



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF HEALTH AND HUMAN SERVICES
LANSING

ELIZABETH HERTEL
DIRECTOR

July 28, 2021

Jennifer Stevens
Samaritas - MID MI
Ste 200
729 W. Michigan Ave.
Jackson, MI 49201

RE: License #: CB380201255
Investigation #: 2021C0103026

Dear Ms. Stevens:

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.

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 area manager at (616) 204-6992.

Sincerely,

A handwritten signature in cursive script, appearing to read "Rorie Dodge-Garnaat".

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 #:	CB380201255
Investigation #:	2021C0103026
Complaint Receipt Date:	06/04/2021
Investigation Initiation Date:	06/04/2021
Report Due Date:	08/03/2021
Licensee Name:	Samaritas
Licensee Address:	8131 East Jefferson Avenue Detroit, MI 48214-2691
Licensee Telephone #:	(989) 832-3432
Administrator:	Ann Meldrum, Designee
Licensee Designee:	Ann Meldrum, Designee
Name of Facility:	Samaritas - MID MI
Facility Address:	Ste 200 729 W. Michigan Ave. Jackson, MI 49201
Facility Telephone #:	(517) 789-6444
Original Issuance Date:	01/22/1999
License Status:	REGULAR
Effective Date:	07/03/2020
Expiration Date:	07/02/2022
Capacity:	Unknown
Program Type:	CHILD PLACING AGENCY, PRIVATE

II. ALLEGATION(S)

	Violation Established?
There have been at least three instances where agency is not providing required reunification services to families nor are they assisting with implementing services after they have been requested and court ordered.	Yes
Agency is completing ISP's late and submitting court reports late.	Yes
Agency failed to ensure a necessary medical exam was completed for a youth.	Yes
Additional Findings: Staff qualifications, medical documentation, signatures on Parent Agency Treatment Plan (PATP), and Family Team Meetings (FTM's).	Yes

III. METHODOLOGY

06/04/2021	Special Investigation Intake 2021C0103026
06/04/2021	Special Investigation Initiated - Telephone Messages left for the assigned consultant and the Referral Source (RS). Follow-up e-mails sent.
06/08/2021	Contact - Telephone call made Chief Administrator (CA). She reported the staff are not fully in the office so Team's interviews will be needed.
06/16/2021	Contact – Video conferencing Foster Care Worker (FCW).
06/18/2021	Inspection Completed On-site Review hard copy files
06/18/2021	Contact - Face to Face Supervisor
06/18/2021	Contact – Video Conferencing Program Manager
07/01/2021	Contact - Telephone call made Staff 1
07/21/2021	Inspection Completed-BCAL Sub. Compliance

07/26/2021	Contact – Face to face Pre-exit
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ALLEGATION:

There have been at least three instances where the agency is not providing required reunification services to families nor are they assisting with implementing services after they have been requested and court ordered.

INVESTIGATION:

On 6/4/21 a complaint was received which alleged that there were several issues with case management on all the cases that Samaritas currently holds through Ingham County.

- With Case A the agency failed to provide services to the family for reunification. The court ordered the agency to start overnights and return the child with in-home services. The agency failed to follow the court instructions and the court ordered the case back to DHHS.
- For Case B the relative caregiver reported to the Referral Source (RS) that she is concerned because there are no services in place for the parents or the child. She has been asking the agency to assist her with getting mental health services for the child they have not assisted. She is concerned about the child going home because the agency has not put services for the parents in place.
- For Case C there was a Family Team Meeting (FTM) held on 06/02/2021 to discuss possible unsupervised parenting time. During the meeting the Supervisor who is acting as the worker for the case had to ask the parents what services they have and have not completed. It was obvious that the agency has failed to put any services in place.

MiSACWIS and hard copy file reviews:

Case A:

- Samaritas received the case in January of 2020
- Staff 1 was the worker on the case from 8/31/20 – 4/22/21
- Staff 2 took over on 4/22/21 until the case was returned to DHHS on 5/1/21
- All 3 reports reviewed stated under barriers that father was not visiting with Youth A, he was not communicating with the agency. The contacts in all three reports indicate dad was participating in parenting time that was supervised by Staff 1.
- Two of the three reports did not have Parent Agency Treatment Plans (PATP) that would list the services the family required and the services they were receiving.

