</p> <p>Updated Case Plan (USP) - within 30 calendar days before the case plan due date.</p> <p>Permanent Ward Service Plan (PWSP) - within 30 calendar days before the case plan due date.</p>
<p>Placement Preservation/ Disruption</p>	<p>At least three business days prior to a planned change of placement or no later than three business days after an unplanned placement change.</p> <p>Planned and unplanned placement changes include reunification, placement in a residential setting, step-down from a residential or hospital setting, return from AWOLP, or request for change in foster home/relative placements.</p>
<p>Semi-Annual Transition Meeting</p>	<p>Within 30 calendar days after the youth's 14th birthday and every six months thereafter.</p> <p>For youth entering out-of-home placement at age 14 or older, the semi-annual transition meeting must be held within 30 calendar days of the removal date; see this item for specific meeting requirements.</p>

Post FTM

Following the FTM, the caseworker is responsible for the following:

- Completing the DHS-1105, Family Team Meeting Report, checking it for accuracy, identifying areas needing follow-up, and recording the outcome data.
- Providing the DHS-1105, Family Team Meeting Report, to all participants (in person and by phone), legal parents, and casework supervisor. These documents must also be uploaded into MISACWIS.

The caseworker must enter the FTM information in MiSACWIS using the FTM hyperlink within seven business days of the FTM.

Participation

Parent/caregiver participation in a pre-meeting discussion or FTM is voluntary. If a parent/caregiver declines to attend or participate in the pre-meeting discussion or FTM, the meeting must proceed with other participants in attendance. If no other participants are identified, the caseworker and supervisor must proceed with a case conference to assess and plan for the child's safety, permanency, and well-being.

The caseworker must make active efforts to engage the parent or caregiver in the FTM process until case closure. Engagement efforts and a parent's denial of participation must be documented in the case service plan.

In four of eight open foster care youth files reviewed, the Case Plan Development/Reassessment Family Team Meeting was not completed as required.

Three of eight open foster care youth files reviewed lacked the required DHS 1105 Activity Report.

In four safety/concern alerts where it was reported by a case member that they were not invited/informed of Family Team Meetings, the file lacked documentation that the case member was involved as required.

In one safety/concern alerts where it was reported the youth did not participate in a semiannual transition plan meeting, it was confirmed that no semiannual transition plan had occurred as required.

This is a repeat violation from the 2018 Interim Inspection Report with an approved CAP dated 9/11/18. This is also a repeat violation from the 2017 renewal licensing study report with an approved CAP on 8/10/2017.

FOM 722-09	Supervisory Approval - USP
	Prior to finalizing, the USP along with the required assessments (FANS, CANS, etc.) must be reviewed and approved by the foster care supervisor only after a face-to-face meeting with the foster care worker. Case service plan approval process requires the foster care supervisor to: <ul style="list-style-type: none">• Review and approve the USP within 14 calendar days of the report date.
Three of Twenty-four Initial and Updated Service Plans reviewed lacked documentation that the supervisor reviewed and approved the service plan within 14	

calendar days of the report date. They were documented to be approved late by 1, 21 and 27 days respectively.

This is a repeat violation from the 2018 Interim Inspection Report with an approved CAP dated 9/11/18. During that review five of twenty-six service plans were found to be in non-compliance. This is also repeat violation from the 2017 renewal licensing study report with an approved CAP on 8/10/2017.

IV. TECHNICAL ASSISTANCE

The facility was offered technical assistance in the following areas:

A discussion regarding unannounced home visitation occurred. It was noted policy was updated as of July 1, 2019. However, prior to this time workers were documenting unannounced visits occurring as they transported the youth back to the home after an appointment or visitation. It was recommended if unannounced visitation is going to continue to occur, it should occur when the family is not expecting a worker at their home for any reason.

V. CONSULTATION

The facility did not request or require consultation.

VI. EVALUATION OF RENEWAL PERIOD

There were no substantiated incidents of maltreatment in care during this licensing period.

AND

The agency has submitted one acceptable corrective action plan not related to maltreatment during this licensing period in response to their 2018 Interim Inspection Report. Compliance has been achieved except as noted below.

