GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF HEALTH AND HUMAN SERVICES
LANSING

ELIZABETH HERTEL
DIRECTOR

March 18, 2021

Amy Harding
Holy Cross Services - Northern Michigan CB
Suite 102
3597 Henry St.
Norton Shores, MI 49441

RE: License #: CB280200990
Investigation #: 2021C0103010
Holy Cross Services - Northern Michigan CB

Dear Ms. Harding:

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.
- How continuing compliance will be maintained once compliance is achieved.
- The signature of the responsible party and a date.

If you desire technical assistance in addressing these issues, please feel free to contact me. In any event, the corrective action plan is due within 15 days. Failure to submit an acceptable corrective action plan will result in disciplinary action.

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 area manager at (616) 552-3662.

Sincerely,

Rorie Dodge-Garnaat, Licensing Consultant
MDHHS\Division of Child Welfare Licensing
235 Grand, Ste 1305
P.O. Box 30650
Lansing, MI 48909
(517) 899-6024

enclosure

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF CHILD WELFARE LICENSING
SPECIAL INVESTIGATION REPORT

I. IDENTIFYING INFORMATION

License #:	CB280200990
Investigation #:	2021C0103010
Complaint Receipt Date:	01/12/2021
Investigation Initiation Date:	01/12/2021
Report Due Date:	03/13/2021
Licensee Name:	Holy Cross Children's Services
Licensee Address:	8759 Clinton-Macon Road Clinton, MI 49236
Licensee Telephone #:	(517) 423-7451
Administrator:	Amy Harding
Licensee Designee:	Debora Howard, Designee
Name of Facility:	Holy Cross Services - Northern Michigan CB
Facility Address:	Suite 102 3597 Henry St. Norton Shores, MI 49441
Facility Telephone #:	(231) 922-9664
Original Issuance Date:	12/15/1993
License Status:	REGULAR
Effective Date:	02/19/2021
Expiration Date:	02/18/2023
Capacity:	Unknown
Program Type:	CHILD PLACING AGENCY, PRIVATE

II. ALLEGATION(S)

	Violation Established?
Agency initiated a Special Evaluation on a foster home that was unwarranted, and the findings of fact are inconsistent with the completed evaluation.	Yes
Additional Findings	Yes

III. METHODOLOGY

01/12/2021	Special Investigation Intake 2021C0103010
01/12/2021	Special Investigation Initiated - Telephone Assigned field consultant
02/01/2021	Inspection Completed This visit did not occur on-site. Virtual was approved by AM.
02/02/2021	Contact - Telephone call made CA
02/02/2021	Contact - Telephone call made Left message for Foster Parents
02/02/2021	Contact - Document Sent E-mail sent to Foster Parents
02/04/2021	Contact - Document Sent E-mail to/from Licensing Supervisor
02/04/2021	Contact - Document Sent E-mail to/from supervisor
02/04/2021	Contact - Document Sent E-mail to/from FCW
02/04/2021	Contact - Document Sent E-mail to/from Licensing worker 1
02/04/2021	Contact - Document Sent E-mail to/from Licensing Worker 2
02/04/2021	Contact – Video conferencing

	Video Call with both Foster Parents
02/05/2021	Contact – Video conferencing Licensing Supervisor interviewed
02/05/2021	Contact – Video conferencing Foster Care Supervisor interviewed
02/05/2021	Contact – Video conferencing Foster Care Worker interviewed
02/05/2021	Contact – Video conferencing Licensing Worker 2 interviewed
02/05/2021	Contact – Video conferencing Licensing Worker 1 interviewed
02/25/2021	Contact - Document Received E-mail from Licensing Supervisor about new allegations made on the foster home.
02/26/2021	Contact - Telephone call received Phone call from Program manager regarding new allegations
03/03/2021	Contact - Telephone call received Phone Call from Foster Mother
03/03/2021	Inspection Completed-BCAL Sub. Compliance
03/18/2021	Exit Conference

ALLEGATION:

Agency initiated a Special Evaluation on a foster home that was unwarranted, and the findings of fact are inconsistent with the completed evaluation.

