



STATE OF MICHIGAN
DEPARTMENT OF HEALTH AND HUMAN SERVICES
LANSING

GRETCHEN WHITMER
GOVERNOR

ELIZABETH HERTEL
DIRECTOR

April 22, 2022

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

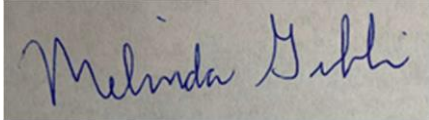
Dear Mrs. Noorman:

Attached is the Renewal Inspection Report for the above referenced facility completed on April 21, 2022. 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 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.
- The signature of the responsible party and a date.

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.
Traverse City, MI 49684
(231) 342-3721

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: 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): No onsite inspection occurred as the agency currently in process of changing locations, variance was approved for PO BOX until March 2023.

	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 licensed 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	1	1
No. of current employees who have worked at the facility for:		
More than a year	8	3
Less than a year	3	3

No. of Persons Interviewed:

Licensing Staff	NA
Foster Care Staff	NA
Independent Living Staff	NA
Adoption Staff	NA
Supervisory Staff	1
Administrative Staff	2
Foster Parents	NA
Youth in Independent Living	NA

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:

R 400.12212	Personnel records
	(2) The personnel record shall contain all of the following information before employment may occur: (h) Documentation from the department that the person has not been named in a central registry case as the perpetrator of child abuse or neglect in Michigan or in any state where the person lived in the 5 years preceding hire.
Agency requested a variance to move forward with hiring an individual while awaiting an out of state central registry clearance. The variance request was approved. After employment began the agency received information the individual was listed on central registry as a perpetrator of child abuse/neglect. DCWL provided a directive to the agency the individual could not be employed by the agency due to central registry placement. The agency did not terminate the individual but did not allow the individual to participate in any work-related activities during this time.	

R 400.12212	Personnel records
	(3) The personnel record shall contain: (a) A written evaluation of a staff member’s performance within a probationary period or not later than 6 months after the staff member assumes his or her current responsibilities. After the initial evaluation, a written evaluation shall be conducted each year.
One of six personnel files reviewed did not contain written evaluations as required.	

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:

The agency is in compliance with 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:

**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 74% which is down slightly from 75% last year.

REPEAT VIOLATION ESTABLISHED

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

2/22/2020 Renewal, CAP approved 8/7/2020

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 an improvement from 75% last year.

REPEAT VIOLATION ESTABLISHED

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

2/22/2020 Renewal, CAP approved 8/7/2020

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 74% which is an improvement from 58.4% last year.

REPEAT VIOLATION ESTABLISHED

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

2/22/2020 Renewal, CAP approved 8/7/2020

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 73% which is an improvement from 61% last year.

REPEAT VIOLATION ESTABLISHED

**6/10/2021 Interim, CAP approved 8/12/2021
2/22/2020 Renewal, CAP approved 8/7/2020**

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 at 92%. This was down from last year as last year they met the standard.

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 89%. This is down slightly from 91% last year.

REPEAT VIOLATION ESTABLISHED

**6/10/2021 Interim, CAP approved 8/12/2021
2/22/2020 Renewal, CAP approved 8/7/2020**

7. 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 at 82%. This is a big improvement from 48.6% last year.

REPEAT VIOLATION ESTABLISHED

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.

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

REPEAT VIOLATION ESTABLISHED

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 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 Key Performance Indicators that have improved in this period. This appears directly related to the impact of the progression of the pandemic and improved availability of services and data collection. 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.

Chief Administrator Assessment

The assessment reported the agency's difficult in meeting requirements during the review period. The Chief Administrator(CA) stated the previous year CAP was effective and there are good systems in place. The CA specifically mentioned a new electronic HR system that has significantly increased compliance. The CA stated the agency has struggled with staff turnover during the past year and noted some positions were vacant for an extended period of time. In addition, COVID-19 has had a negative impact on some of the Key Performance Indicators, specifically initial and periodic medicals and dentals.

The CA indicated quarterly performance reviews of PAFC's has had a positive impact. In addition, individual Performance Improvement Plans have been developed with each PAFC when necessary. The CA expressed confidence that several areas will improve over the next review period.

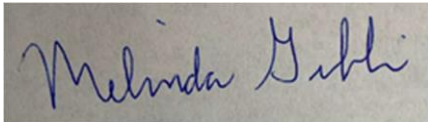
Interviews

Interviews were conducted with three staff via telephone. Staff acknowledged some difficulty over the past review period as a result of the high number of staffing

vacancies. However, they noted there has been some improvement in this area and they anticipate it will continue to improve. Staff reported feeling supported by supervisors and reported no areas of need.

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 will be issued a renewal of their regular license.



4/22/2022

Melinda Gubbins
Licensing Consultant

Date

Approved By:



April 22, 2022

Jessica Vandenhoevel
Area Manager

Date