



STATE OF MICHIGAN  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
LANSING

GRETCHEN WHITMER  
GOVERNOR

ROBERT GORDON  
DIRECTOR

August 18, 2020

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 Interim Report for the above referenced facility completed on August 11, 2020. Due to the violations of applicable licensing rules, sections of the contract and Modified Implementation Sustainability, and Exit Plan (MISEP) requirements, a written corrective action plan is required. It should be noted that violations of any licensing rules are also violations of the MISEP 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; this includes identifying behaviorally specific action steps.
  - Repeat violations must include an explanation of why the previous corrective action plan did not result in compliance.
- Individuals directly responsible for implementing the corrective action step for each licensing statute and rule, Contract item, DHHS policy or MISEP section citation, e.g. workers, supervisors, program managers, director, etc.
- Specific time frames for each citation as to when the correction will be implemented and completed.
- How continuing compliance will be maintained once compliance is achieved; this includes identifying specific action steps for continuous monitoring.
  - MiSACWIS users with access to the Book of Business, InfoView Reports and the Monthly Child Welfare Management Report should incorporate the use of these tools as well as other data management reports released by the Department for continuous monitoring.
- Signature of the responsible party and date.

If you fail to submit an acceptable corrective action plan, disciplinary action may 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 Claudia Triestram, the area manager at (616) 552-3662.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Paul Fatato', with a long horizontal stroke extending to the right.

Paul Fatato, Licensing Consultant  
MDHHS\Division of Child Welfare Licensing  
322 E. Stockbridge Ave  
Kalamazoo, MI 49001  
(269) 251-2471

enclosure

**MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF CHILD WELFARE LICENSING  
INTERIM 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:** 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:**

## II. METHODS OF INSPECTION – A. Consultant

Date of On-site Inspection(s):

7/14/20-8/11/20

	Total No. Of Records	No. of Records Reviewed
No. of current licensed foster homes	23	3
No. of homes pending licensure	5	2
No. of Foster homes closed since the last inspection	11	2
No. of Foster homes borrowed since the last inspection	14	3
No. of Special Investigations in foster homes since last inspection	3	3
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	26	2
No. of children discharged from foster homes since the last inspection	34	4
No. of children whose sibling groups were split	48	5
No. of children who have had 3 or more placements	38	3
No. of children with unlicensed relatives	21	2
No. of youth in independent living placement	1	1
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	
No. of applicants denied a recommendation since the last inspection	n/a	
No. of adoption placements since the last inspection	n/a	
No. of Child Adoption Assessments Completed	n/a	
No. of adopted children currently in supervision	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	16	3
Less than a year	5	5

**No. of Persons Interviewed:**

Licensing Staff	1
Foster Care Staff	5
Independent Living Staff	n/a
Adoption Staff	n/a
Supervisory Staff	1
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	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Program Policies	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Staff Training Records	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Volunteer Supervision Policy	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Income/Expenditure for current year, including IRS Form 990	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> NA
Foster Parent Training Records	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Supervisory Ratio	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Caseload Ratio	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Child Adoption Assessment Completed	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA

**METHODS OF INSPECTION – B. Analyst**

	Total No.	No. Visited
No. of licensed foster homes	23	3
No. of unlicensed relatives homes	11	3
No. of independent living youth	n/a	
No. of adoptive homes	n/a	

Number of persons interviewed:

Foster Parents	3
Foster Children	9
Birth Parents	0
Independent Living Youth	n/a
Relatives	3
Adoptive Parents	n/a
Others (please identify person interviewed by role)	n/a