INVESTIGATION:

During the agency's yearly inspection, it was discovered that they had completed a Special Evaluation (SE) on a foster that was not warranted, and the findings of fact were inconsistent.

A review of the Provider File and Case File in MiSACWIS found the following:

- The Foster Parents (FP) were first licensed on 11/12/19.
- Licensing Worker 2 (LW 2) was their licensing worker.
- The FP's are having their Adoption Evaluation completed by a different agency.
- The Foster Daughter (FD) and Foster Son (FS) were placed in the home on 12/15/19.
- FD and FS are siblings and were four and five years old when first placed.
- FD and FS had been in four homes since 2015.
- FD and FS were referred for adoption on 3/15/18.
- The Foster Care Worker (FCW) was assigned to the case on 6/18/20. The previous worker no longer works for the agency.

The Special Evaluation (SE) opened on the FP's home was reviewed:

- The intake for this investigation was on 8/17/20.
- It was completed by Licensing Worker 1 (LW1).
- It was assigned and approved by the Licensing Supervisor (LS).
- Allegation: the youth are touching each other after bedtime. FP do not know what to do.
- Opened due to concerns about escalating behaviors.
- Rules alleged: 201 Foster home applicant/licensee qualifications, 401 Child capacity, and 404 Behavior management.
- Under 401 the report states that a variance to this rule was obtained so the siblings could share a room.
- It was discussed with the FP's that they would sleep in the living room. The report states a variance was requested on 10/28/20 for the FP to sleep in the living room. Then the report says the variance was to sleep in the basement.
- The family was found in violation of 201 for not having the emotional health needed to be a foster parent.
- States the family shows significant lack of confidence in their decisions and continually state they do not feel supported or equipped to care for the children. The report states this is evidenced by hundreds of e-mails back and forth between the foster family and the agency (e-mails were uploaded into the Special Evaluation section of MiSACWIS. All the e-mails occurred after the investigation began).
- It was recommended that the caregivers obtain counseling. The report states the family was provided with a list of counselors and they refused to take part in counseling. The report did not include any proof of this.
- The report states the family is receiving more support than any other family the agency works with. The report indicated the supervisor expressed concern that if the family did not engage in services offered that the children's placement could be disrupted.
- The caregivers did not attend trainings that were offered.
- The caregivers are not competent in childhood development, utilizing resources, self-care nor do they have an adequate support network to meet the needs of the children.

- The adoption team indicated they have not been forthcoming in their concerns with the caregivers in an effort not to disrupt the placement.
- The family lacks adequate foundation in childhood development to support therapeutic methods in the home as evidenced by their focus on the negative instead of on the potential.
- The foster family does not have realistic expectations of support from foster care, licensing, or adoption.
- They do not possess adequate emotional coping skills for this situation.
- The report states that the caregivers agreed that counseling would be beneficial for their situation.
- It was reported that the caregivers completed a satisfaction survey and stated they did not feel supported. This resulted in a case review.
- Under rule 404 Behavior Management the report indicated a meeting occurred with the family on 10/16/20; the use of the word restraint was addressed with the caregivers. They demonstrated that the way they create physical distance from the aggressive child to ensure the family members safety was appropriate and did not constitute a restraint.
- Under additional findings the report stated there were no additional findings, however an analysis was added to this section that indicated the caregiver's insufficient emotional health to support the needs of the children in their care.
- Report was signed on 11/23/20 (98 days after the SE was opened).
- The Children's Foster Home Rules Compliance Record CWL-3080 was completed on 11/11/20.

