



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF HEALTH AND HUMAN SERVICES
LANSING

ELIZABETH HERTEL
DIRECTOR

October 25, 2021

Stephanie Dettloff
Child & Family Services - Northeast Michigan
1044 US-23 N
Alpena, MI 49707

RE: License #: CB040201041
Investigation #: 2021C0444003
Child & Family Services - Northeast Michigan

Dear Ms. Dettloff:

Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, 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:

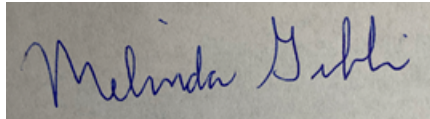
- How compliance with each rule will be achieved.
- Who is directly responsible for implementing the corrective action for each violation.
- Specific time frames for each violation as to when the correction will be completed or implemented.
- Indicate how continuing compliance will be maintained once compliance is achieved.
- Be signed and dated.

FOR CWL ONLY

Please note that violations of any licensing rules are also violations of the MISEP and your contract.

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 local office at (616) 204-6992.

Sincerely,



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
SPECIAL INVESTIGATION REPORT**

I. IDENTIFYING INFORMATION

License #:	CB040201041
Investigation #:	2021C0444003
Complaint Receipt Date:	07/27/2021
Investigation Initiation Date:	09/22/2021
Report Due Date:	09/25/2021
Licensee Name:	Child Family Services of NE Michigan
Licensee Address:	1044 US-23 N Alpena, MI 49707
Licensee Telephone #:	(989)356-4567
Administrator:	Stephanie Dettloff, Designee
Licensee Designee:	Stephanie Dettloff, Designee
Name of Facility:	Child & Family Services - Northeast Michigan
Facility Address:	1044 US-23 N Alpena, MI 49707
Facility Telephone #:	(989) 356-4567
Original Issuance Date:	05/01/1990
License Status:	REGULAR
Effective Date:	12/21/2020
Expiration Date:	12/20/2022
Capacity:	Unknown
Program Type:	CHILD PLACING AGENCY, PRIVATE

II. ALLEGATION(S)

	Violation Established?
No foster home visit was entered/completed for June 2021	Yes
The worker did not complete visits with the secondary caregiver as required	Yes
The agency has not completed quality visits	Yes
Social worker face-to-face contacts are not being entered within the required 5 days	Yes
The worker did not complete monthly face-to-face meetings with the parents and quarterly visits within the parental residence	Yes
There has been no relative search/engagement completed or entered for the entirety of the case	Yes
The agency is not maintaining an updated case record	Yes
There was no initial medical examination for the youth when entering care. There was no initial dental examination completed for Youth A	Yes
The agency did not complete quarterly medical passports and did not obtain the doctor's signature as required	Yes
The initial service plan was completed late	Yes
Parent Agency Treatment Plans lacked the required signatures	Yes
Agency did not have consistent contact with the tribe	Yes
There are no trauma screens uploaded or proof of being completed on any of the children	Yes
Additional Findings	No

III. METHODOLOGY

07/27/2021	Special Investigation Intake 2021C0444003
09/22/2021	Special Investigation Initiated – Telephone Informed Administrator of complaint
09/23/2021	Contact - Telephone call made Contacted Staff 2
09/23/2021	Contact - Telephone call made Contacted Staff 1
09/23/2021	Contact - Telephone call made Contacted Complainant
9/30/2021	Inspection Completed-BCAL Sub-Compliance
10/25/2021	Exit conference

On September 23, 2021, I interviewed the Complainant via telephone. The Complainant advised that there were no additional concerns.

ALLEGATION:

During a case review, no foster home visit was entered/completed for June 2021.

INVESTIGATION:

On September 23, 2021, I interviewed Staff 2 via telephone. Staff 2 reported she was the assigned foster care worker until mid-June 2021. Staff 2 reported while she was the assigned foster care worker she completed foster home visits, including face-to-face contacts with each child to verify the children's well-being. However, she could not recall if an actual home visit was completed in June 2021, but she did report seeing the children face-to-face during June. Staff 2 further reported that she was the only foster care worker at the time and there were times information was not entered or uploaded timely into MISACWIS.

On September 23, 2021, I interviewed Supervisor via telephone. Supervisor reported she was Staff 2's supervisor until she left the position in mid-June 2021. Supervisor then took over case responsibility. Supervisor reported she did complete a home visit in June 2021 but could not recall the date and could not say for sure if she completed a quality visit. Supervisor reported the agency struggled entering contacts and uploading documentation timely. Supervisor reported the agency has been struggling with staffing issues and at this time she is carrying a full caseload as a supervisor.