### III. DESCRIPTION OF FINDINGS

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

<b>R 400.12405</b>	<b>Change of placement.</b>
	<p>(3) The agency shall document all of the following in the child's record before a change of placement occurs:</p> <p>(i) That the current foster parent was notified in writing of the following information:</p> <p>(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.</p> <p>(ii) Of the current foster parent's rights concerning the change in placement.</p>
<p>Two of eight open foster care case files involving a placement change, reviewed did not have all of the required information documented in the case file regarding a placement change for the youth. This involved one missing DHHS-30 and another DHHS-30 that was signed the day of the replacement.</p> <p><b>This is a repeat violation from the 2019 Renewal Licensing Study Report with an approved CAP on 8/6/2019 and from the 2018 Annual Licensing Study Report with an approved CAP on 9/11/18.</b></p>	
<b>R 400.12417</b>	<b>Foster parent information.</b>
	<p>(1) An agency shall provide a foster parent with all of the following information before the placement or replacement of a child:</p> <p>(j) Authorization to provide routine and emergency medical care.</p>
<p>Three of eight open foster care case files involving a placement, reviewed did not have documentation in the case file of the Initial Placement Outline (IPO) being completed as required. This involved two missing, one signed two days after placement and one present but not signed. One of the three was also missing the DHHS-3762 for routine and emergency medical care.</p> <p><b>This is a repeat violation from the 2019 Renewal Licensing Study Report with an approved CAP on 8/6/2019 and from the 2018 Annual Licensing Study Report with an approved CAP on 9/11/18.</b></p>	
<b>R 400.12418</b>	<b>Development of service plans.</b>
	<p>(2) An agency shall complete written service plans for each child and parent or parents, as follows:</p>

	(a) Within 30 calendar days from removal from the home.
One of eight open foster care case files reviewed did not have the Initial Service Plan completed within the required time frame. The report ended on 4/25/20 but was not completed until 5/20/20 which is twenty-five days later.	
<b>R 400.12418</b>	<b>Development of service plans.</b>
	(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 eight open foster care case files reviewed did not have the Updated Service Plans completed within the required time frame. The reports were 67, 11 and 8 days late respectively. <b>This is a repeat violation from the 2019 Renewal Licensing Study Report with an approved CAP on 8/6/2019 and from the 2018 Annual Licensing Study Report with an approved CAP on 9/11/18.</b>	
<b>R 400.12502</b>	<b>Program statement.</b>
	(2) An agency shall give a copy of the program statement to a youth before placement in independent living.
One of one open Independent Living case files reviewed did not have documentation that the agency's program statement was provided to the youth prior to placement into the program.	
<b>R 400.12503</b>	<b>Policy and procedures.</b>
	(3) An agency shall provide a youth in independent living with a copy of the agency's policies and procedures required by this rule.
One of one open Independent Living case files reviewed did not have documentation that a copy of the agency's policies and procedures were provided to the youth.	
<b>R 400.12504</b>	<b>Eligibility requirements.</b>
	(1) An agency shall document the rationale for selection of independent living as the most appropriate placement for the youth.
One of one open Independent Living case files reviewed did not have documentation of the rationale for the youth's placement into the program in the case file.	
<b>R 400.12510</b>	<b>Independent living contract.</b>
	(1) There shall be a mutually agreed upon contract between the youth and the agency specifying all of the following:

	<p>(a) The responsibilities of the agency and the youth.  (b) A plan for education or work.  (c) An agreement for the youth to meet with the worker at least one time per calendar month</p>
<p>One of one open Independent Living case files reviewed did not have documentation of the Independent Living contract being completed.</p>	

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

<b>MISEP 6.10 (a) - Page 23</b>	<b>Relative Foster Parents (Commitment 52).</b>
	<p>(a) When placing a child with a relative who has not been previously licensed as a foster parent, DHHS shall:  (3) within 30 days, complete a home study to determine if the placement is safe and appropriate.</p>
<p>One of eight open foster care case files involving a youth placed with relatives reviewed had documentation that the DHHS-3130A was approved late. Documentation also indicates that the child was placed in the home on 8/2/19 and the DHHS-3130A was approved on 10/8/19.</p>	
<b>MISEP 6.19(c) Page 24</b>	<b>Assessments and Service Plans, Content (Commitment 69).</b>
	<p>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.</p>
<p>Five of eight open foster care case files did not have documentation that all of the signatures were present as required. This involved eleven of twenty-seven reports reviewed.  <b>This is a repeat violation from the 2019 Renewal Licensing Study Report with an approved CAP on 8/6/2019 and from the 2018 Annual Licensing Study Report with an approved CAP on 9/11/18.</b></p>	