- The 5/10/21 report indicated mom was attending Youth A's medical appointments, but those appointments were not listed in the contacts.
- The reports indicated Youth A was receiving therapy services, mom was receiving parenting classes and mental health services.
- There were not any contacts listed between Staff 1 and the birth parents.
- The only contact to a service provided that was listed was on 12/9/20.
- The MiSACWIS record did not have any service documents uploaded.
- The hard copy file for Case A did not have any service documents in them.
- There lacked any documentation in the hard file that Staff 1 had communication with the birth parents.

Case B:

- Samaritas assigned the case on 2/12/21.
- Staff 1 was assigned the case from 2/12/21 to 4/21/21.
- Staff 2 is the current Foster Care Worker (FCW) assigned to the case.
- There were minimal contacts completed by Staff 1 for the first month of the case. There were no contacts between Staff 1 and the birth parents or service providers.
- At the time of the initial review there were not any PATP's completed for this case. The current worker completed those PATP's after he was interviewed for this investigation.
- The hard copy file for Case B did not have any service documents in them.
- There lacked any documentation in the hard file that Staff 1 had communication with the birth parents.

Case C:

- Samaritas was assigned this case on 12/6/19.
- Staff 1 was assigned this case from 9/31/20 to 4/21/21.
- As of 4/21/21 Staff 3, is the current worker on the case.
- The PATP for the Updated Service Plan completed on 11/18/20 did not have any parent signatures indicating they were involved in the creation of the plan. The plan did indicate services the parents were participating in.
- The Service Plan completed on 2/16/21 did not have a PATP.
- There were not any contacts documented between Staff 1 and the birth parents or service providers.
- There were documents in the hard file indicating the parents received mental health services.
- There lacked any documentation in the hard file that Staff 1 had communication with the birth parents.

A case not included in the complaint was also viewed.

Case D:

- The case was assigned on 7/17/20.
- Staff 1 had the case from 11/16/20 to 4/21/21.

- Staff 3 is the current worker as of 4/22/21.
- The birth mother was not participating in services.
- Many contacts were documented indicating Staff 1 tried to reach the mother.

Staff 2 Interview: Staff 2 was interviewed via video conferencing on 6/16/21. He stated he is a Foster Care Worker. He started in February of 2020. He is the worker for Case B. He has been on the case for a month. He received the case from Staff 1. Staff 1 did not complete an Initial Service Plan (ISP), so he had to complete one in order to do the Updated Service Plan (USP) that was due. Staff 1 did not note what services the parents were engaged in. When Staff 2 received the case, dad was supposed to be participating in drug testing, but dad did not go until Staff 2 received the case in May. The parents are now participating in parenting classes, coach work, substance abuse evaluation and psychological testing. The parents need to do all the leg work to get their services set up on their own and then Staff 2 will check with the service providers and the parents to verify progress. He checks with service providers bi-weekly and the parents three times a week. He checks the substance abuse screens daily. He supervises parenting time and meets with the parents at that time. He was informed of a court hearing that was to occur on 5/19/21 and had three to four days to complete the court reports. The court and DHHS were not happy with the report, so court was adjourned until 5/27/21. The court received the updated court report the day prior to the hearing on the 27th so court was again adjourned until 6/4/21 when the hearing was completed.

Staff 3 Interview: Staff 3 was interviewed at the agency on 6/18/21. Staff 3 stated he was Staff 1's supervisor and currently supervises Staff 2. He was aware Staff 1 was getting behind on her job duties after a baby on her caseload passed away. Then Staff 1 gave her 30-day notice as she had found another job. He went through all her cases after she left and saw that things were not completed. She entered physicals that were not completed and uploading other documents, which caused the Book of Business (BOB) to not show accurate information. Staff 3 contracted COVID in April of 2021 and things got worse during that time. Staff 1 did not complete her home visits in April. She was consistent with parenting time. Tons of case notes were not entered. Referrals to services were not followed up on. Staff 1 was supposed to make the referral then ensure the parents were going and report to the court how they were doing. Staff 1 was not meeting with birth parents, not completing contacts, and not putting medicals into MiSACWIS. Case A was sent back to DHHS because his agency tried to set up supervised visits with the parents, but they could not get a hold of them, so the visits were not set up. He was aware of the services being completed but he wanted to know the progress being done on them. Staff 1's notes were vague. Staff 3 would ask Staff 1 if she followed up on something. She would say she did, but he would find out that she had not. He met with Staff 1 two times a month, but they talked on the phone every day.