Rule 400.12405	Change of Placement	Continued non-compliance
Rule 400.12405	Change of Placement Emergency	
Rule 400.12417	Foster Parent Information	Continued non-compliance
Rule 400.12418	USP Timeliness	Continued non-compliance
Rule 400.12422	Foster Care Record	
ISEP 6.18	Relative Licensure	
ISEP 6.33	PATP Signatures	Continued non-compliance
ISEP 6.43	Medical	
ISEP 6.49	Medical Passports	Continued non-compliance
FOM 722.3B	Relative Search	Continued non-compliance
FOM 722-3	Placement Exception Request	Continued non-compliance

FOM 722-9C	Action Summaries Continued non-compliance
FOM 801	Medical Documentation
FOM 722-8C	Foster Parent signatures Continued non-compliance
FOM 722-6H	Unannounced Home Visits Continued non-compliance
FOM 722-6H	Caseworker Child Visits Continued non-compliance
FOM 722-6B	Family Team Meetings Continued non-compliance
FOM 722-3	Placement Change Action Summary
FOM 722-6H	Child Returned Home Continued non-compliance
FOM 801	Dental
FOM 722-08	ISP/USP Approval Continued non-compliance
FOM 722-6H	Supervision Continued non-compliance
FOM 722-6i	Sibling visitation Continued non-compliance (cited under ISEP 6.42)
FOM 722-6H	Worker Parent Contact Continued non-compliance (cited under ISEP 6.40)
FOM 722-6H	Quality Visits
FOM 722-6H	Timely Entry of Contacts
FOM 722-16	YAVFC
FOM 722-6i	Parenting Time Visitation

VII. DCWL FIELD ANALYST FINDINGS

The information contained in this report section was collected through the interviews of randomly selected families that are working with Cass County DHHS. The following came up as concerns during interviews.

Safety Alert #1

The child indicated that the relative placement put soap in his mouth when he got in trouble for cussing. The child indicated that it had happened several times but could not remember the last time it happened. The relative placement admitted to doing this on more than one occasion. They indicated that they did not know this was corporal punishment which is against policy. The placement indicated that they could not remember when they last used the soap in the mouth but it was within the last six months.

There is a trampoline in the back yard that does not have a safety net. There is a hot tub in the back yard and the relative placement does not have any safety equipment or alarm on the door.

The relative placement indicated that they have not gotten a medical passport. They also stated that they did not recognize the PATP and had not ever signed one. They stated the child has been placed with them for a year. The relative said that there had not been any unannounced visits with the foster care worker. The relative indicated that the consent to treat card that they have has the previous placements name on it and they were never given one with their name. The relative placement said that they were not told about the possibility of applying for FIP or FIG. They also stated that when the child was first placed with them that the agency did not come

out more than once a month. The relative placement stated that they are not satisfied with the process of getting licensed due to a worker change and now they are being asked the same questions and for the same information they already gave to the previous worker.

Resolution

The agency provided a copy of a signed safety plan to address the relative discipline techniques in which all of the household members signed agreeing not to use soap and to follow the agency's discipline policy. The agency provided photo verification that a net was installed on the trampoline. The agency provided photo verification that the alarms were installed on doors leading the hot tub, but noted the hot tub is broken and not in use. The lid is zip tied down and there is a life jacket on the lid for extra safety precaution.

In review of the MiSACWIS case record, the foster youth was placed with the relative from 2/16/18 to 6/6/19. The relative signed the medical passport on 2/16/18, 9/19/18, and 12/14/18. **This will require a correction action plan to address as they were not provided quarterly as required.** The parent agency treatment plans during this period of review were observed. The relative provider did not sign a parent agency agreement during this review period (8/2018-current) with exception to the most recent treatment plan dated 5/13/19. **This will require a correction action plan to address.** Unannounced home visits were documented during this period under review to occur on 8/30/18, 11/13/18, and 2/7/19. **This will require a correction action plan to address as no unannounced home visit was completed in May 2019 as required.** The agency reported the relative was provided on 2/16/18 with the correct medical authorization card and provided photo verification of the card. The agency reported there is not information or documentation that the relative was provided with information regarding FIP/FIG as required. This occurred outside the period under review and the youth is no longer residing in the home. The agency reported the child was visited two times for the first two months of placement as required as confirmed in review of MiSACWIS social work contacts, however it is noted this time frame is outside the period under review for this inspection.