Review of documentation included under this SE in MiSACWIS:

- The initiation letter dated 8/20/20 sent to the family cites rule 306 Bedrooms.
- The Special Evaluation Record (CWL-259) which is utilized to open the SE stated the intake date was 8/17/20 and the alleged rule violation was 401 Child capacity; living arrangement.
- The 45-day extension letter to the caregivers was dated 10/14/20 (58 days). It indicates there were additional "incidents" that require evaluation.
- A variance dated 1/7/20 addressed Rule 401 Child Capacity; living arrangement and allowed for the siblings to share a room.
- Another variance dated 9/1/20 was for 306 Bedrooms and addressed the caregivers sleeping in the living room in order for the children to have their own bedrooms.
- The Special Investigation Record (CWL-259) closing the investigation was dated 9/29/20.
- SE signed 11/23/20.
- 45-day extension indicated.
- 90-day extension and approvals not indicated.

Review of E-mails included under this SE in MiSACWIS:

- 8/20/20 E-mail chain about the start of the SE and setting up a meeting. The family expressed their frustrations with the lack of communication and support from the agency.
- 8/24/20 LW 1 sent the Foster Father (FF) contact info of a veteran FP for support.
- 8/31/20 E-mail chain about the issues the FP had over the weekend with the FS. The e-mail chain was started by the FCW and in it she stated the family had reported to her in a text that the FF restrained the FS.
- 9/3/20 E-mail from Foster Care Supervisor (FCS) to the team indicated that the FF had to "restrain" the FS.
- 9/4/20 an e-mail from LW 1 to the FF and team indicated that she did not have any doubts that the FP's were capable of being the parents to the foster children.
- 9/11/20 LW 1 sent an e-mail to the family. She wrote that she has been doing some "soul searching" trying to reconcile herself to the "darned" Special Evaluation. After hearing all of the techniques the family is utilizing with the FS she was not sure she wanted to write the report the same way. She wrote that she thought the family had demonstrated a good and appropriate grasp on de-escalation techniques. While the family did not trust their own decisions, they were doing some really good things.
- 9/14/20 LW 1 sent an e-mail stating she would get the SE report to them before the end of the week.
- 9/22/20 E-mail from LW 1 to the team that she has finished the SE report and had written a CAP for them to follow.
- 9/24/20 e-mail from LW 1 to FP's indicating that she attached the findings of the SE indicating a hard copy would be sent in the mail.
- 9/29/20 An e-mail from LW 1 to the FP's stated that the FF discussed the SE in wraparound. The LW 1 stated that the SE was not a matter to be discussed in the wrap around meeting.
- 10/14/20 an e-mail chain started when LW 1 sent an email stating she received an e-mail indicating they had restrained the FS. LW 1 stated that she knew the family was trying everything the agency suggests and are doing such a great job overall. She states that they will need to address the physical restraint because it is a licensing violation. The family responded that they were confused as to why this was being addressed now and not the very first time they did it two months ago. They stated they have reported every restraint they have done to the agency.
- 11/4/20 LW 1 sent an e-mail asking the FP's for a meeting to discuss the final details of the SE report.
- 11/23/20 in an e-mail from LW 1 to the FP's she wrote that she had to do some re-writing of the report and re-iterated that this was her first Special Evaluation Report she had to write. She wrote that it would be all set to mail out to them on 11/27/20.
- 12/7/20 report sent to FP's.

- 12/14/20 the FM asked if she could share some of the report details with others except for anyone not connected to the kids' case. LW 1 responded that the SE is "…solely about being licensed foster parents. It is not about the court case and should not be entered into the court case. Court is about the children, their services, and their permanency plan."
- 12/23/20 e-mails from the FP's indicating they would like a response from the Licensing Supervisor (LS) in regard to their rebuttal to the SE.
- Lots of e-mails back and forth regarding training but all after SE began.

Contacts in MiSAWIS from the placement of the siblings (12/15/19) to the start of the SE were reviewed for both the provider and the case. The following information was noted in the contacts.