Staff 4 Interview: Staff 4 was interviewed via video conferencing on 6/18/21. He stated he is the Foster Care Program Manager, and he supervises Staff 3. He did not become aware of the issues with Staff 1's cases until she left the agency. He

was aware that Staff 1 struggled with the death of an infant on her caseload. He met with her and offered grief and loss counseling. They determined that she was not a good fit for the position she was in. She was passive and did not address things with birth parents. The birth parents took advantage of her. When Staff 3 took over her cases he had trouble finding information. DHHS reached out to Staff 4 and asked him to look at her cases. He met with DHHS and the Lansing team in person and the meeting did not go well so he ended it. He then met separately with DHHS then with his staff to convey their concerns. He took over managing the Lansing office. He has since returned it back to Staff 3. Staff 3 was placed on a performance improvement plan. When Staff 1 left she did not give Staff 3 all the information for her cases. There was a gap in communication between Staff 1 and Staff 3. There needs to be a case conference when staff leave. The cases Staff 1 were difficult cases. Staff 4 is still working with the Lansing team and coaching them. There had been a lot of transition in the Lansing office as Staff 3 was a newer supervisor. Staff 4 meets with Staff 3 weekly and records their meetings. The two of them talk every day. Staff 4 also is present when Staff 3 meets with his staff for supervision. They also have monthly quality improvement meetings. If issues are found, then they come up with a plan to get them taken care of. Staff 4 is confident that the Lansing team can come out of this and get back on track. Staff 4 is copied on all e-mails to and from DHHS.

Staff 1 Interview: Staff 1 was interviewed on 7/1/21 via telephone. She reported she worked for the agency for nine months until April of this year. When she started, she had a supervisor who then left the agency. After that she did not have a supervisor. Staff 4 was kind of the supervisor. She did not meet with a supervisor until Staff 3 started. She then met with Staff 3 regularly. They would go over her cases and she would share any pertinent information with him. She had difficult cases and they were very hard for her. Staff 3 attempted to support her, but everyone was working from home. She started the job during COVID so she never saw anyone in person and did not know who she could ask questions.

With Case A she had trouble getting ahold of the parents. Youth A was supposed to go home but Staff 1 needed to set up home visits with them. The parents for Case B were hard to deal with. Staff 1 met with birth parents every week during parenting time. She would talk to them about the case and services. She did not document these conversations as it was nothing formal. All the cases struggled with getting services completed. She would repeatedly talk to the birth parents about this. Staff 1 would talk to caregivers about getting physicals done and would provide reminders. She did not understand the medical passports, so she did not get them done for the cases she started with. She was unaware that Medical Passports needed to be done quarterly.

She completed her virtual training through DHHS in September or October. Staff 1 did talk to Staff 3 about her cases before she left. All case documents should be in the case file or uploaded into MiSACWIS. The job was very hard, and she would often cry. She had to try and figure out the job on her own. She did not know all the

things that needed to be done. The turnover at the agency was bad and the supervision she received was not quality supervision.

APPLICABLE RULE	
FOM 722-06	Case Planning
	<p>Developing the case service plan Casework service requires the engagement of the family in development of the case service plan. This engagement must include an open conversation between all parents/guardians and the caseworker in:</p> <ul style="list-style-type: none"> • Discussing needs and strengths. • Establishing the case service plan. • Reaching an understanding of what is required to meet the goals of the case service plan. • Discussing concurrent permanency planning. <p>Treatment and Service Providers Feedback from professionals working with the child and family must be obtained and incorporated in each case service plan.</p> <p>MONITORING, EVALUATING, AND ADJUSTING SERVICE INTERVENTIONS Once services and service providers have been identified, the caseworker, in collaboration with the family must monitor the delivery and effectiveness of the services on an ongoing basis to determine the family's level of participation and benefit and to determine if the services are supporting the goals identified in the case service plan.</p> <p>The caseworker, the family, and the family's team must regularly reassess the strengths and needs of the child and family and adjust services, if necessary, to meet identified needs.</p>
ANALYSIS:	In reviewing all the cases and interviewing Staff 3, Staff 1 did not adequately address or follow-up on services with the birth parents.
CONCLUSION:	VIOLATION ESTABLISHED

