



STATE OF MICHIGAN
DEPARTMENT OF HEALTH AND HUMAN SERVICES
LANSING

GRETCHEN WHITMER
GOVERNOR

ELIZABETH HERTEL
DIRECTOR

December 12, 2022

Jill Schreuder
CATHOLIC CHARITIES WEST MICHIGAN - GR
40 JEFFERSON AVE,
GRAND RAPIDS, MI, 49503-4304

RE: License#: CB410245705

Dear Ms. Schreuder:

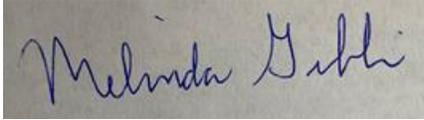
Attached is the Renewal Inspection Report for the above referenced facility completed on December 12, 2022. Due to the violations, a written corrective action plan is required. It should be noted that violations of any licensing statutes rules and are also violations of the MISEP and your contract. The corrective action plan is due 15 days from the date of this letter and must include the following:

- How compliance with each citation will be achieved.
- Who is directly responsible for implementing the corrective action for each licensing statute and rule or section of the contract or MISEP citation.
- Specific time frames for each citation as to when the correction will be completed or implemented.
- How continuing compliance will be maintained once compliance is achieved.
- The signature of the responsible party and a date.

Upon receipt of an acceptable corrective action plan, a regular license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result.

Please review the enclosed documentation for accuracy and contact me with any questions. In the event that I am not available, and you need to speak to someone immediately, please contact the area manager, Jessica VandenHeuvel, at (616) 204-6992.

Sincerely,

A rectangular area containing a handwritten signature in blue ink that reads "Melinda Gubbi".

Melinda Gubbins, Licensing Consultant
MDHHS\Division of Child Welfare Licensing
701 S. Elmwood, Ste. 11
Traverse City, MI 49684
(231) 342-3721

enclosure

**MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF CHILD WELFARE LICENSING
RENEWAL INSPECTION REPORT**

I. IDENTIFYING INFORMATION

License #: CB410245705

Licensee Name: Catholic Charities West Michigan

License Address: 360 S. Division
Ste. 3A
Grand Rapids, MI 49503

Licensee Telephone #: (616) 243-9122

Administrator/Licensee Designee: JILL SCHREUDER

Name of Facility: CATHOLIC CHARITIES WEST MICHIGAN -
GR

Facility Address: 40 JEFFERSON AVE
GRAND RAPIDS, MI 49503-4304

Facility Telephone #: (616) 456-1443

Original Issuance Date: March 15, 2002

Service Types: Place children for adoption
Certify foster homes for license
Supervise Independent Living
Place children in foster home
Evaluate Applicants for adoption

II. METHODS OF INSPECTION – A. Consultant

Date of On-site Inspection(s): November 21, 2022

	Total No. Of Records	No. of Records Reviewed
No. of current licensed foster homes	57	6
No. of homes pending licensure	0	0
No. of Foster homes closed since the last inspection	25	2
No. of Foster homes borrowed since the last inspection	6	3
No. of Special Investigations in foster homes since last inspection	10	3
No. of incidents of substantiated child abuse and/or neglect in foster care since last inspection	0	0
No. of incidents of substantiated corporal punishment in foster care since last inspection	0	0
No. of children currently placed in licensed foster homes	28	3
No. of children discharged from licensed foster homes since the last inspection	51	4
No. of children whose sibling groups were split	21	2
No. of children who have had 3 or more placements	18	5
No. of children with unlicensed relatives	32	3
No. of youth in independent living placement	9	3
No. youth discharged from an independent living placement since the last inspection	5	2
No. of applicants evaluated for adoption since the last inspection	26	3
No. of applicants denied a recommendation since the last inspection	4	1
No. of adoption placements since the last inspection	31	3
No. of Child Adoption Assessments Completed	18	4
No. of adopted children currently in supervision	3	1
No. of children free for adoption more than 12 months	37	5
No. of acceptable corrective action plans (not maltreatment of foster children) submitted by this agency since the last inspection	2	2
No. of current employees who have worked at the facility for:		
More than a year	32	6
Less than a year	11	11

No. of Persons Interviewed:

Licensing Staff	1
Foster Care Staff	2
Independent Living Staff	0
Adoption Staff	0
Supervisory Staff	1
Administrative Staff	0

The following required records were on file and available for review:

Program Statement	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Program Policies	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Staff Training Records	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Volunteer Supervision Policy	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Income/Expenditure for current year, including IRS Form 990	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Foster Parent Training Records	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Supervisory Ratio	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Caseload Ratio	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA

METHODS OF INSPECTION – B. Analyst

	Total No.	No. Visited
No. of licensed foster homes	57	6
No. of unlicensed relative homes	18	3

Number of persons interviewed:

Foster Parents	4
Foster Children	12
Relatives	3
Others (please identify person interviewed by role)	0

III. DESCRIPTION OF FINDINGS

1.) The facility is in compliance with all applicable licensing statutes and rules except for the following:

R 400.12327	Special evaluation
	(5) Within 15 days of the conclusion of the evaluation, an agency shall complete a written report
Two of four special investigations reviewed did not have completed written reports within 15 days of the conclusion of the evaluation.	

