



STATE OF MICHIGAN  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
LANSING

GRETCHEN WHITMER  
GOVERNOR

ELIZABETH HERTEL  
DIRECTOR

June 1, 2023

Sonia Noorman  
WEST MI PARTNERSHIP FOR CHILDREN  
PO BOX 232,  
DORR, MI, 49323-0232

Re: License #: CB410381414

Dear Sonia Noorman:

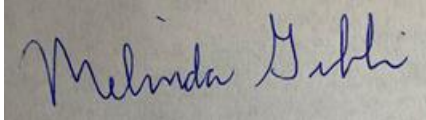
Attached is the Interim Inspection Report for the above referenced agency completed on May 30, 2023. Due to the violations of applicable licensing rules, a written corrective action plan is required. The corrective action plan is due 15 days from the date of this letter and must include the following:

- For any repeat violations, why the prior corrective action plan did not result in compliance.
- How compliance with each citation will be achieved.
- Who is directly responsible for implementing the corrective action plan.
- 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.

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 the area manager, Jessica VandenHeuvel, at (616) 204-6992.

Sincerely,

A rectangular area containing a handwritten signature in blue ink that reads "Melinda Gubbi".

Melinda Gubbins, Licensing Consultant  
MDHHS\Division of Child Welfare Licensing  
701 S. Elmwood, Ste. 11  
Traverse City, MI 49684  
(231) 342-3721

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	CB410381414
<b>Licensee Group Organization:</b>	West Michigan Partnership for Children
<b>Licensee Designee:</b>	Sonia Noorman
<b>Chief Administrator:</b>	Sonia Noorman
<b>Name of Agency:</b>	WEST MI PARTNERSHIP FOR CHILDREN
<b>Agency Address:</b>	PO BOX 232 DORR, MI 49323-0232
<b>Agency Telephone #:</b>	6165529811
<b>Original Issuance Date:</b>	11/22/2016
<b>Service Types:</b>	Certify foster homes for license, Supervise Independent Living, Place children in foster home

## II. METHODS OF INSPECTION

### A. Consultant

Date(s) of Inspection: 5/15/2023

	Total No. Of Records	No. of Records Reviewed
Current licensed foster homes	0	0
Homes pending licensure	0	0
Foster homes closed since the last inspection	0	0
Foster homes borrowed since the last inspection	0	0
Special Investigations in foster homes since last inspection	0	0
Incidents of substantiated child abuse and/or neglect in foster care since last inspection	0	0
Incidents of substantiated corporal punishment in foster care since last inspection	0	0
Children receiving direct foster care case management (placement in foster homes, parental home, relative homes, CCI, hospital, etc.)	0	0
Children discharged from care during this period	0	0
Youth in independent living placement	0	0
Youth discharged from an independent living placement since the last inspection	0	0
Applicants approved for adoption since the last inspection	0	0
Applicants denied for adoption since the last inspection	0	0
Closed child adoption cases since the last inspection	0	0
Open child adoption cases	0	0
Current employees who have worked at the facility for:		
More than a year	7	3
Less than a year	9	9

#### Persons Interviewed:

Licensing Staff	N/A
Foster Care Staff	N/A
Adoption Staff	N/A
Supervisory Staff	1
Administrative Staff	2

**B. Analyst**

	Total No.	No. Visited
Licensed foster homes	N/A	N/A
Unlicensed relative homes	N/A	N/A

Number of persons interviewed:

Foster Parents	N/A
Foster Children	N/A
Relatives	N/A
Others (identify person interviewed by role)	N/A

**III. DESCRIPTION OF FINDINGS**

The agency is in compliance with all applicable rules and statutes except for the following:

**CPA Rule 400.12214      Compliance with 1975 PA 238**

**(1) An agency shall develop a written plan and implement the plan to assure compliance with 1975 PA 238, MCL 722.621, and known as the child protection law.**

One of nine employee files reviewed did not have documentation the agency was in compliance with the child protection law.

**CWCC Contract: Attachment I**

**(2) Outcomes to be measured**

**Key Performance Indicators**

**1. Medical-Initial**

**At least 85% of the children supervised by the Grantee will have an initial medical examination within 30 days of removal.**

The agency was found to be at 64% which is down from 74% last year.

REPEAT VIOLATION ESTABLISHED

4/21/2022 RENEWAL, CAP approved 5/11/2022

6/10/2021 INTERIM, CAP approved 8/12/2021

**2. Medical-Periodic (Well Child) Yearly/ (14 Months)**

**Following an initial medical examination, at least 95% of children supervised by the Grantee shall receive periodic medical examinations and screenings according to the guidelines set forth by the American**

**Academy of Pediatrics and/or yearly (up to 14 months from the previous exam) medical examinations and screenings.**

The agency was found to be at 83% which is the same as last year.