APPLICABLE RULE	
FOM 722-06H	Case Contacts
	CONTACT WITH PARENT/GUARDIAN WHEN CHILD IS PLACED OUT-OF-HOME

	<p>First Month after Initial Out-of-Home Placement The primary foster care caseworker must have at least two face-to-face contacts with the parent/legal guardian, with at least one contact occurring at the parent's home/living environment, during the first month following initial out-of-home placement.</p> <p>Subsequent Calendar Months The primary foster care caseworker must have face-to-face contact with the parent/legal guardian at least once per calendar month. At least one contact each quarter must occur in the parent's residence.</p> <p>TIMELY ENTRY OF CASE CONTACTS All case contacts must be entered in MiSACWIS, including attempted contacts and missed appointments. The case contact narrative should consist of a brief summary of the contact.</p>
ANALYSIS:	During case review and interviews with staff it was discovered that Staff 1 did not adequately communicate with the birth parents, nor did she document any time she met with the birth parents.
CONCLUSION:	VIOLATION ESTABLISHED

ALLEGATION:

Agency is completing ISP's late and submitting court reports late.

INVESTIGATION:

The above complaint stated Case B's the Initial Service Plan (ISP) was due on 3/13/2021 but it was not completed until 5/25/2021. They submitted a report from outside the system to court. It was not timely, and the Judge adjourned the hearing for one week. The following week they submitted an updated court report the day before the hearing and the Judge did not get the copy until that morning. Father's attorney argued that the report had some inaccurate information, and he did not have enough time to review the report thoroughly. The hearing was adjourned again.

MiSACWIS and hard copy file reviews:

For Case A (Three Updated Service plans were reviewed):

- 10/19/20 report was approved by the supervisor on 11/21/20.
- The report for 1/17/21 – 4/16/21 was completed on 5/10/21.

For Case B:

- The Initial Service Plan from 2/12/21 to 3/13/21 was completed on 5/25/21. This report was written by Staff 2.
- The Updated Service Plan for 3/14/21 to 5/25/21 was completed 5/25/21 by Staff 2.

The service plans reviewed for Case C and Case D were completed timely.

Staff 2 reported that Staff 1 did not complete an ISP for Case B so he had to complete it in order to complete the USP.

During his interview Staff 3 reported Staff 1 ignored reports that were due in April. She did not complete an ISP that was due in April (the report was actually due in March).

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 from the home. (b) Within 120 calendar days after the initial removal and at least once every 90 calendar days thereafter.
ANALYSIS:	During the review of the four case files one ISP was completed late and one USP was completed late.
CONCLUSION:	REPEAT VIOLATION ESTABLISHED SIR 2021C0207011, CAP approved on 5/25/21 2020 renewal inspection, CAP approved on 6/30/20 2019 interim inspection, CAP approved on 9/19/19.

APPLICABLE RULE	
FOM 722-09	Supervisory Approval USP
	The caseworker's supervisor must review, approve, and sign the updated service plan within fourteen days, after a face-to-face meeting with the caseworker.
ANALYSIS:	One of the USP's reviewed was approved late by the supervisor.
CONCLUSION:	VIOLATION ESTABLISHED

ALLEGATION:

Agency failed to ensure a necessary medical exam was completed for a youth.

INVESTIGATION:

The complaint indicated during the FTM for Case C it was determined that in January there was some vaginal discharge coming from the then 18-month-old and that the child had been referred to a specialist for further examination. The relative never took the child to the doctor because she said the doctor never returned her calls to schedule the appointment. The agency was unaware of the fact the exam needed to happen even though the medical form was uploaded by their staff.

MiSACWIS and hard copy file reviews:

Case A:

- Youth A's case file indicates she requires regular visits with a Pulmonologist and Rheumatologist due to Systemic Idiopathic Juvenile Arthritis. The last appointment documented to these specialists was on 1/9/20.
- Nothing in the contacts indicated the staff tried to reach out to the caregivers or specialist to schedule appointments or obtain paperwork for appointments that may have occurred.

Case B: All required medical paperwork was included in the case file.