September 22, 2021, I reviewed the MiSACWIS case record. The social work foster home visits were reviewed for July 2020 through June 2021 and all were documented as completed however there was not a social work contact entered to verify that a home visit in the foster placement was conducted in June 2021.

APPLICABLE RULE	
R 400.12421	Visitation and parenting time
	An agency shall have a policy regarding visitation and parenting time that contains, at a minimum, all of the following: (b) An agency social service worker shall visit the foster child and the foster parent in the foster parent's home at least once every month.
ANALYSIS:	The agency is found in non-compliance as a home visit with the children in their foster placement for the month of June 2021 was not documented in the case record.
CONCLUSION:	VIOLATION ESTABLISHED

ALLEGATION:

During a case review, the caseworker did not complete visits with the secondary caregiver as required.

INVESTIGATION:

September 22, 2021, I reviewed the MiSACWIS case record. The social work foster home visits were reviewed for and indicated that face-to-face contact with the secondary caregivers was not completed as required.

Face-to-face contact with secondary caregiver 1 took place on February 18, 2021, and July 20, 2021. Face-to-face contact with secondary caregiver 2 took place on September 30, 2020, and July 20, 2021.

APPLICABLE RULE	
FOM 722-06H	Contact with child's caregivers
	The caseworker must have at least one face-to-face contact in the caregiver's home each calendar month. If there is more than one caregiver, such as a primary and secondary caregiver, the caseworker must have a face-to-face contact with the secondary caregiver in the home at least once each quarter.
ANALYSIS:	The agency is found in noncompliance as they did not meet at least quarterly with the secondary caregiver as required.
CONCLUSION:	VIOLATION ESTABLISHED

ALLEGATION:

During a case review, the agency has not completed quality visits.

INVESTIGATION:

September 22, 2021, I reviewed the MiSACWIS case record. The social work foster home visits reviewed from July 2020 to July 2021 indicated that 7 out of 12 were not quality visits as they did not document viewing youth's bedroom and meeting individually with youth. The visit in April 2021 did not include any contact with the foster parent.

APPLICABLE RULE	
FOM 722-06H	Quality Visits
	Quality visits between the caseworker and child have been found to produce positive outcomes for children in foster care. A quality visit is defined as one in which the caseworker:

	<ul style="list-style-type: none"> • Can meet with each child individually, without the presence of other individuals, to give the child an opportunity to ask questions as well as discuss the current placement. • Views the child's bedroom and sleeping arrangements. • Verifies safe sleep environments and practices for infants under 12 months. • Assesses each child's educational, medical, dental, mental health and other needs and takes appropriate action or offers services in response to the identified needs of each child. • Shows interest in the child to build and establish rapport. • Shares and explains the case plan, including the plan for parenting time, visits with siblings and other relatives, and the child's permanency plan, in a developmentally appropriate way while allowing the child to ask questions and express viewpoints.
ANALYSIS:	The agency is found in noncompliance as they did not complete quality visits during each foster home visit as required.
CONCLUSION:	VIOLATION ESTABLISHED

ALLEGATION:

During a case review, social worker face-to-face contacts are not being entered within the required 5 days

INVESTIGATION:

On September 23, 2021, I interviewed Staff 2 via telephone. Staff 2 reported she was the assigned foster care worker until mid-June 2021. Staff 2 further reported that she was the only foster care worker at the time and there were times information was not entered or uploaded timely into MISACWIS.

On September 23, 2021, I interviewed Supervisor via telephone. Supervisor reported she was Staff 2's supervisor until she left the position in mid-June 2021. Supervisor reported the agency struggled entering contacts and uploading documentation timely due to staffing issues.

September 22, 2021, I reviewed the MiSACWIS case record. Face-to-face contacts were reviewed from November 1, 2020, through July 30, 2021, which indicated 12 out of 20 face to face contacts reviewed were not entered within the 5 days.

APPLICABLE RULE	
FOM 722-6H	Case Contacts
	<p><u>Timely Entry of Case Contacts</u></p> <p>The caseworker must enter the required face-to-face contacts listed below in MISACWIS within five business days of the contact.</p>
ANALYSIS:	The agency is found in noncompliance as they did not enter the required social work contacts into MISACWIS within 5 days.
CONCLUSION:	<p>REPEAT VIOLATION ESTABLISHED</p> <p>12/2/2020 RENEWAL, CAP approved 12/17/2020</p> <p>2/3/2020 INTERIM, CAP approved 3/16/2020</p>

ALLEGATION:

During a case review, the worker did not complete monthly face-to-face meetings with the parent and quarterly visits within the parental residence.