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



<p><b>DHHS Policy FOM 722.03- page 14-16</b></p>	<p><b>Placement exception request (PER)</b></p>
	<p>More than three foster children in that foster home.</p> <ul style="list-style-type: none"> <li>• More than six total children, including the foster family’s birth and/or adopted children.</li> <li>• More than three children under the age of three residing in a foster home.</li> <li>• More than 75 miles from the home from which the child entered custody; see Proximity to the Child’s Family in this item.</li> <li>• Siblings placed apart; see Placement of Sibling Groups in this item.</li> <li>• Any foster child identified as at high risk for perpetrating physical violence or sexual assault against other children being placed with other foster children not so determined; see Placement of a Child Identified with High Risk Behaviors in this item.</li> <li>• Emergency or shelter care placement in excess of 30 days; see Placement in Emergency or Temporary Facilities in this item.</li> <li>• Emergency or shelter care placement more than once in a 12-month period; see Placement in Emergency or Temporary Facilities in this item.</li> <li>• Placement in a jail, correctional, or detention facility; see Placement in Jail, Correctional, or Detention Facilities in this item.</li> <li>• Placement in a home with an adjudicated juvenile sex offender; see Placement in a Home with an Adjudicated Juvenile Sex Offender in this item.</li> </ul>
<p>Two of eight open foster care case files requiring a PER reviewed did not have the required PER documented in the case file. This involved four of five residential PERs which were late and two sibling split PERs which were not documented.</p>	
<p><b>DHHS Policy FOM 801 Page 11-13</b></p>	<p><b>Medical Passports</b></p>
	<p>For each child in foster care the supervising agency must maintain a medical passport containing all items listed in MCL 722.954c.</p> <p>The medical passport is generated from MiSACWIS. The health information entered into the MiSACWIS Health Profile section, such as the child's appointments, medications, and so forth, populates the corresponding section of the medical passport. The health screens within the MiSACWIS Health Profile section</p>

	<p>must be updated quarterly to ensure the child's current health information is up-to-date and accurate.</p> <p>All medical information required by policy and/or law must be provided to the foster parent. This includes copies of the medical and dental examinations (if available) and the information required in the medical passport.</p> <p>For children first entering foster care, the initial medical passport must be provided to the foster care provider within two weeks of the child's placement date. The actual date the foster care provider receive the medical passport must be documented in MiSACWIS.</p> <p><b>Updated Medical Passport</b></p> <p>All medical information within the medical passport must be current and updated at least quarterly to reflect the child's current and complete health information.</p> <p>Placement agency foster care (PAFC) providers must provide a copy of the medical passport to MDHHS monitoring staff as it is updated but no less often than annually.</p> <p>Each foster care caseworker who transfers a child's medical passport to another caseworker must sign and date the medical passport verifying that s/he has sought and obtained the necessary information under law and MDHHS policy.</p>
	<p>Five of eight open foster care case files reviewed did not have documentation that the medical passport was completed as required. This involved four of the five cases with missing medical passports and one case having the document present but not completed as required.</p> <p><b>This is a repeat violation from the 2019 Renewal Licensing Study Report with an approved CAP on 8/6/2019 and from the 2018 Annual Licensing Study Report with an approved CAP on 9/11/18.</b></p>
<p><b>DHHS Policy FOM 722-08 Page 23</b></p>	<p><b>Supervisory Approval - ISP</b></p>
	<p>Prior to finalizing, the ISP along with the required assessments must be reviewed and approved by the foster care supervisor only after a face-to-face meeting with the foster care worker.</p> <p>Case service plan approval process requires the foster care supervisor to:</p> <ul style="list-style-type: none"> <li>• Review and approve the ISP within 14 calendar days of the Report Date.</li> </ul>

<p>Three of eight open foster care case files reviewed did not have documentation that the supervisor approved the Initial Service Plan report within 14-days of completion. This involved reports being 34, 8 and 2 days late respectively.</p>	
<p><b>DHHS Policy FOM 722-09</b></p>	<p><b>Supervisory Approval - USP</b></p>
	<p>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.</p> <p>Case service plan approval process requires the foster care supervisor to:</p> <ul style="list-style-type: none"> <li>• Review and approve the USP within 14 calendar days of the report date.</li> </ul>
<p>Four of eight open foster care case files reviewed did not have documentation that the supervisor approved the reports within 14-days of completion. This involved reports being 45, 28, 19, 17, 12, 9, 8 and 1 days late respectively.</p> <p><b>This is a repeat violation from the 2019 Renewal Licensing Study Report with an approved CAP on 8/6/2019 and from the 2018 Annual Licensing Study Report with an approved CAP on 9/11/18.</b></p>	
<p><b>DHHS Policy FOM 722-08C Page 2</b></p>	<p><b>Required Participation in Development - Foster Parent / Caregiver</b></p>
	<p>The individual activities required by the foster parent/caregiver to meet the specific individual needs of the child placed in their home are included in the PATP. The foster parent/caregiver must be included in the PATP process. The foster parent/caregiver signature is required and indicates that the foster parent/caregiver acknowledges and agrees to the activities required to meet the needs of the child in their care. Additionally, the PATP details the services and activities provided by the foster care worker to assist the foster parent/caregiver in caring for the child.</p>
<p>Two of eight open foster care case files reviewed did not have the caregiver's signature on the Parent Agency Treatment Plan (PATP) as required. This involved six PATPs with missing caregiver signatures.</p> <p><b>This is a repeat violation from the 2019 Renewal Licensing Study Report with an approved CAP on 8/6/2019 and from the 2018 Annual Licensing Study Report with an approved CAP on 9/11/18.</b></p>	
<p><b>DHHS Policy FOM 722-06I Page 11-12</b></p>	<p><b>SIBLING VISITATION AND ONGOING INTERACTION</b></p>
	<p>Siblings in foster care, who are not placed together, must have at least one visit per calendar month that is in addition to parenting time. For the purposes of visitation only, siblings</p>