REPEAT VIOLATION ESTABLISHED

4/21/2022 RENEWAL, CAP approved 5/11/2022

6/10/2021 INTERIM, CAP approved 8/12/2021

**3. Dental-Initial**

**At least 90% of children supervised by the Grantee shall have an initial dental examination within 90 days of removal unless the child has had an exam within six months prior to placement or the child is less than four years of age.**

The agency was found to be 77% which is an improvement from 74% last year.

REPEAT VIOLATION ESTABLISHED

4/21/2022 RENEWAL, CAP approved 5/11/2022

6/10/2021 INTERIM, CAP approved 8/12/2021

**4. Dental-Yearly**

**At least 95% of applicable children supervised by the Grantee shall have a dental examination at least every 12 months.**

The agency was found to be at 75% which is a slight improvement from 73% last year.

REPEAT VIOLATION ESTABLISHED

4/21/2022 RENEWAL, CAP approved 5/11/2022

6/10/2021 INTERIM, CAP approved 8/12/2021

**5. Children's Foster Care Service Plans-Timely Case Plans**

**At least 95% of children supervised by the Grantee shall have an initial service plan completed within 30 days of entry into foster care and quarterly thereafter in accordance with the guidelines in FOM.**

The agency was found to be 93% which is a slight improvement from 92% last year.

REPEAT VIOLATION ESTABLISHED

4/21/2022 RENEWAL, CAP approved 5/11/2022

6/10/2021 INTERIM, CAP approved 8/12/2021

**6. Children's Foster Care Timely Case Service Plan Approvals**

**At least 95% of children supervised by the Grantee shall have a case service plan approved within 14 days of case worker submission to the supervisor for review (FOM 722-09 Policy).**

The agency was found to be at 93% which is an improvement from 89% last year.

REPEAT VIOLATION ESTABLISHED

4/21/2022 RENEWAL, CAP approved 5/11/2022

6/10/2021 INTERIM, CAP approved 8/12/2021

**CWCC Contract: Attachment F**

**Inclusivity**

**B) Performance Evaluation and Monitoring**

**b. Division of Child Welfare Licensing (DCWL)**

**3. All subcontractor CAPs must be reviewed and approved by the Grantee prior to submitting to DCWL.**

Four of the five subcontractors submitted CAPs to DCWL without obtaining the agency's approval.

REPEAT VIOLATION ESTABLISHED

4/21/2022 RENEWAL, CAP approved 5/11/2022

6/10/2021 INTERIM, CAP approved 8/12/2021

**IV. TECHNICAL ASSISTANCE**

The facility was offered technical assistance in the following areas:

- Technical assistance was not needed.

**V. CONSULTATION**

The facility was offered consultation in the following areas:

- The agency did not request consultation.

**VI. EVALUATION OF PERIOD UNDER REVIEW**

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

There were no incidents of substantiated corporal punishment during this licensing period.

Corrective Action Plan Compliance

The agency has submitted 1 acceptable corrective action plans (CAP) during this licensing period, and compliance with each individual CAP is as follows. The agency submitted an acceptable corrective action plan in response to the renewal inspection completed on 4/21/2022 with a corrective action plan approved on 5/11/2022. During the review the agency had ten violations. Seven violations were noted as repeat violations in the current inspection. During this period under review the agency noted that overall compliance was impacted by staff turnover and difficulty scheduling medical and dental appointments timely.

Chief Administrator Assessment

The assessment reported the agency as well as private agencies continue to struggle with employee turnover and positions remaining vacant for extended periods of time. Specifically, the Quality Improvement team within the agency was significantly impacted and limited the ability for the team to take on additional monitoring activities.

The Chief Administrator indicated that previous year CAP was effective. The agency utilizes an external consultant for human resource activities. An onboarding checklist was developed to ensure compliance moving forward. The PQI is currently fully staffed, and the agency feels this will improve compliance. In addition, a community provider was contacted regarding partnering with the agency to ensure timely medical and dentals. The Chief Administrator expressed confidence that several areas will improve over the next review period.

Financial Overview

Financial records were reviewed and there were no concerns identified.

Staff and Youth Interviews

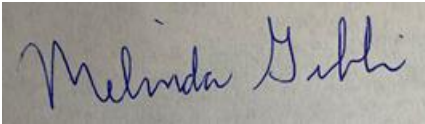
Interviews were conducted with two staff via telephone. Staff reported the agency does a good job keeping everyone connected despite working remotely. Supervisors and coworkers are available and assist as needed. Staff did not report any areas of need or concerns.

Description of Agency Walk Through

The agency does not have a physical location so a walk through was not completed.

**VII. RECOMMENDATION**

Based on inspection findings the agency is not in compliance with all applicable licensing statutes and rules. Upon receipt of an acceptable corrective action plan, it is recommended that the agency continue on their regular license.



Melinda Gubbins  
Licensing Consultant

5/30/2023

Date

Approved By:



June 1, 2023

Jessica VandenHeuvel  
Area Manager

Date