Safety Alert #2

The child indicated that he was smacked by his grandmother for breaking the rules. He said it had happened in the past week. He said that it does not hurt or leave marks and that she hits him in the chest. The child indicated that his grandmother sleeps in one of the twin sized beds in his room and he and his brother sleep in the other twin bed. The grand mother is not mentioned in any of the licensing assessments in regard to living in the home. The grandmother stated that she lives in a trailer down the road from the home. The grandmother spoke to the analyst on the phone to schedule the home visit, posing as the relative caregiver. She greeted the analyst at the door, continuing to present as the caregiver. It was not until the end of the home visit that she said she was not the caregiver. It should be noted that the secondary caregiver was present for the interview portion of the home visit, but did not assist the grandmother in a tour of the home.

There is a basement to the residence that the family did not let the worker observe, stating that it is under construction. There is no mention in the 3130 of the basement or that it has been observed by a licensing worker. The placement stated that medications continue to be kept in bedrooms but state that the bedrooms are locked when the person is not in there. There is a smoke alarm that was beeping while the worker was there. The placement stated that the alarms are wired into the home and that they did not know why it was beeping but it did it all of the time.

The placement indicates that there have not been unannounced visits to the home. The placement states that they have not received a treatment plan from the agency. The placement states that they have not been invited to, or are aware of, any FTM's during the case. The placement states that they do put a pool up in the summer but do not currently have a door alarm or lifesaving equipment. The child is placed with a relative caregiver, however she did not participate in this assessment; the grandmother participated and did not tell the assessor she was not the caregiver until the assessment was completed. The caregiver was in the home but did not appear to know the assessor was coming nor did it seem she knew what was going on in the case.

Resolution

In review of the MiSACWIS case record, the case worker visited the relative home on April 5 (unannounced) and April 8, 2019. The relatives denied using physical discipline and denied the grandmother residing in the home. The relative reported prior to the child entering foster care, they did use physical discipline but have not since he was removed and placed in foster care. The caseworker spoke with the youth on April 5, 2019 where he denied being hit by any relative and denied that his grandmother resides in the home. The caseworker viewed the locked basement and confirmed it was appropriate during the home visit, however as it was in the process of being remodeled and there are several tools laying around. The relative locks the basement door to prevent the child from being in the basement. The social work contact stated a safety plan was developed and agreed upon which included discipline and household members. In review of the 3130A Initial Relative Home Study completed on July 18, 2018 there was no mention of a basement within the home. The grandmother was not listed as a household member. The caseworker confirmed medication was locked as verified through a photograph and that the smoke detector was no longer beeping during her home visit.

In review of the MiSACWIS case record, the foster youth was placed in the home from July 31, 2018 to July 8, 2019. The caseworker completed unannounced home visits on 8/30/2018, 9/13/2018, 11/27/2019, 2/27/2019, and 4/5/2019. The relative providers signed the parent agency treatment plan on 11/2/18 and 2/27/19. There were no signatures located for case service plan 1/7/19-3/27/19. **This will require a correction action plan to address.** Documentation was not located within the file of the relative providers being invited or involved in the Family Team Meetings. **This will require a correction action plan to address.** The relative did not have a pool and the child has since returned home.

Safety Alert #3

The bedroom where the child sleeps has an electrical outlet with no cover on it.

The bedroom where the child sleeps has a ripped screen on the window.

The 3130 that has been completed on the home does not indicate that the basement was assessed by the licensing worker.

The relative placement stated that the foster care worker has only come out one time in the four months the child has been placed. The relative stated that the foster care worker did not make unannounced visits.

The relative placement indicated that the foster care worker does not return their calls and that they do not feel that they can discuss the services and current needs due to no response from the worker.

The relative placement stated that they did not get a medical passport, and did not recognize the treatment plan, did not participate in creating the plan, and also did not sign the plan.

The relative placement states that they have not been invited to, nor informed of, any Family Team Meetings.

The relative stated that they do not feel supported by the agency as they feel they have to go into the office and force someone to talk to them to attempt to get assistance.

The relative indicated that the agency did not start sibling visits until the end of March 2019.

The child indicated that she saw the worker "at the place where she saw her siblings" but did not see her at her home.

The child stated that the father listed on the DCWL's paperwork was not her biological father and provided a different name for her father.