INVESTIGATION:

September 22, 2021, I reviewed the MiSACWIS case record. Face-to-face contacts were reviewed from July 1, 2020 through July 31, 2021 and indicated that there were documented quarterly face-to-face visits with Parent A and Parent B in their respective home. The review of the MiSACWIS case record from July 1, 2020 through July 31, 2021 indicated that there were no documented monthly face-to-face contacts with Parent A in 3 out of 13 months and there were no documented monthly face-to-face contacts with Parent B in 2 out of 13 months reviewed.

APPLICABLE RULE	
FOM 722-06H	Contact with Parent or Guardian when Child is Placed Out-of-Home
	<p>The primary foster care caseworker must have face-to-face contact with the legal parent or guardian at least once per calendar month. At least one contact each quarter must occur in the parent's residence.</p>
ANALYSIS:	The agency is found in noncompliance as they did not complete the required monthly face-to-face visits with the parents.
CONCLUSION:	VIOLATION ESTABLISHED

ALLEGATION:

During a case review, there has been no relative search/engagement completed or entered for the entirety of the case

INVESTIGATION:

September 22, 2021, I reviewed the MiSACWIS case record. The case record lacked any documentation that indicated the agency was actively searching for relatives within service plans, family team meetings, documentation and/or social work contacts.

APPLICABLE RULE	
FOM 722-03B	Relative Search and Engagement
	The relative search must begin prior to the child's removal from the home and continues until legal permanency for the child is achieved or case closure for a youth with a permanency goal of another planned permanent living arrangement (APPLA). Caseworkers must pursue the identification and notification of relatives and document the initial and ongoing efforts in the investigation report and each case service plan.
ANALYSIS:	The agency is found in noncompliance as the case record lacked documentation of ongoing relative search.
CONCLUSION:	VIOLATION ESTABLISHED

ALLEGATION:

During a case review, the agency is not maintaining an updated case record.

INVESTIGATION:

September 22, 2021, I reviewed the MiSACWIS case record for all 4 youth. There was not documentation in the case record for Youth A's IEP, therapy updates or appointments for any of the youth.

APPLICABLE RULE	
FOM 722-05	Case documentation
	Education and employment documentation for children under MDHHS care and supervision must be scanned and uploaded to MiSACWIS. Medical and mental/behavioral health documentation for children under MDHHS care and supervision must be maintained in accordance with FOM 801, Health Services for Children in Foster Care and FOM 803, Medicaid - Foster Care .

ANALYSIS:	The agency is found in noncompliance as the MISACWIS case record lacked documentation of Youth A's IEP, therapy updates or appointments for any of the youth
CONCLUSION:	VIOLATION ESTABLISHED

ALLEGATION:

During a case review, there was no initial medical examination for youth when entering care. There was no initial dental exam completed for Youth D.

INVESTIGATION:

September 22, 2021, I reviewed the MiSACWIS case record. The children were removed on July 1, 2020. Initial medical exams for Youth A, B, & C were completed on August 18, 2020, and Youth D's medical exam was completed on August 17, 2020. Youth D did not have documentation that an initial dental examination was completed as required.

APPLICABLE RULE	
R 400.12413	Medical and dental care policy.
	<p>(1) An agency's medical and dental care policy shall, at a minimum, include all of the following:</p> <p>(c) A physical examination for each child as follows, unless a greater frequency is medically indicated:</p> <p>(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.</p> <p>(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.</p> <p>(f) The provision of a dental examination and any treatment</p> <p>required for each child who is 4 years of age and older</p> <p>(i) A dental examination within 12 months before Placement or a new dental examination shall be completed not more than 90 calendar days after placement.</p>
ANALYSIS:	The agency is found in noncompliance as the initial medical exams for the children were not completed timely as required in subsection (c). Youth D did not have documentation that an initial dental examination was completed as required in subsection (f).

CONCLUSION:	REPEAT VIOLATION ESTABLISHED 12/2/2020 RENEWAL, CAP approved 12/17/2020 2/3/2020 INTERIM, CAP approved 3/16/2020

ALLEGATION:

During a case review, the agency did not complete quarterly medical passports and did not obtain the doctor's signature as required.

INVESTIGATION:

September 22, 2021, I reviewed the MiSACWIS case record. The case record had quarterly medical passports entered timely for all the children, however they did not contain the doctor's signature or reason why it could not be obtained.

APPLICABLE RULE	
FOM 801-03	Medical Passport
	The medical passport is generated from MiSACWIS. The health information entered into the MiSACWIS Health Profile screens, such as the child's appointments, medications, and so forth, populates the corresponding section of the medical passport. The health screens within the MiSACWIS Health Profile section must be updated quarterly to ensure the child's current health information is up-to-date and accurate.
ANALYSIS:	The agency is found in noncompliance as the case record had quarterly medical passports entered timely for all the children, however they did not contain the doctor's signature or reason why it could not be obtained.
CONCLUSION:	REPEAT VIOLATION ESTABLISHED 12/2/2020 RENEWAL, CAP approved 12/17/2020, cited under ISEP 4.49 2/3/2020 INTERIM, CAP approved 3/16/2020

ALLEGATION:

During a case review, the Initial Service Plan was not completed timely.

