



STATE OF MICHIGAN
DEPARTMENT OF HEALTH AND HUMAN SERVICES
LANSING

GRETCHEN WHITMER
GOVERNOR

ROBERT GORDON
DIRECTOR

April 22, 2020

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 Renewal Inspection Report for the above referenced facility completed on 04/08/2020. 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 ISEP 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.
- Specific time frames for each citation as to when the correction will be completed or implemented.
- Identify why the previous CAP was not successful and how the agency will ensure compliance.
- 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 (269) 337-5289.

Sincerely,

A handwritten signature in black ink, appearing to read 'Kari Muntean', with a long horizontal flourish 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
RENEWAL 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: Kristyn Peck, 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): Renewal completed remotely due to COVID 19 restrictions:
03/20/20-04/08/20

	Total No. Of Records	No. of Records Reviewed
No. of current licensed foster homes	0	
No. of homes pending licensure	0	
No. of Foster homes closed since the last inspection	0	
No. of Foster homes borrowed since the last inspection	0	
No. of Special Investigations in foster homes since last inspection	0	
No. of incidents of substantiated child abuse and/or neglect in foster care since last inspection	0	
No. of incidents of substantiated corporal punishment in foster care since last inspection	0	
No. of children currently placed in licensed foster homes	0	
No. of children discharged from licensed foster homes since the last inspection	0	
No. of children whose sibling groups were split	0	
No. of children who have had 3 or more placements	0	
No. of children with unlicensed relatives	0	
No. of youth in independent living placement	0	
No. youth discharged from an independent living placement since the last inspection	0	
No. of applicants evaluated for adoption since the last inspection	0	
No. of applicants denied a recommendation since the last inspection	0	
No. of adoption placements since the last inspection	0	
No. of Child Adoption Assessments Completed	0	
No. of adopted children currently in supervision	0	
No. of children free for adoption more than 12 months	0	
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	14	3
Less than a year	4	4

No. of Persons Interviewed:

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

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	

Number of persons interviewed:

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:

No violations observed.

- 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 will all additional ISEP requirements except for the following:

No violations observed.

- 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

a) Performance Outcome Indicators to be Measured

The Grantee shall meet the following federal outcome indicators:

1. Maltreatment in Care

Of all children in care during a 12-month period, supervised by the Grantee, the rate of maltreatment in care shall not exceed 8.5, as defined in the federal Child and Family Service Review, Round 3

- The agency did not meet the measure with a rate of 11.88 for the last contract year. There is no CAP required as the contract requirements changed as of 10/01/19 and evaluation of compliance for performance outcomes shall be completed by the assigned Performance-based Funding analyst.

2. Permanency within 12 Months for Children Entering Care

At least 40.5 percent of children supervised by the Grantee shall achieve permanency within 12 months for children entering foster care, as defined in the federal Child and Family Service Review, Round 3.

- The agency did not meet the measure with a rate of 27.3, however this population was noted to still be prior to the implementation of WMPC. There is no CAP required as the contract requirements changed as of

10/01/19 and evaluation of compliance shall be completed by the assigned Performance-based Funding analyst.

CWCC Contract: Attachment I

(2) Outcomes to be measured

(b) Key Performance Indicators to be Measured

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 82% which is the same as last year. This is a **REPEAT VIOLATION, Interim Report, dated 09/10/19, and corresponding CAP, dated 09/24/19, and Renewal Report, dated 05/07/18, and corresponding CAP, dated 05/10/18.** A new CAP is required. The agency must review their previous CAP to assess and identify how it can be improved.

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 86%, which is a notable improvement from 81% at the time of the last inspection. Although this is a **REPEAT VIOLATION, Interim Report, dated 09/10/19, and corresponding CAP, dated 09/24/19, and Renewal Report, dated 05/07/18, and corresponding CAP, dated 05/10/18,** there is significant improvement noted. If the agency determines it is applicable, they may choose to resubmit the same CAP from last year, as it appears to be working.

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 at 83%, which is a notable improvement from 73% at the time of the last inspection. Although this is a **REPEAT VIOLATION, Interim Report, dated 09/10/19, and corresponding CAP, dated 09/24/19, and Renewal Report, dated 05/07/18, and corresponding CAP, dated 05/10/18,** there is significant improvement noted. If the agency determines it is applicable, they may choose to resubmit the same CAP from last year, as it appears to be working.