Case C:

- There are four children in this case.
- Youth C1 no well child documented prior to January of 2021.
- Youth C2 no well child documented.
- Youth C3 only well child documented was from 2018.
- Youth C4 had a well child visit on 1/29/21. She was 18 months old at the time. During the visit she was referred to a specialist due to vaginal discharge. There was no other appointment documented for C4. There was no well child documented for 2020.

Case D:

- No well child was documented until 1/13/21.
- Youth D has neonatal abstinence syndrome.
- There were no other medical appointments documented.

Staff 3 reported Staff 1 was entering physicals into MiSACWIS that did not occur.

Staff 1 reported she would remind caregivers of physicals that needed to be completed.

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> <ul style="list-style-type: none"> (a) The provision of routine medical care. (b) The provision of emergency medical, surgical, and dental care. (c) A physical examination for each child as follows, unless a greater frequency is medically indicated: <ul style="list-style-type: none"> (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. (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. (iii) A physical examination every 14 months.
ANALYSIS:	Three of the four cases reviewed did not have the required physicals or medical documentation. Two of the four cases reviewed did not have adequate follow-up documented for treatment of medical conditions. C4 was referred to a specialist however this referral was never completed or followed up on by the FCW.
CONCLUSION:	VIOLATION ESTABLISHED

ADDITIONAL FINDINGS:

INVESTIGATION:

Staff 3 is a supervisor who reviews service plans. He did not notice that Central Registry Information was in service plans for Case B. He reported in his interview that he ensures the Service Plan's he reviews have PATP's however three of the four cases reviewed did not have all the required PATP's.

Staff 3 reported that there were many tasks' Staff 1 did not complete. He also indicated Staff 1 would falsify information by entering medical appointments into MiSACWIS that did not occur.

Staff 4 reported Staff 1 was not a good fit for the job. He also reported there was a communication gap between Staff 1 and Staff 3 that contributed to Staff 3 not having all the information he needed on Staff 1's cases. Staff 3 is now on an improvement plan to rectify some of the deficiencies.

Staff 3's employee file was reviewed. Staff 3 was hired on 10/19/20. He had already been a supervisor at another agency and completed his supervisor training in 2015. He did have an improvement plan in his file to address the issues within the Lansing office. He did not have any other disciplines in his file.

Staff 1's employee file indicated she was hired on 7/13/20 and left on 4/22/21. She did not have any disciplines in her file. She completed her foster care training on 10/30/20.

Staff 1 reported she did not know enough about the tasks she was to complete and that the supervision she received was not quality supervision.

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:	<p>Staff 1 indicated she was not equipped to adequately perform her duties and during the case file review it demonstrated Staff 1's lack of follow-through and documentation on her cases.</p> <p>Staff 3 did not have the ability, experience, education, or training to complete his duties as a supervisor. During interviews and documentation review it was determined that Staff 3 was reviewing and approving service plans without PATP's attached to them and some of those reports included Central Registry Information in the report. It was also reported that there was an issue with communication between Staff 1 and Staff 3. Staff 1 felt like she did not receive adequate supervision and Staff 3 did not have all the information he needed on Staff 1's cases prior to her leaving.</p>
CONCLUSION:	VIOLATION ESTABLISHED

ADDITIONAL FINDINGS:

INVESTIGATION:

Of the four case files that were reviewed one case file, Case C, had one medical passport completed from 3/31/20. No other medical passports were found in MiSACWIS or in the hard copy file.

Staff 3 reported that Staff 1 did not complete any medical passports on her cases.

Staff 1 reported she did not understand the medical passports, so she did not complete them. She was unaware that they needed to be completed quarterly.

APPLICABLE RULE	
Policy FOM 801	Medical Passports
	All medical information required by policy and/or law must be provided to the foster parent. This includes copies of the medical and dental examinations (if available) and the information required in the medical passport. For children first entering foster care, the initial medical passport must be provided to the caregivers within two weeks of the child's placement date. The actual date the caregivers receive the medical passport must be documented in MiSACWIS. All medical information within the medical passport must be current and updated at least quarterly to reflect the child's current and complete health information.
ANALYSIS:	A review of case documentation found that medical passports were not being completed. In her interview Staff 1 she admitted she did not complete medical passports.
CONCLUSION:	REPEAT VIOLATION ESTABLISHED 2020 renewal inspection, CAP approved on 6/30/20 2019 interim inspection, CAP approved on 9/19/19

