



STATE OF MICHIGAN  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
LANSING

GRETCHEN WHITMER  
GOVERNOR

ELIZABETH HERTEL  
DIRECTOR

June 11, 2021

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 June 10, 2021. 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.

Upon receipt of an acceptable corrective action plan, a regular certificate of approval 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 Jessica VandenHeuvel, the area manager at (616) 204-6992.

Sincerely,



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  
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):

6/7/21 – 6/11/21

	Total No. Of Records	No. of Records Reviewed
No. of current licensed foster homes	32	6
No. of homes pending licensure	3	1
No. of Foster homes closed since the last inspection	7	2
No. of Foster homes borrowed since the last inspection	9	3
No. of Special Investigations in foster homes since last inspection	4	3
No. of incidents of substantiated child abuse and/or neglect in foster care since last inspection	0	n/a
No. of incidents of substantiated corporal punishment in foster care since last inspection	0	n/a
No. of children currently placed in licensed foster homes	21	2
No. of children discharged from licensed foster homes since the last inspection	40	4
No. of children whose sibling groups were split	28	6
No. of children who have had 3 or more placements	24	5
No. of children with unlicensed relatives	21	2
No. of youth in independent living placement	3	3
No. youth discharged from an independent living placement since the last inspection	0	n/a
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	4	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	1	1

**No. of Persons Interviewed:**

Licensing Staff	1
Foster Care Staff	3
Independent Living Staff	3
Adoption Staff	n/a
Supervisory Staff	0
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 checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input 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

**METHODS OF INSPECTION – B. Analyst**

	Total No.	No. Visited
No. of licensed foster homes	18	3
No. of unlicensed relatives homes	9	3
No. of independent living youth	n/a	
No. of adoptive homes	n/a	

Number of persons interviewed:

Foster Parents	3
Foster Children	5
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 400.12413</b>	<b>Medical and dental care policy.</b>
	<p><b>(1) An agency's medical and dental care policy shall, at a minimum, include all of the following:</b></p> <p><b>(a) The provision of routine medical care.</b></p> <p><b>(b) The provision of emergency medical, surgical, and dental care.</b></p> <p><b>(c) A physical examination for each child as follows, unless a greater frequency is medically indicated:</b></p> <p><b>(i) For a child under 2 years of age, a physical examination shall have been completed within 3 months before being placed in foster care or a new physical examination shall be completed within 30 calendar days after being placed in foster care.</b></p> <p><b>(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.</b></p> <p><b>(iii) A physical examination every 14 months.</b></p>
One of eight active foster care case files reviewed did not have documentation of the required annual medical examination. This involved the only documentation of an annual medical exam occurring on 8/29/19. There is a note in the file that a medical examination took place on 9/22/20 but there is no supporting documentation in the case file.	
<b>R 400.12418</b>	<b>Development of service plans.</b>
	<p><b>(2) An agency shall complete written service plans for each child and parent or parents, as follows:</b></p> <p><b>(a) Within 30 calendar days from removal from the home.</b></p>
One of eight active foster care case files reviewed did not have documentation that each Initial Service Plan was completed within the required time frame. This involved one of two ISPs reviewed during this inspection and the single report was seven days late. <b>This is a repeat violation from the 2020 Interim Licensing Study Report with an approved CAP on 9/17/20.</b>	
<b>R 400.12418</b>	<b>Development of service plans.</b>
	<b>(2) An agency shall complete written service plans for each child and parent or parents, as follows:</b>

	<b>(b) Within 120 calendar days after the initial removal and at least once every 90 calendar days thereafter.</b>
<p>One of eight active foster care case files reviewed did not have documentation that each Updated Service Plan was completed within the required time frame. This involved one of twenty-two USPs reviewed during this inspection and the single report was one day late.</p> <p><b>This is a repeat violation from the 2020 Interim Licensing Study Report with an approved CAP on 9/17/20.</b></p>	
<b>R 400.12420</b>	<b>Updated service plans.</b>
	<p><b>(1) An updated service plan, as required in R 400.12418(2)(b), shall include all of the following information:</b></p> <p><b>(c) A summary of information pertinent to the updated services plan received since the last service plan from the child, the child's parents or legal guardian, foster parents, referring agency, and others, unless the agency documents why any of these entities cannot be involved.</b></p>
<p>One of eight active foster care case files reviewed did not have the required summary of the reasons for a placement change documented in the USP that covered the period when the placement change occurred. This involved placement changes during two USPs that lacked the required documentation.</p>	
<b>R 400.12502</b>	<b>Program statement.</b>
	<b>(2) An agency shall give a copy of the program statement to a youth before placement in independent living.</b>
<p>One of three active Independent Living case files reviewed did not have documentation of the agency providing the Program Statement to the youth.</p> <p><b>This is a repeat violation from the 2020 Interim Licensing Study Report with an approved CAP on 9/17/20.</b></p>	
<b>R 400.12503</b>	<b>Policy and procedures.</b>
	<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.</b>