The biological parents state that they did not give input into their service plan and did not know what a family team meeting is nor had they participated in one. The parents stated that they do not feel respected or supported by the agency or foster care worker due to the worker saying things that are not true in court. The biological parents stated that they have given the agency many other relative names for the younger children but the agency will not consider the relative and stated that it is because that relative has unsubstantiated CPS history. The biological parents indicated that they have not had visits with the children since Dec 2018 as they were suspended until the parents got into counseling. Counseling was not set up for the parents until February 2019 and there still is no plan for them to get their visits nor

do they know what they need to do to resume visits. The biological parents state that they have not been told or allowed to participate in any decisions regarding their child. The biological parent stated that they only see the worker when they have court and that the caseworker does not contact them. The parents stated that the foster care worker made an appointment three months ago to come to their home but did not show up. The biological parents state that there have not been any attempts by the worker to come to their residence since then.

Resolution

The agency provided photo verification that an outlet cover was installed in the home, the window screen was repaired, and the basement was reviewed. It is only used for storage and houses the furnace and water heater. The family has the door locked when not in use to prevent youth from entering.

In review of the MiSACWIS case record and the responses provided by the agency to the concerns, the following information has been determined. The foster care worker did meet in the relative home with the relative and foster youth as required, documented contact includes on 12/7/18, 12/11/18, 1/10/19, 2/22/19, 3/12/19, and 4/11/19. There was only one appropriate unannounced home visit completed on 4/11/19. **This will require a correction action plan to address.** The youth was placed in the home from 12/7/18 to 5/7/19, there were seven face to face contacts, four text messages and six telephone calls documented with the relative provider during this time. The foster care worker reported the relative clarified the communication issue was regarding her DHHS assistance worker and not foster care worker. The medical passport was signed by the relative on 12/7/19 and 4/11/19. **This will require a correction action plan to address as it is not quarterly as required.** Only two service plans were completed during this time frame. The relative signed the March Updated Service plan on April 11, 2019, but never signed the Initial Service Plan. Two Family Team Meetings were documented to have occurred during the course of this case on 12/5/18 and 4/11/19. Neither of the Family Team Meetings were the relatives present nor was there documentation they were invited to the meeting. **This will require a correction action plan to address.** Sibling visitation did not occur in December 2018 or January 2019. The agency reported it was due to the youth's psychological evaluation, however after review of the evaluation the psychologist did not make any specific recommendations regarding sibling visitation. **This will require a correction action plan to address.** Only two service plans were completed during this time frame. The parents signed the initial service plan completed in January 2018 on 3/21/19 and the Updated service plan completed March 2019 on 4/25/19. **This will require a correction action plan to address.** Two Family Team Meetings were documented to have occurred during the course of this case on 12/5/18 and 4/11/19. The father signed both attendance logs and the mother signed the 4/11/19 attendance log. **This will require a correction action plan to address as the Family Team Meetings were not scheduled as required.** The agency reported exploring eleven relatives with only one being appropriate for placement. Multiple relatives were present at the Family Team Meeting held on 4/11/19 as they signed the attendance log. Parenting time for the mother and father were suspended on 12/21/18 until further order of the

court. Court order for hearing held on 3/21/19 both mother and father could have letter contact with youth. Court order for hearing held on 5/13/19 both mother and father could have therapeutic visitation. The case record documents the foster care case worker did not have contact with the mother and father in December 2018, or May and June 2019. **This will require a correction action plan to address.**

Safety Alert #4

The relative placement indicated that the foster care worker does not do unannounced visits. The relative placement stated that when the child was first placed in her home that no one came out to see the child for over a month. The relative placement stated that she asked for a referral to infant mental health at the beginning of the case for the child and that still has not been completed. The relative indicated that the agency had her sign a blank medical passport at the beginning of the case and still has not provided her with a completed one. The relative stated that there have not been any FTM's completed on the case that she was aware of.