	<p>include children related through birth, adoption, or marriage and include siblings as defined by the American Indian or Alaskan Native child's tribal code or custom. A sibling relationship continues after termination of parental rights or when a marriage ends by death or divorce.</p> <p>Note: The same standard should apply to ongoing contacts (letters, phone calls, etc.) between siblings.</p>
<p>Two of eight open foster care case files requiring sibling visits reviewed did not have documentation that the sibling visits were taking place monthly. This involved four of five case files with sibling separations documented.</p> <p><b>This is a repeat violation from the 2019 Renewal Licensing Study Report with an approved CAP on 8/6/2019 and from the 2018 Annual Licensing Study Report with an approved CAP on 9/11/18.</b></p>	
<p><b>DHHS Policy FOM 722-6H Page 5</b></p>	<p><b>CASEWORKER CONTACT WITH CHILD IN OUT-OF-HOME PLACEMENT</b></p>
	<p>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.</p> <p>Note: A month is defined as 30 calendar days, unless otherwise specified; for example, calendar month.</p>
<p>Three of eight open foster care case files reviewed did not have documentation of the caseworker completing face-to-face contacts with the child as required. This involved missing meetings with biological parents and missing two visits following a placement change.</p> <p><b>This is a repeat violation from the 2019 Renewal Licensing Study Report with an approved CAP on 8/6/2019 and from the 2018 Annual Licensing Study Report with an approved CAP on 9/11/18.</b></p>	
<p><b>DHHS Policy FOM 722-6H Page 5</b></p>	<p><b>CASEWORKER CONTACT WITH CHILD IN OUT-OF-HOME PLACEMENT</b></p>
	<p>Subsequent Months The caseworker must have at least one face-to-face contact with the child each calendar month. At least one contact each calendar month must take place at the child's placement</p>

	location. Each contact must include a private meeting between the child and the caseworker; see Private Meeting in this item.
	Two of eight open foster care case files reviewed did not have documentation that the required monthly home, face-to-face contact between the caseworker and youth. This involved one monthly visit missed in each of the two case files. <b>This is a repeat violation from the 2019 Renewal Licensing Study Report with an approved CAP on 8/6/2019.</b>
<b>DHHS Policy FOM 722-06H Page 10</b>	<b>CASEWORKER CONTACT WITH PARENT(S)/ GUARDIAN(S)</b>
	For each child with a permanency goal of reunification, the child's assigned caseworker must have face-to face contact with the child's parent/guardian as follows: First Month after Initial Out-of-Home Placement The caseworker must have at least two face-to-face contacts with each parent/guardian, at least one of which must occur in the parent's residence. One of the face-to-face contacts must be used to discuss the following: <ul style="list-style-type: none"> <li>• Petition and court orders.</li> <li>• Case service plan.</li> <li>• Family Assessment of Needs and Strengths.</li> <li>• Child Assessment of Needs and Strengths.</li> <li>• Parent-Agency Treatment Plan &amp; Service Agreement.</li> <li>• Scheduling and expectations of parenting time.</li> </ul> Subsequent Months The caseworker must have face-to-face contact with each parent/guardian at least once each calendar month, with at least one contact in each quarter occurring in the parent's place of residence.
	Three of eight open foster care case files reviewed did not have documentation of the caseworker completing face-to-face contacts with the parents as required. This involved no documentation of visits with parents for eleven months during the period under review.
<b>DHHS Policy 722-06B - page 2-6</b>	<b>Family Team Meetings.</b>
	The Family Team Meeting (FTM) is an essential component of MiTEAM, Michigan's Child Welfare Practice Model. Type Time Frame Case Plan Development/ Reassessment Initial Case Plan (ISP) - within 14 calendar days before the case plan due date. Updated Case Plan (USP) - within 30 calendar days before the case plan due date. Permanent Ward Service Plan (PWSP) - within 30 calendar days before the case plan due date.