<p>One of three active Independent Living case files reviewed did not have documentation of the agency providing the Agency’s Policy and Procedures to the youth.  <b>This is a repeat violation from the 2020 Interim Licensing Study Report with an approved CAP on 9/17/20.</b></p>	
<b>R 400.12510</b>	<b>Independent living contract.</b>
	<b>(2) The agreement shall be signed and dated by the youth and the social service worker. The contract shall be reviewed and updated at least once every 90 calendar days and a copy provided to the youth.</b>
<p>One of three active Independent Living case files reviewed did not have documentation that the “agreement” was completed every 90-days as required. The initial agreement was present, but the next agreement was due on 6/1/21 and not documented in the case file.  <b>This is a repeat violation from the 2020 Interim Licensing Study Report with an approved CAP on 9/17/20.</b></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.

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:

<b>722-08E P. 1</b>	<b>FOSTER CARE/JUVENILE JUSTICE ACTION SUMMARY</b>
	<p><b>The DHS-69, Foster Care/Juvenile Justice Action Summary is used to document specific administrative actions or changes in a case, including:</b> • Child fatality. • Change in caseworker or organization. • Change in parent contact information. • Foster care transfer to adoption. • Change in placement. • Temporary break from placement. • Program or case closing.</p> <p><b>COMPLETION REQUIREMENTS</b> The caseworker must complete the DHS-69, Foster Care/Juvenile Justice Action Summary and upload to MiSACWIS within the timeframe required for the specified action/change.</p> <p><b>Placement Change - Prior to a planned placement change, or within three business days of an emergency placement change.</b></p>



	<p><b>Foster Care/ Juvenile Justice Program/Case Closure - Within three business days of foster care and/or juvenile justice program/case closure.</b></p>
	<p>One of eight active foster care case files reviewed did not have the required DHHS-69 Action Summary completed and documented for each placement change. This involved four placement changes documented in the case file. One of four closed foster care case files reviewed did not have the DHHS_69 completed as required. The case was closed on 7/15/20 and the form was completed on 9/21/20 which is beyond the required time frame.</p>
<b>FOM 801-04</b>	<b>Consent For Health Treatment and Care</b>
	<p><b>The foster care provider is given the DHS-3762, Consent to Routine, Non-Surgical Medical Care and Emergency Medical/Surgical Treatment card, which allows the provider to take the child to the doctor and respond to emergencies. The DHS-3762 is completed by the caseworker placing the child and the caseworker must enter the child's MA number on the card.</b></p> <p><b>For any subsequent placement, the foster care provider shall receive the child's Medicaid card (or alternative verification, if necessary) and the DHS-3762, Consent to Routine, Non-Surgical Medical Care and Emergency Medical/Surgical Treatment card prior to or upon the child's placement.</b></p> <p><b>The caseworker must obtain the child's Medicaid card from foster care providers to pass on to the new foster care provider at the time of the child's replacement or to the parent/legal guardian when child is returned to own home.</b></p>
	<p>Two of eight active foster care case files reviewed did not have documentation that the DHHS-3762 was provided to the caregiver as required. This involved five placement changes within the two case files.</p>
<b>FOM 801-03</b>	<b>Medical Passport</b>
	<p><b>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.</b></p>

<p>Two of eight active foster care case files reviewed did not have documentation that the agency completed the Medical Passport as required. This involved one case with no Medical Passport present for the period under review and the second case file had documentation that the Medical Passport was provided to the caregiver on 12/9/20 for the placement on 10/15/20.</p> <p><b>This is a repeat violation from the 2020 Interim Licensing Study Report with an approved CAP on 9/17/20, and from the 2019 Renewal Licensing Study Report with an approved CAP on 8/6/2019.</b></p>	
<b>FOM 722-09</b>	<b>Foster Care – Updated Service Plan Supervisory Approval</b>
	<p><b>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.</b></p> <p><b>Review and approve the USP within 14 calendar days of the report date.</b></p>
<p>Three of eight active foster care case files reviewed did not have all of the USPs approved by the Supervisor within the 14-day time frame. This involved eight of twenty-two USPs reviewed being 40, 39, 29, 15, 13, 8, 6, and 1 days late respectively.</p> <p><b>This is a repeat violation from the 2020 Interim Licensing Study Report with an approved CAP on 9/17/20, and from the 2019 Renewal Licensing Study Report with an approved CAP on 8/6/2019.</b></p>	
<b>FOM 722-08C - Page 2 –</b>	<b>Required Participation in Development -</b>
	<p><b>Completion of the parent-agency treatment plan (PATP) and service agreement requires the foster care worker to engage in a discussion with the parent/guardian on case planning. Parental participation is required in developing the parent/caretaker goals and objectives. The foster care worker must engage incarcerated parents in the development of the PATP. This can be achieved through face-to-face, telephone, or letter contact. For more detailed information on engaging incarcerated parents; see FOM 722-06 Incarcerated Parents.</b></p> <p><b>Youths age 14 and older must participate in developing the individual activities regarding their own service plan; see FOM 722-06, Independent Living Preparation.</b></p> <p><b>The individual activities required by the foster parent/caregiver to meet the specific individual needs of</b></p>