- FCW Home Visit's (HV) during this period of time do not indicate any concerns from the FCW just concerns brought up by the FP's.
- 4/8/20 Phone Call with FP's indicated concerns with lack of follow through from FCW.
- 4/9/20 Family Team Meeting (FTM) FP's Expressed the need to feel validated for what they are doing right or wrong. FP felt overwhelmed a few weeks ago but recently things have been better. Agency will meet with family once a week to provide support during COVID. Parent support partner referral discussed.
- 4/23/20 Team Discussion regarding support areas. Team believes they need to be direct in asking if the FP's are committed to the children and not dragging out or searching for services that won't benefit if the couple has already decided they will not continue with adoption. The FCS will have that discussion with the family during the video HV on 4/25/2020.
- 7/8/20 FTM indicates the Family's strengths are that they are developing an amazing bond, they give lots of hugs, they talk and communicate.
- 7/15/20 A complaint had been called in regarding the touching and the worker needed to do a HV.
- 8/17/20 LW 1 e-mails family regarding SE.
- There were 15 e-mails and two text messages received from the FP's during this period. The topics of the messages included: a picture, information about doctor visits, problem behaviors from the kids, on-line schooling, allegations the kids were making, and concerns about their previous placement.
- Of the contacts from the FP's to the agency only two of them indicated the FP's were asking for additional help.
- Three contacts indicate that the family was provided with training resources. Two of those contacts occurred after the allegations about the kids touching.

A timeline of events that occurred with the FP's was provided by the agency. Many of the contacts listed in the timeline were not found in MiSACWIS. Some contacts in MiSACWIS were not in the timeline. The following information was found in the timeline:

- Contacts that indicated the FP's were provided with materials and trainings to help them with the children.

- The FP's did follow up with the supportive adoptive parent but did not get a response back.
- Many services were put in place: wraparound, behavior support specialist, therapy, parent support partner, and weekly meetings with the agency.
- A contact from 4/17/20 states the FCW talked to the FP's about counseling for themselves and the FP's were open to that. It did not indicate a list of providers was included.
- The Adoption Worker states that the children and agency are very lucky to have the FP's. The FP's have been tested and pushed to their limits. Despite this they continue to show the children love, care, and advocacy. The children were doing better in the FP's home than they did with other FP's The FP's are good at communicating and asking questions to gain a better understanding. They are willing to gain experience and knowledge from anyone. The FP's could benefit from additional support from the team to help them understand, process, and respond to the children's trauma.
- A contact between LW 1 and LW 2 stated that the FP's not doing the trainings sent to them was not a refusal to attend trainings they just have not done them yet. She stated there were not weekly e-mails regarding trainings.
- The LW 1 did not think the FP's were the right parents for the children. Later on, when including the family in an e-mail, she stated that she had no doubt the FP's were capable of being parents to the siblings.
- On 9/9/20 the team expressed concerns that if the family wanted to continue with the adoption then the adoption agency would deny them.
- On 9/11/20 LW 1 e-mailed the team at the agency asking them to review her summary of findings for the SE.
- LW 1 stated in a letter that the 300 e-mails were between the agency and the FP's. Not just e-mails from the FP's.
- On 10/15/20 an e-mail from LW 1 to the team stated that the agency dropped the ball when the FP's mentioned in court that the FP's had restrained the FS and the family had mentioned this to the agency on three other occasions.
- The SE was mailed to FP's on 12/7/20.

The family completed the following trainings prior to the investigation starting.

- Pressley Ridge Foster Parent Training on 9/4/18
- Foster Home Orientation on 8/20/19.
- De-escalation and Crisis Intervention on 9/5/19.
- Re-orientation to Foster Home Rules and Holy Cross Licensing Expectations on 8/13/20 & 8/15/20.

Employee File Documentation was provided by the Chief Administrator:

- The Licensing Supervisor (LS) was hired on 1/21/20. She completed DCWL’s complaint training for Licensing Workers on 4/30/19. She did not have any disciplines in her file.

- The Foster care Supervisor (FCS) was hired on 5/14/08. She was hired into her current position on 5/5/18. She had one discipline in her file from 2015 that had to do with lack of communication and being late for court.
- The Foster Care worker (FCW) was hired on 5/11/20. She took her Foster Care training on 6/19/20. She had one discipline in her file from 1/6/21 regarding professional behavior.
- Licensing Worker 2 was hired on 6/11/18. She completed DCWL Complaint training in 2018. She had one discipline in her file from 9/2/20 regarding sharing case information with a former employee.
- Licensing Worker 1 was hired on 8/19/19. She received her complaint training on 10/11/19. She had two disciplines in her file from 1/6/21 regarding not completing audit forms and from 1/26/21 in which she was insubordinate and disrespectful to her supervisor.

