



STATE OF MICHIGAN
DEPARTMENT OF HEALTH AND HUMAN SERVICES
LANSING

GRETCHEN WHITMER
GOVERNOR

ELIZABETH HERTEL
DIRECTOR

July 13, 2021

Sonia Noorman
West MI Partnership for Children
213 Sheldon St, SE, 2-A
Grand Rapids, MI 49503

RE: License #: CB410381414
West MI Partnership for Children
213 Sheldon St, SE, 2-A
Grand Rapids, MI 49503

Dear Mrs. Noorman:

Attached is the Interim Report for the above referenced facility completed on 06/10/21. Due to the violations of applicable licensing rules, sections of the contract and Modified Settlement Agreement (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.
- Who is directly responsible for implementing the corrective action for each licensing statute and rule or section of the contract or MISEP citation.
- 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.
- For repeat violations, identify why the previous CAP was unsuccessful.
- 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 at (269) 337-5289.

Sincerely,

A handwritten signature in black ink, appearing to read 'Kari Muntean', with a long, sweeping horizontal stroke extending to the right.

Kari Muntean, Licensing Consultant
MDHHS\Division of Child Welfare Licensing
22 Center Street
Ypsilanti, MI 48198
(734) 395-0920

enclosure

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

I. IDENTIFYING INFORMATION

License #: CB410381414

Licensee Name: West Michigan Partnership for Children

Licensee Address: Suite 170
2335 Burton St. SE
Grand Rapids, MI 49503

Licensee Telephone #: (616) 281-4601

Administrator/Licensee Designee: Sonia Noorman, Designee

Name of Facility: West MI Partnership for Children

Facility Address: 213 Sheldon St, SE, 2-A
Grand Rapids, MI 49503

Facility Telephone #: (616) 259-8606

Original Issuance Date: 11/22/2016

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

II. METHODS OF INSPECTION – A. Consultant

Date of On-site Inspection(s): Inspection completed remotely as the agency was still not back to their offices due to the pandemic. Teams meetings occurred: 04/19/21 and 06/10/21.

	Total No. Of Records	No. of Records Reviewed
No. of current licensed foster homes	0	0
No. of homes pending licensure	0	0
No. of Foster homes closed since the last inspection	0	0
No. of Foster homes borrowed since the last inspection	0	0
No. of Special Investigations in foster homes since last inspection	0	0
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	0	0
No. of children discharged from foster homes since the last inspection	0	0
No. of children whose sibling groups were split	0	0
No. of children who have had 3 or more placements	0	0
No. of children with unlicensed relatives	0	0
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	0	0
No. of applicants denied a recommendation since the last inspection	0	0
No. of adoption placements since the last inspection	0	0
No. of Child Adoption Assessments Completed	0	0
No. of adopted children currently in supervision	0	0
No. of children free for adoption more than 12 months	0	0
No. of acceptable corrective action plans (not maltreatment of foster children) submitted by this agency since the last inspection	0	0
No. of current employees who have worked at the facility for:		
More than a year	19	3
Less than a year	7	7

No. of Persons Interviewed:

Licensing Staff	
Foster Care Staff	
Independent Living Staff	
Adoption Staff	
Supervisory Staff	3
Administrative Staff	2
Foster Parents	
Youth in Independent Living	

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 type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> NA
Caseload Ratio	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> NA
Child Adoption Assessment Completed	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> NA

METHODS OF INSPECTION – B. Analyst

	Total No.	No. Visited
No. of licensed foster homes	na	
No. of unlicensed relatives homes	na	
No. of independent living youth	na	
No. of adoptive homes	na	
<u>Number of persons interviewed:</u>		
Foster Parents	na	
Foster Children	na	
Birth Parents	na	
Independent Living Youth	na	
Relatives	na	
Adoptive Parents	na	
Others (please identify person interviewed by role)	na	

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.

(2) The personnel record shall contain all of the following information before employment may occur:

- (b) Verification of education.

Three of seven new employee files reviewed did not contain documentation of education.