	<p>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>Three of eight active foster care case files reviewed did not have documentation that the PATP was completed as required. This involved three missing parental signatures and two missing caregiver signatures. There were also two late parental signatures.</p> <p><b>This is a repeat violation from the 2020 Interim Licensing Study Report with an approved CAP on 9/17/20, and from the 2019 Renewal Licensing Study Report with an approved CAP on 8/6/2019.</b></p>	
<p><b>FOM 722-06H</b></p>	<p><b>CASEWORKER CONTACT CHILD IN OUT-OF-HOME PLACEMENT</b></p>
	<p><b>The primary caseworker must have face-to-face contact with each child as indicated below.</b></p> <p><b>At least one contact each month must take place in the child's placement setting.</b></p>
<p>Two of eight active foster care case files reviewed did not have documentation of the case manager visiting the youth in their place of residence each month during the period under review. This involved one month missing from each case file.</p> <p><b>This is a repeat violation from the 2020 Interim Licensing Study Report with an approved CAP on 9/17/20, and from the 2019 Renewal Licensing Study Report with an approved CAP on 8/6/2019.</b></p>	
<p><b>FOM 722-06B</b></p>	<p><b>Family Team Meetings</b></p>
	<p><b>FTMs must occur within the required time frames as outlined in the following tables:</b></p> <p><b>Case Plan Development/ Reassessment- Updated Case Plan (USP) - within 30 calendar days before the case plan due date.</b></p> <p><b>Placement Preservation/ Disruption- At least three business days prior to a planned change of placement or no later</b></p>

	<p>than three business days after an unplanned placement change.</p> <p><b>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.</b></p>
<p>Two of eight active foster care case files reviewed did not have documentation that the requirements for the FTMs were met during the period under review. This involved four missing FTMs for four placement changes and two missing FTMs for case plan development (USP).</p> <p><b>This is a repeat violation from the 2020 Interim Licensing Study Report with an approved CAP on 9/17/20 and from the 2019 Renewal Licensing Study Report with an approved CAP on 8/6/2019.</b></p>	
<p><b>FOM 722-06B</b></p>	<p><b>Family Team Meetings- FTM Practice guidance</b></p>
	<p><b>The DHS-1105, Family Team Meeting Report, is used to capture family demographics, FTM logistical information, needs, strengths, action steps, safety concerns and the safety plan, and any recommendations made for the family during the FTM. The DHS-1105, FTM Report, must be completed for every FTM.</b></p>
<p>Three of eight active foster care case files reviewed did not have documentation of the DHHS-1105 being completed for each FTM conducted. This involved four missing DHHS-1105s.</p> <p>One of three active Independent Living case files reviewed did not have documentation that the DHHS-1105 was completed for an FTM.</p> <p><b>This is a repeat violation from the 2020 Interim Licensing Study Report with an approved CAP on 9/17/20, and from the 2019 Renewal Licensing Study Report with an approved CAP on 8/6/2019.</b></p>	
<p><b>FOM 722-05</b></p>	<p><b>Case Documentation</b></p>
	<p><b>MDHHS and private child placing agencies must maintain all forms, reports, assessments, and other documentation completed by MDHHS or the private child placing agency in MiSACWIS.</b></p>

Four of eight active foster care case files reviewed had documentation missing from the electronic filing system.  
One of three active Independent Living case files reviewed had documentation missing from the electronic filing system.

#### **IV. TECHNICAL ASSISTANCE**

The agency was offered technical assistance in the following areas:

- Several of the items uploaded into the electronic system were not coded consistently. Not only was the coding different between workers at times it was different for items uploaded by the same worker. This was discussed with the agency.
- A Foster Home Evaluation reviewed referred to the foster mother by two different names. In an effort to be consistent it was recommended that the agency use one name throughout the report.

#### **V. CONSULTATION**

The agency did not request any consultation at this time.

#### **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. This CAP was in regards to their 2020 Interim Licensing Inspection.**

Interviews were conducted with numerous staff ranging from administration to case managers. All report adjusting to the restrictions from COVID-19 and still being able to provide the over site and care to families and youth. Different staff had different opinions on working from home vs working in an office setting but all report receiving support from their supervisor.

#### **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 will be issued a renewal of their regular license.



6/10/21

---

Paul Fatato  
Licensing Consultant

Date

Approved By:



June 11, 2021

---

Jessica VandenHeuvel  
Area Manager

Date