The FP's submitted a rebuttal to the SE. The rebuttal was dated 12/21/20. The purpose of the rebuttal is to provide additional information "purposefully" left out of the Special Evaluation Report, to correct inaccurate information, and to prove that the agency and its employees have been negligent in their work on the foster care case.

The rebuttal indicated the following:

- The first incident of the kids touching each other's private parts occurred on 7/13/20.
- The FP's reported another incident of touching to the agency on 8/15/20.
- When the worker came out to do a visit, she told the foster family that a Special Evaluation would be opened due to the repeat behaviors. She told them LW 1 would be conducting the investigation. The FP's expressed concerns about LW 1 and the FCW stated she had the same concerns.
- When the FP's first met with LW 1 she listened to their concerns then stated their concerns had to do with the previous FCW not doing her job and that is why she was fired.
- LW 1 met with the family on 9/14 via zoom. She shared her screen with the family, then navigated through MiSACWIS to the FP's SE. At this time the LW 1 informed the family they were investigated for Rule 201 Foster home applicant/licensee qualifications. When the FM expressed concern that the addition of a different rule violation was a way for the agency to justify the SE, LW 1 agreed with the FM. The family was able to see other families listed on LW 1's screen.
- The number of e-mails sent to the agency was "grossly overexaggerated" and the agency never expressed concern regarding the number of e-mails they sent.
- LW 1 said she would give them the contact of her pastor's wife who is a counselor but said she would only do the work to get them resources if they promised to go through with the adoption of the children.
- At the 9/15/20 court hearing the family brought up the SE.

- When the FP met with LW 1 she informed them that the SE is a licensing issue and should not be shared with the court
- The family listed training resources that were sent. The trainings they took part in and the reasons for not taking part in other trainings. Their reasoning for not participating in trainings was mostly due to the content of the training not being relevant for them. Of the list of trainings only two had been relevant for the family. One was already done by the family and the other training only became relevant after the training was offered.
- During a behavior incident with the FS on 9/3/20 the Foster Father (FF) called the agency to tell them to come pick up the kids.
- The family wrote that they believed the agency had withheld information from them about the abuse the children received in their previous foster home.
- The family stated they never received a list of counselors.
- Therapist never gave them resources for counselors.
- The family shared the details of the SE with the court because the worker only stated the children were thriving and did not discuss the behaviors the youth were having.

Foster Parent (FP) Interview: The Foster Parents were interviewed on 2/4/21 via video conferencing. The FP's stated they had concerns with their previous Foster Care Worker (FCW). She did not communicate with them well. They asked for counseling services for the kids. The worker would tell them she sent in the referral then two weeks would go by and she would send it again. The kids started therapy in March of 2020.

The family was not asking for specific services but wanted the agency to provide them with any resources they had. They said they did not know what to ask for. They thought the agency would help with that.

The family was asked about the statement the Foster Father (FF) said telling the agency to come get the kids. He said there had been several incidents with the FS and the FF felt frustrated and alone. He did not mean for the children to actually be removed he was just saying it out of frustration. The agency then set up respite for the weekend.

They did not know what to do if behaviors escalated. The emergency numbers they were provided with did not provide them with support. The FF stated that what he called was a restraint was him holding his FS against the wall after the FS would raise his fist. He also set his FS in a chair and took him to his room by holding his arms. The FF stated that his FS would fight while being held but the FF was trying to keep his FS from his target.

They had many conversations with the Chief Administrator (CA) and the LS but they felt they were getting mixed messages from them. The CA told them that the

children should not have been placed with them and that the agency made a lot of mistakes. They are meeting with LW 2 weekly.