	Permanency Goal Review at Six Months in Care Within 30 calendar days from the date the child has been in care for six months.
<p>Four of eight open foster care case files reviewed did not have documentation that the requirements of the Family Team Meeting (FTM) were met. This involved four missing FTMs and two FTMs not completed timely.</p> <p><b>This is a repeat violation from the 2019 Renewal Licensing Study Report with an approved CAP on 8/6/2019 and from.</b></p>	
<b>DHHS Policy 722-06B – Page 13</b>	<b>FTM PRACTICE GUIDANCE</b>
	<p>Following the FTM, the caseworker is responsible for the following:</p> <ul style="list-style-type: none"> <li>• Completing the DHS-1105, Family Team Meeting Report, checking it for accuracy, identifying areas needing follow-up, and recording the outcome data.</li> <li>• 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.</li> </ul> <p>The caseworker must enter the FTM information in MiSACWIS using the FTM hyperlink within seven business days of the FTM</p>
<p>Four of eight open foster care case files reviewed did not have documentation that the DHHS-1105 was completed as required. This involved no documentation of five DHHS-1105s in the case files.</p> <p><b>This is a repeat violation from the 2019 Renewal Licensing Study Report with an approved CAP on 8/6/2019 and from the 2018 Annual Licensing Study Report with an approved CAP on 9/11/18.</b></p>	
<b>DHHS Policy FOM 722-06B Page 6</b>	<b>Semi-Annual Transition Meeting</b>
	<p>Beginning at age 14, semi-annual transition meetings must occur once every 180-calendar days to discuss a youth's permanency goal and identify supportive adults.</p> <p>Note: For youth participating in Young Adult Voluntary Foster Care; see FOM 722-16, Young Adult Voluntary Foster Care, for specific requirements that must be addressed during the meeting.</p>
<p>One of eight open foster care case files reviewed involving a YAVFC youth did not have documentation that the required Semi-Annual Transition Meeting took place.</p>	

#### IV. TECHNICAL ASSISTANCE

The facility did not require technical assistance.

## **V. CONSULTATION**

The facility did not request consultation.

## **VI. EVALUATION OF RENEWAL PERIOD**

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

The agency submitted one acceptable corrective action plan not related to maltreatment during this licensing period.

This single corrective plan was in response to their 2019 Renewal Licensing inspection. A review of the Chief Administrator's Annual Review provided the following documentation. Identifying the barriers and systemic factors that impacted the corrective action plan in a negative manner involved; parents not being available for signatures, youth in the SIL or YAVFC programs not cooperating with medical and dental exams and the "overall lack of monitoring by supervision and adherence to policy". Further negative impacts identified were, staff still being required to maintain a paper files resulting in a duplication of work, uploading documents into multiple locations in MiSACWIS, entering information into two different sections within the MiSACWIS system and the delay of placement of youth because of the ICPC. The CA identified that the agency is reviewing the MMR monthly but finds numerous inconsistencies.

The CA identified the positive aspects of the CAP as the monthly staff/supervisor meeting with a focus on the CAP helping "staff that were struggling to identify time management techniques and improve organizational skills". Supervisors were using MiSACWIS to run targeted searches for the required contacts by caseworkers and required actions on the case. It is reported that they have changed the process to gather medical and dental information by having the HLO request information from the providers.

Interviews were conducted with various direct care staff, supervisors, and administration. All present with a strong belief that they have been able to provide appropriate services despite the changes in the working environment due to COVID-19. The line staff shared a desire to have more time in the office but understand that to stay safe, restrictions must be followed. All interviewed presented with a belief that they are supported by both supervisors and administration.

## **VII. DCWL FIELD ANALYST FINDINGS**

There were no safety alerts or concerns during this review.

**VIII. RECOMMENDATION**

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



8/13/2020

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Paul Fatato  
Licensing Consultant

Date

Approved By:



August 17, 2020

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Claudia Triestram  
Area Manager

Date