- 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 DHHS Contract violation. Please note that there are additional DHHS Contract/Policy requirements that may not be included in section 1. The facility is in compliance will all additional DHHS Contract/Policy requirements except for the following:

CWCC Contract: Attachment I

(2) Outcomes to be measured

Key Performance Indicators

1. Medical – Initial

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

The agency was found to be at 75%, which is lower than the 82% last year. This is a **REPEAT VIOLATION, Renewal Report, 02/22/20 and CAP, 08/07/20, and Interim Report, 09/10/19, and CAP, dated 09/24/19.** The agency must review their previous CAPs to assess and identify how it can be improved to achieve compliance.

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 75%, which is lower than the 86% last year. This is a **REPEAT VIOLATION, Renewal Report, 02/22/20 and CAP, 08/07/20, and Interim Report, 09/10/19, and CAP, dated 09/24/19.** The agency must review their previous CAPs to assess and identify how it can be improved to achieve compliance.

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 three months prior to placement or the child is less than one year of age.

The agency was found to be at 58.4%, which is lower than 83% last year. **REPEAT VIOLATION, Renewal Report, 02/22/20 and CAP, 08/07/20, and Interim Report, 09/10/19, and CAP, dated 09/24/19.** The agency must review their previous CAPs to assess and identify how it can be improved to achieve compliance.

4. Dental – Yearly

At least 95% of applicable children supervised by the Grantee shall have a dental examination at least every 6 months.

The agency was found to be at 61%, which is lower than 92% last year. **REPEAT VIOLATION, Renewal Report, 02/22/20 and CAP, 08/07/20, and Interim Report, 09/10/19, and CAP, dated 09/24/19.** The agency must review their previous CAPs to assess and identify how it can be improved to achieve compliance.

7. 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 91%. **REPEAT VIOLATION, Renewal Report, 02/22/20 and CAP, 08/07/20, and Interim Report, 09/10/19, and CAP, dated 09/24/19.** The agency must review their previous CAPs to assess and identify how it can be improved to achieve compliance.

8. Supervisor Oversight

At least 95% of children supervised by the Grantee shall meet at least monthly with each assigned case worker to review the status and progress of each case on the worker’s caseload.

The agency was found to be 48.6% compliant for supervisory meetings in the first 30 days, and 41.4% for monthly supervisory meetings thereafter. This area was compliant last year.

10) Adoption Finalizations

By September 30th of each fiscal year, not less than 80% of the number of children with a goal of adoption who were legally free for adoption on September 30th of the previous fiscal year, shall have adoptions finalized.

The agency was found to be at 33%, which is down from 47% last year. **REPEAT VIOLATION, Renewal Report, 02/22/20 and CAP, 08/07/20, and Interim Report, 09/10/19, and CAP, dated 09/24/19.** The agency must review their previous CAPs to assess and identify how it can be improved to achieve compliance.

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.

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

IV. TECHNICAL ASSISTANCE

The facility was offered technical assistance in the following areas:

No technical assistance was needed.

V. CONSULTATION

The facility was offered consultation in the following areas:

No consultation was needed/requested.

VI. EVALUATION OF RENEWAL PERIOD

There were no substantiated incidents of maltreatment in care during this licensing period. The agency does not provide direct services but monitors the subcontractors via annual and updated contract reviews.

There were no incidents of substantiated corporal punishment during this licensing period. The agency does not provide direct services but monitors the subcontractors via annual and updated contract reviews.

The agency has submitted no acceptable corrective action plans not related to maltreatment during this licensing period. There have been no special investigations of this program during this period. There are a number of KPI's that have lowered in this period. This appears directly related to the impact of the pandemic on provision of services and data collection and was reported to be the reason by the agency. For comparison, in the months prior to the pandemic, the facility numbers were much better, with many more in compliance. It is also noted that during recent months the numbers have improved. It appears the agency is making efforts to comply with regulations; however, most of these are repeat violations that will require a corrective action plan to address this.

VII. 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.



July 12, 2021

Kari Muntean
Licensing Consultant

Date

Approved By:



July 13, 2021

Claudia Triestram
Area Manager

Date