The FP's feel the agency has been withholding things from them. They do not feel they can depend on the agency. They think the agency is against them now. They wrote the rebuttal to address issues so other families do not have a similar experience.

The family was asked where they are at regarding the adoption. They stated no one has ever come out and asked them that. They stated they are open to hard truths. The kids are still living with them, but due to the difficulties they have had they cannot think about long term right now. They want what is best for the kids. If that means they are not what is best, then they can accept that. They will not give up on the kids. Their feelings have been communicated to the adoption agency and the agency has not pressured them to make a decision.

The family sent an e-mail they received from the FCW on 7/15/20 that stated she was confused why the children touching each other was called in as a complaint as there were not any safety concerns.

All agency staff were interviewed on 2/5/21 utilizing video conferencing.

Licensing Supervisor (LS) interview: The LS stated the agency had been working with the family for quite some time, but the family still felt unsupported. The FP's were e-mailing frequently. The agency provided them with a multitude of resources. The FP's indicated they did not think they were the right parents for the children that were in their home. The agency figured something had to be going on that was escalating the kids' behaviors. They looked at the rules to see if there was something that needed to be investigated. She stated the family was saying they were using restraint and the kids were touching each other. The LS talked to LW 1 about where these things fall in the licensing rules. The family had sent e-mails saying they had restrained the FS. The LS was asked what the FP's were doing wrong and she stated she did not know that they were doing anything wrong. It had more to do with what was going on with those specific children. The family wanted more results and they wanted them sooner. The agency would not have opened an investigation if concerns were brought up just one time, but the concerns continued to be brought up.

The LS stated LW 1 made a mistake in citing Rule 401 Child Capacity; living arrangements. LS did not know why the CWL-259 was closed in September. The LS stated she did read the report and signed it. The first draft was poorly written, but the second draft was better. It was not until she received the rebuttal from the family that she saw it was not in line with what the family reported.

After receiving the rebuttal, she reached out to other service providers. The Adoption Agency told the LS the same information that was in the SE but the wording and

intent of what they said was inaccurate. The LS did not agree with the citations after looking into it. Some of the FP's concerns were valid from their own point of view, but they did not know all the work that was going on behind the scenes to get them the help they needed.

Foster Care Supervisor (FCS) Interview: The FCS stated the agency was receiving a lot of e-mails from the FP's. The family was struggling even though resources were in place. They needed additional assistance. She did not think the family did anything wrong, they just did not have any confidence. She did not think they violated any rules. They were given tools they did not follow through on. LW 2 provided the FP's with a list of providers who could provide individual therapy for them. They were also provided with different trainings, but she was unsure if they knew what they needed. The agency should have guided them. She did not read the entire SE report but said what she did read of it was harsh. She does agree with the citation but not the wording. She also stated she thought they were of sound emotional health.

The FCS was asked to forward the e-mail that listed therapy service providers. As of the writing of this report that e-mail has not been received and there is no contact in MiSACWIS to indicate this was sent.

Foster Care Worker (FCW) Interview: The FCW has been assigned to this case since June of 2020. She did review the SE report and thought it could have been written in a nicer way. She did not have concerns about the safety of the children in the home. She had concerns about the FP’s not being invested in the adoption of the children. The family did not feel supported even though the agency would provide them with services. She thought they did lack emotional health and self-care. They do not take advantage of respite services and do not utilize the resources for individual therapy. Their lack of self-care impacts how they care for the children. The FS's behaviors and the things he says become so overwhelming. The FP's do not take time to process these behaviors. In September FF said they could not do this, and the FS said does this mean we cannot come back. The kids can sense when something is wrong. The FCW shared her concerns with the FP's about self-care and they stated they did not want counseling. She did not share with the FP's how their lack of self-care effects the kids. The FF would put his hands on the FS in order to hold him back. She did not have any concerns with this.