INVESTIGATION:

September 22, 2021, I reviewed the MiSACWIS case record. The children were removed on July 1, 2020, and the Initial Service Plan was due on July 31, 2020. The Initial Service Plan was submitted for approval on August 12, 2020.

APPLICABLE RULE	
R 400.12418	Development of service plans
	(2) An agency shall complete written service plans for each child and parent or parents, as follows: (a) within 30 calendar days from removal of the home
ANALYSIS:	The agency is found in noncompliance as they did not complete Initial Service Plan within the required 30 days from removal.
CONCLUSION:	REPEAT VIOLATION ESTABLISHED 12/2/2020 RENEWAL, CAP approved 12/17/2020

ALLEGATION:

During a case review, Parent Agency Treatment Plans lacked the required signatures.

INVESTIGATION:

September 22, 2021, I reviewed the MiSACWIS case record. The March 27, 2021, Parent Agency Treatment Plan (PATP) is missing two signatures from foster parents. The June 23, 2021, PATP is missing signature of biological mother.

APPLICABLE RULE	
FOM 722-08D	Required Participation in Development of Treatment Plans
	Parental participation is required in developing the parent/caregiver goals and objectives and signature required or documentation why it could not be obtained The foster parent/caregiver must sign the treatment plan to acknowledge and agree to the activities required to meet the needs of the child in their care.
ANALYSIS:	The agency is found in noncompliance as they did not obtained the required signatures on the parent agency treatment plans.
CONCLUSION:	REPEAT VIOLATION ESTABLISHED 12/2/2020 RENEWAL, CAP approved 12/17/2020, cited under FOM 722-08C 2/3/2020 INTERIM, CAP approved 3/16/2020

ALLEGATION:

During a case review, the agency did not have consistent contact with the tribe.

INVESTIGATION:

September 22, 2021, I reviewed the MiSACWIS case record. The case record lacked documentation that indicated the agency had consistent contact with the

tribe. The were only contacts with the Tribe documented in August 2020, November 2020 and June 2021.

APPLICABLE RULE	
FOM 722-08A	Tribal Involvement
	<p>For any child identified as an Indian child, the caseworker must document the following in all case service plans:</p> <ul style="list-style-type: none"> • Initial tribal interest/involvement date. • Interest/involvement details. <p>Indicate if qualified expert witness (QEW) testimony was provided and provide name of witness.</p> <ul style="list-style-type: none"> • What decisions or recommendations were made on the case by the child's tribe? Include engagement process and intervals of discussions to obtain tribe's preferences.
ANALYSIS:	The agency is found in noncompliance as the case record lacked documentation that the agency had consistent contact with the tribe prior to the completion of service plans.
CONCLUSION:	VIOLATION ESTABLISHED

ALLEGATION:

During a case review, there were no trauma screens completed.

INVESTIGATION:

September 22, 2021, I reviewed the MiSACWIS case record. The case record lacked any documentation that indicated the agency had completed the trauma screenings as required.

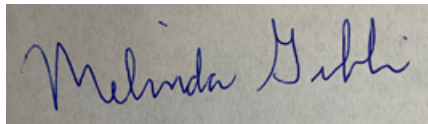
On September 24, 2021, Supervisor emailed copies of trauma screens that were completed for all of the children on July 17, 2021.

APPLICABLE RULE	
FOM 802	Mental health screening
	<p>Staff must utilize the appropriate Children's Trauma Assessment Center (CTAC) Trauma Screening Checklist based on the age of the child, 0-5 or 6-18 years of age. Caseworkers are required to administer the Children's Trauma Assessment Center (CTAC) Trauma Screening</p>

	<p>Checklist to each child victim involved in an ongoing CPS or foster care case according to the following timeframes:</p> <p>Within 30 days of case opening or when a Category 1 Children's Protective Services (CPS) case transfer to foster care</p> <p>Within 180 days of the initial screening.</p> <p>Prior to case closure.</p>
ANALYSIS:	The agency is found in noncompliance as the case record lacked documentation that an initial trauma screening was completed within 30 days of case opening.
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

Upon receipt of an acceptable corrective action plan, I recommend no changes to the status of the license.



10/14/2021

Melinda Gubbins
Licensing Consultant

Date

Approved By:



October 20, 2021

Jessica VandenHeuvel
Area Manager

Date