Resolution:

In review of the MiSACWIS case record and confirmed by the agency the case worker did not complete any unannounced home visits. **This will require a correction action plan to address.** The child was placed on 9/12/18 and remains placed with the relative. Only three face to face visits with the child are documented to have occurred during the first 60 days, on 10/10/18 (relative home), 11/8/18(daycare), and 11/9/18(relative home). **This will require a correction action plan to address.** The foster care worker admits to knowledge of the relative request for a referral to infant mental health services since February 2019 and has not followed through with the referral. **This will require a correction action plan to address.** In review of the MiSACWIS case record, the foster parent has only signed one medical passport on 2/25/19 and it was blank. **This will require a correction action plan to address.** There were only two Family Team Meetings documented on 12/21/18 and 6/10/19 both in which the foster parent was not present nor is there documentation that the foster parent was invited. **This will require a correction action plan to address.**

Safety Alert #5

The licensed foster home indicated that there have been no family team meetings conducted that she has been made aware of. The licensed foster home stated that communication is an issue in that it is difficult to get through to the foster care worker and she does not always respond. The licensed foster home stated that she does not feel that this is intentional by the worker but that the worker is overworked and overwhelmed. The foster child stated that she was not involved in the development of the service plan or creating goals for her case. The foster child indicated that she has not participated in a semi-annual family team meeting.

Resolution

In review of the MiSACWIS case record the foster youth was placed in the foster home from 12/4/18-6/16/19. During that period the foster parent participated in two Family Team Meetings on 12/6/18 and 4/11/19. There is no documentation within

the file suggesting the foster parent was invited to the other scheduled Family Team Meetings. **This will require a correction action plan to address.** In review of the MISACWIS social work contacts, the foster care worker communicated with the foster parent multiple times each month, at least face to face once a month and via email. The foster youth is over the age of 14 and only participated in one Family Team Meeting during this period under review on 12/6/18 and signed the parent agency treatment plans on 11/16/18 and 2/21/18. There was no semi-annual transition plan completed within the case record. **These will require a correction action plan to address.**

Safety Alert #6

There is a hole in the drywall in the hallway leading to the laundry room. The licensed home stated that they did not get their licensing renewal application 60 days prior to their licensing expiring. The licensed home stated that the agency does not inform them of training opportunities. The licensed home indicated that the agency does not communicate changes in policies to the foster homes on a regular basis. The licensed home stated that when the child was initially placed in the home the worker did not come out more than once per month. The licensed home stated that communication with the foster care worker is difficult as she does not return his calls or answer his questions. The licensed home indicated that they do not have a medical passport for the foster child and that they did not get the medical authorization card at placement.

Resolution

The agency provided photo verification of the hole in the drywall being repaired. In review of the MISACWIS provider record the agency mailed a letter to the foster parents on 1/25/19 regarding their renewal inspection as the license was expiring on 3/28/19. The agency reported the licensing supervisor contacted the foster parent to discuss and remind the foster parent of training opportunities. The agency agreed to email and/or text message the foster parent in the future of training opportunities. In review of the MISACWIS case record, the foster care worker did visit the home as required upon initial placement. It is noted that time period is outside the period under review for this inspection. In review of the MISACWIS case record, the foster parent signed the medical passport during this period under review on 11/30/18, 2/28/19 and 6/19/19. There was no medical passport signed by the provider between 4/5/18 and 11/30/18. **This will require a correction action plan to address.** The foster care worker met with the foster parent on 4/11/19 and addressed his additional concerns regarding communication.

Safety Alert #7

The licensed foster home stated that she feels like she has to get angry to get help from the agency and that they do not give all of the information they know about the child when requesting. She gave the example of that they agency placed a child with them that was infested with bed bugs and did not inform the placement. The home indicated that this led to their residence getting infected and they had to throw out all of the beds for the foster placements. The foster parent stated the agency indicated

they would not help replace the beds until she called and screamed at them a few times and threatened to call the news station. The foster parent also stated the agency placed a child with her that they knew abused substances but did not tell the placement.

Resolution

The agency reported both of the incidents referenced in the concerns expressed by foster parent occurred in 2015. The agency reported they have been more vigilant about making sure belongings children are bringing are not infested and also being cautious about lice. The agency reported they did inform the foster parent of a youth's substance abuse issues and where open about the placement may not be good fit for her home but proceeded with placement.

VIII. RECOMMENDATION

Based on inspection findings the facility is not in compliance with all applicable licensing statutes and rules and/or ISEP requirements and/or policy. Upon receipt of an acceptable corrective action plan, it is recommended that the facility will be issued a renewal of their regular license.



July 11, 2019

Jessica VandenHeuvel
Licensing Consultant

Date

Approved By:



July 18, 2019

Claudia Triestram
Area Manager

Date