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 92%, which is a notable improvement from 78% in the last inspection. Although this is a **REPEAT VIOLATION, Interim Report, dated 09/10/19, and corresponding CAP, dated 09/24/19, and Renewal Report, dated 05/07/18, and corresponding CAP, dated 05/10/18**, there is significant improvement noted. If the agency determines it is applicable, they may choose to resubmit the same CAP from last year, as it appears to be working.

6) Worker-Parent Visits

At least 85% of parents whose children have a permanency goal of reunification and are supervised by the Grantee, shall have face-to-face contact by the assigned caseworker in accordance with the guidelines in FOM.

- The agency was found to be at 65%, which is greatly improved from 50% in the last review. It is notable that they showed 74% compliance for completed face to face contacts and 55% for completed face to face contacts in the parental home. This is a **REPEAT VIOLATION, Interim Report, dated 09/10/19, and corresponding CAP, dated 09/24/19, and Renewal Report, dated 05/07/18, and corresponding CAP, dated 05/10/18**. A new CAP is required. The agency must review their previous CAP to assess and identify how it can be improved.

7) Parent-Child Visits

At least 85% of children supervised by the Grantee with a goal of reunification shall have visitation with their parent(s) in accordance with the guidelines in FOM 722-06I Policy.

- The agency was found to be at 55%, which is an improvement from 48% at the time of the last inspection. This is a **REPEAT VIOLATION, Interim Report, dated 09/10/19, and corresponding CAP, dated 09/24/19, and Renewal Report, dated 05/07/18, and corresponding CAP, dated 05/10/18**. A new CAP is required. The agency must review their previous CAP to assess and identify how it can be improved.

9) 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%, which is an improvement from 87% at the time of the last inspection. Although this is a **REPEAT VIOLATION, Interim Report, dated 09/10/19, and corresponding CAP, dated 09/24/19, and Renewal Report, dated 05/07/18, and corresponding CAP, dated 05/10/18**, there is significant improvement noted. If the agency determines it is applicable, they may choose to resubmit the same CAP from last year, as it appears to be working.

12) Adoption Finalizations

a. 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.

- This was the first year data was available for this measure. The agency reported 47% compliance with this measure. A CAP is required.

IV. TECHNICAL ASSISTANCE

The facility was offered technical assistance in the following areas:

FOM 915C CHILD WELFARE CONTINUUM OF CARE PERFORMANCE GOALS AND MONITORING

The agency is advised to more clearly identify review of special investigation reports/violations in their annual reviews for subcontractors. Additionally, it is recommended that the agency develop a tracking method for ensuring they are signing off on all CAPs submitted to DCWL by the subcontractors. This item was cited in the last inspection report, but the CAP was not fully implemented until after some of the subcontractor reviews were completed. So, a full determination of compliance with their CAP cannot be completed until the next inspection.

SRM 103 STAFF QUALIFICATIONS AND TRAINING

The agency was advised to ensure that employees' initial MiSACWIS privacy and security trainings are logged into the Learning Management System to be in clear compliance with the policy.

V. CONSULTATION

The facility was offered consultation in the following areas:

It is recommended that the agency implement a system for tracking requests to end employees' MiSACWIS access when they are no longer employed to ensure immediate deactivation.

CWCC Contract Oct 17: Attachment C e. Reporting Requirements-Annual Pilot Progress Report

It was recommended to the agency that they review the requirements of the Annual Pilot Progress Report with their DHHS Contract Manager to align the variability in what they have been asked to include in the report, to what is required in the contract. The DHHS Contract Manager reviews and approves these reports and confirmed that the previous year's report was sufficient.

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. The agency KPI data was reviewed for 06/12/19-03/30/20. A reduced number of KPI violations is noted as four of 12 required KPIs have met or exceeded the measure for this review. There was only one measure found in compliance last year. The agency was also found to have improved every other measure that was reviewed, with the exception of Adoption Finalizations, which was reported on for the first time this year. By all indications, the agency is making efforts to comply with the requirements and has been successfully implementing their CAP.

VII. RECOMMENDATION

Based on inspection findings the facility is not in compliance with all applicable licensing statutes and rules and/or ISEP 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.



April 15, 2020

Kari Muntean
Licensing Consultant

Date

Approved By:

Claudia Triestram

April 15, 2020

Claudia Triestram
Area Manager

Date