ADDITIONAL FINDINGS:

INVESTIGATION:

MiSACWIS and hard copy file reviews:

- Case A: The three Updated Service Plans reviewed did not have Parent Agency Treatment Plan's (PATP) for two of the reports and the third one did not have the parents' signature.
- Case B: The PATP's were completed after Staff 2's interview. No parent signatures were obtained to indicate their participation in the creation of the plan.
- Case C: Two service plans were reviewed. The first one completed 11/18/20 had a PATP but the PATP was not signed by the parents indicating they were

involved in the creation of the plan. The second service plan completed on 2/16/21 did not have a PATP.

- Case D: All PATP's were completed. Mom was not participating so no signatures could be obtained.

During Staff 2's interview he was informed that the ISP and USP he had written for Case B did not have PATP's.

APPLICABLE RULE	
FOM 722-08C	REQUIRED PARTICIPATION IN DEVELOPMENT OF PARENT-AGENCY TREATMENT PLAN & SERVICE AGREEMENT
	<p>The Parent - Agency Treatment Plan (PATP) and DHS-67, Service Agreement, provides information on services and the specific goals for the parent(s)/legal guardian(s), child(ren), foster parents/caregivers, and foster care worker.</p> <p>Parental participation is required in developing the parent/caretaker goals and objectives. Parents and youths age 14 and older must sign the PATP.</p> <p>The individual activities required by the foster parent/caregiver to meet the specific individual needs of the child placed in their home are included in the PATP. The foster parent/caregiver must be included in the PATP process. The foster parent/caregiver signature is required and indicates that the foster parent/caregiver acknowledges and agrees to the activities required to meet the needs of the child in their care.</p>
ANALYSIS:	During case file reviews it was found that some service plans did not have PATP's, and many did not have the parents signatures indicating they were involved in the creation of the plan.
CONCLUSION:	VIOLATION ESTABLISHED

ADDITIONAL FINDINGS:

INVESTIGATION:

MiSACWIS and hard copy file reviews:

- Case A: There was an FTM with documentation on 3/18/21 however it was not documented in MiSACWIS. MiSACWIS indicated FTM's on 10/17/20 and 1/13/21 however there was no documentation.
- Case B: No FTM's completed by Samaritas.
- Case C: No FTM's since 11/24/20 and there was no documentation from the 11/24/20 FTM.
- Case D: No FTM since 11/24/20.

Staff 2 reported he has not done an FTM for Case B, but he would be completing one in July or August.

Staff 3 stated Staff 1 rarely completed FTM's. She would schedule the meetings but not actually conduct them.

APPLICABLE RULE	
Policy 722-06B	Family Team Meetings.
	<p>The following events shall trigger FTM for out of home cases:</p> <ul style="list-style-type: none"> • Case service plan development, • permanency goal changes, • placement preservation/disruption • permanency planning at six months in care • annual transition planning for youth every six months from age 16 until case closure • 90 day discharge planning for youth • Case closure • Requested by family <p>Documentation The DHHS-1105, FTM Report, must be completed for every FTM.</p> <p>Following the FTM, the caseworker is responsible for the following:</p> <ul style="list-style-type: none"> • Completing the DHS-1105, Family Team Meeting Report, checking it for accuracy, identifying areas needing follow-up, and recording the outcome data. • Providing the DHS-1105, Family Team Meeting Report, to all participants (in person and by phone), legal parents, and casework supervisor. These documents must also be uploaded into MISACWIS. <p>The caseworker must enter the FTM information in MiSACWIS using the FTM hyperlink within seven business days of the FTM.</p>

ANALYSIS:	Case file review found that FTM's were not completed as required and if one did occur it lacked the FTM documentation.
CONCLUSION:	REPEAT VIOLATION ESTABLISHED 2020 renewal inspection, CAP approved on 6/30/20 2019 interim inspection, CAP approved on 9/19/19.

IV. RECOMMENDATION

Upon receipt of an acceptable corrective action plan, it is recommended no changes be made to the status of the license of this child placing agency.



7/23/21

Rorie Dodge-Garnaat
Licensing Consultant

Date

Approved By:



July 28, 2021

Jessica VandenHeuvel
Area Manager

Date