Licensing Worker 2 (LW 2) Interview: LW 2 is the FP's assigned Licensing Worker. She was the worker that licensed the home. She has reviewed the SE and there were areas she was confused about. The reason for the SE was that the siblings were touching each other inappropriately. There have been on-going concerns as the agency feels they are providing support, but the family felt they did not. LW 2 felt they had enough support. The SE should have focused on the kids being safe in the home due to the touching. Everyone thinks the FP's are doing the best they can. She did provide the family with counseling recommendations, but they did not want to use them. They currently have Corrective Action Plan (CAP)

meetings with the family so the family can air out their concerns. The family needed more direct instruction from the agency, and they are now providing that. She does not agree with the SE findings regarding a lack of emotional health. An SE did need to be opened, but only due to the touching going on.

Licensing Worker 1 (LW1) Interview: LW 1 has been with the agency for 1.5 years. She was a FCW before becoming a licensing worker. She first met the family during their orientation that she did with LW 2. There were conversations in the office that the agency was receiving lots of e-mails from the family and that the placement was "not settled." There were allegations about the kids touching each other and conversations followed about how best to deal with these behaviors. The FCS stated something needs to be done due to the continued concerns with the family. LW 1 was then assigned to do the SE. The concern was that the children were unable to safely share a room and the parents being unable to manage the kids' behaviors. She was mostly looking into how to create "balance, peace, and safety" in the home. Regardless of the supports that were provided the problems were not getting better. There were consistent complaints from the family that they were not being supported. LW 2 spoke to the family many times and it was obvious that the family did not feel heard prior to this. The family could not see the positive results and felt they were not doing well because of it. It did not seem as though any tool would provide results. The family felt constantly defeated. The FP's loved the children but they could not hear they were doing well by doing what they could. They did not have the ability to hear the positives. The family did not understand the information they were provided with during the full disclosure meeting; specifically, they did not understand the children's behaviors and trauma history. The SE was the last resort. The FP's were not in an emotional place to handle the kids' behaviors. They always felt they needed more. They needed to seek help for themselves first then it would not have gotten as bad as it did. The family was not engaged in enough of the right training. LW 1 did not create the original CWL-259 so she was unaware what was cited. The fact that the report stated no additional findings was an error. She added the citation for behavior management because at the court hearing the FF stated he had to restrain his FS. The FP's were told they did everything right and there were no findings for Behavior Management. He just put the FS back in his seat. She reviewed the definition of physical restraint and discussed it with the FCS and LS.

The family was provided with numerous services for themselves like training and seminars but they did not engage in any of them. The FP's were not going outside themselves to get help. The FP's also did not seek out the FP mentor whose contact information they were provided with until the end of the year. LW 1 stated the proof of all the resources that were provided to the family are all documented in the case record.

LW 1 believes the family was not competent in child development as they did not know what was age appropriate and what was not.

Regarding the Closing CWL-259 she did not realize she needed to wait for approval before submitting it. When she first went through the SE with the FP's they were very heated. She then went back and re-wrote it. She heard about the restraint at the court date prior to re-writing the SE.

LW 1 said the CA denied her the ability to read the rebuttal (rebuttal is uploaded into the SE section in MiSACWIS).

The Children's Foster Home Licensing Technical Assistance (TA) manual is utilized as a training tool during Licensing training and is available to all licensing workers to reference. The manual states the following regarding Special Evaluations:

- If including additional allegations will prevent completion of an investigation in a timely manner and they are not directly related to the ongoing investigation, the agency may open a new investigation.
- The completion of the investigation shall not exceed 90 days. If the investigation will not be completed in this time frame, written approval must be obtained from the chief administrator or licensee designee.
- Within 15 days of the conclusion of the evaluation, an agency shall complete a written report. A copy of the written special evaluation report must be sent to the licensee within 10 days of completion.

APPLICABLE RULE	
R 400.12327	**Special evaluation.**
	(5) Within 15 days of the conclusion of the evaluation, an agency shall complete a written report that includes all of the following information: **(e) Findings of fact, based upon the evaluation.**

ANALYSIS:	The SE stated that the Foster Parents were provided with counseling resources. The family denied this was the case. There was no proof in the SE or in the case record that this was true. The family stated the Foster Father had asked for the kids to be removed, yet this was not in the SE. The SE report did not provide examples or proof that the Foster Parents did not have the emotional health or the understanding of child development that was needed to provide for the children. LW 1 referenced hundreds of e-mails from the foster parents asking for assistance but the case record did not indicate this. The timeline indicated over 300 e-mails between the agency and the FP's. The interviews and the timeline all indicate the FP's were doing the best they could given the situation they were in. The SE also stated the FP's were provided with trainings that they refused to utilize. The FP's stated the trainings they were provided with were not suitable to their situation. There was no proof provided in the SE or in the provider record that the FP's refused trainings. In the SE LW 1 reported that a variance was given for the foster parents to sleep in the basement, but the variance was for the foster parents to sleep in the living room.
CONCLUSION:	**VIOLATION ESTABLISHED**

ADDITIONAL FINDINGS:

As noted above the timeline for the SE was:

- Initiated 8/17/20.
- 45-day extension letter dated 10/14/20; 58 days after the SE intake.
- Report signed 11/23/20; 98 days after the intake but stated it did not exceed 90 days.

The Children's Foster Home Licensing Technical Assistance (TA) manual is utilized as a training tool during Licensing training used to assist licensing staff in complying with the rules, and is available online for all licensing workers to reference. The manual states the following regarding Special Evaluations:

- If including additional allegations will prevent completion of an investigation in a timely manner and they are not directly related to the ongoing investigation, the agency may open a new investigation.
- The completion of the investigation shall not exceed 90 days. If the investigation will not be completed in this time frame, written approval must be obtained from the chief administrator or licensee designee.
- Within 15 days of the conclusion of the evaluation, an agency shall complete a written report. A copy of the written special evaluation report must be sent to the licensee within 10 days of completion.

APPLICABLE RULE	
R 400.12327	**Special evaluation.**
	(3) An agency shall complete a special evaluation within 45 calendar days after receipt of the information. If additional time is required, then the agency shall inform the foster parent, in writing, of the basis for the extension and the expected length of the extension. The total time for the completion of the investigation shall not exceed 90 calendar days without written approval from the chief administrator or his or her designee.
ANALYSIS:	The SE indicated the investigation intake was 8/17/20. The 45-day extension letter was dated 10/14/20 which was 58 days after the SE intake. The SE report was signed on 11/23/20, which was 98 days after the intake. It also stated that the investigation did not exceed 90 days.
CONCLUSION:	**VIOLATION ESTABLISHED**

ADDITIONAL FINDINGS:

Please refer to narrative in investigation section above regarding interviews with LS and LW1 and documents reviewed.

APPLICABLE RULE	
R 400.12206	**Staff qualifications.**
	(1) An agency shall require a staff member who has ongoing contact with children or parents to be a person who has the ability, experience, education, and training to perform the duties assigned.
ANALYSIS:	The Licensing Supervisor signed the Special Evaluation Report indicating she approved it despite all of the errors in the report. This indicated the LS does not have the ability, experience, education, or training to perform her job duties. Licensing Worker 1 sent the Closing CWL-259 to the department prior to the investigation being completed. LW 1 did not have any evidence that the FP's did not have the emotional health to provide care to the kids, yet she found them in violation. LW 1 did not get the 45-day extension letter out until after the 45 days was up nor did she get an approval to extend the investigation past 90 days. There were additional allegations that came in after LW 1 was finishing up her report, however she tacked them on to the SE already opened instead of starting a new SE. LW 1 admitted that she made a mistake with the additional findings section of the report. There were multiple errors in LW 1's report that indicate she did not have the ability, experience, education or training to perform her job duties.
CONCLUSION:	**VIOLATION ESTABLISHED**

IV. RECOMMENDATION

Upon receipt of an acceptable Corrective Action Plan, it is recommended that this investigation be closed with no further licensing action.

3/11/21

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Rorie Dodge-Garnaat Date
Licensing Consultant

Approved By:

March 11, 2021

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Claudia Triestram Date
Area Manager