R 400.12510	Independent living contract
	(2) The agreement shall be signed and dated by the youth and the social service worker. The contract shall be reviewed and updated at least once every 90 calendar days and a copy provided to the youth.
One of three open independent living files reviewed did not contain documentation the independent living contract was updated and provided to the youth quarterly as required.	

2.) Any violation listed in section 1 is also an MISEP violation. Please note that there are additional MISEP requirements that may not be included in section 1. The facility is in compliance will all additional MISEP requirements.

3.) Any violation listed in section 1 is also a MDHHS Contract violation. Please note that there are additional MDHHS Contract/Policy requirements that may not be included in section 1. The facility is in compliance will all additional MDHHS Contract/Policy requirements except for the following:

FOM 722-08C	Foster Care-Parent Agency Treatment Plan & Service Agreement
	When completed, obtain all signatures as appropriate, including those of parent(s)/guardian(s), foster care worker, supervisor, foster parent, caregiver, any youth aged 14 and older and in the case of placement agency foster care cases, the local DHS office designee.
Four of eight foster care files reviewed (4 of 23 service plans) did not contain all of the required signatures on the parent agency treatment plan (PATP).	
REPEAT VIOLATION ESTABLISHED 12/15/2020 RENEWAL, CAP approved 1/13/2021 1/19/2022 INTERIM, CAP approved 2/16/2022	

FOM 722-08E	Foster Care/Juvenile Justice Summary
	The caseworker must complete the DHS-69, Foster Care/Juvenile Justice Action Summary and upload to MISACWIS within the timeframe required for the specified action/change.
One of four closed foster care files reviewed did not have the DHS-69 Action Summary forms completed for placement changes as required.	

FOM 722-06B	FTM Documentation
	The DHS-1105, FTM Report, must be completed for every FTM. The caseworker must enter the FTM information in MiSACWIS using the FTM hyperlink within seven business days of the FTM.
Six of eight foster care files reviewed, and three of three independent living files reviewed contained FTM's without the DHS 1105 or the DHS 1105 was not uploaded within seven business days.	
REPEAT VIOLATION ESTABLISHED 1/19/2022 INTERIM, CAP approved 2/16/2022	

FOM 801-03	Medical passports
	<p>An updated medical passport is provided to:</p> <ul style="list-style-type: none"> • Participating legal parents, if the child is a temporary court ward. <ul style="list-style-type: none"> •• Quarterly, while in out-of-home placement. •• At reunification. Subsequent medical passports are not required after reunification. • The child's foster care provider: <ul style="list-style-type: none"> •• At or prior to each placement. •• Quarterly. • All medical and mental health professionals to whom the child is newly referred to and accepted for treatment and/or services prior to or at the first scheduled appointment while the foster care case is open, regardless of placement. Subsequent medical passports are not required. • Older youth/young adults:

	<ul style="list-style-type: none"> •• Upon initial independent living placement (youth age 16 and over). •• Upon exiting the foster care system (young adults age 18 and older). •• Young adult voluntary foster care (YAVFC) youth/young adult: <ul style="list-style-type: none"> •• Within two weeks of re-entry into voluntary foster care. •• Upon exiting voluntary foster care.
<p>Six of eight open foster care files reviewed did not have medical passports as required.</p> <p>REPEAT VIOLATION ESTABLISHED 12/15/2020 RENEWAL, CAP approved 1/13/2021 1/19/2022 INTERIM, CAP approved 2/16/2022</p>	

IV. TECHNICAL ASSISTANCE

The facility was offered technical assistance in the following areas

- List date emergency procedures were practiced on licensing reports
- Upload First Aid/CPR verification
- Upload closing letters for special evaluations

V. CONSULTATION

The facility was offered consultation in the following areas:

The agency did not request consultation.

EVALUATION OF RENEWAL PERIOD

There were no substantiated incidents of maltreatment in care during this licensing period.

The agency has submitted 2 acceptable corrective action plans not related to maltreatment during this licensing period.

SIR 2022C0444016 was initiated on 5/27/2022 due to allegations the agency used images of a foster child without permission. The investigation determined the agency posted an image of a foster child on Facebook and agency mailings without obtaining parental permission. A CAP was submitted and continues to be utilized.

The agency submitted an acceptable corrective action plan in response to the interim inspection completed on 1/19/2022 with a corrective action plan approved on 2/16/2022. During the review the agency had eleven violations. Four citations were noted as repeat violations in the current inspection. During this period under review the agency noted that staff turnover and retention impacted overall compliance.

Chief Administrator Assessment

The assessment reported the agency struggled somewhat in meeting requirements during the review period. The Chief Administrator stated the previous year CAP was effective, however the agency has experienced increased staff turnover which has impacted overall compliance. The agency utilized training, tracking and close supervisory monitoring to assure compliance with the CAP. In addition, staff are more comfortable utilizing their Book of Business on a weekly basis. The agency hired a Compliance Officer position in early 2022 to assist with metrics, policy and contract compliance. The Chief Administrator expressed confidence that several areas will improve over the next review period.

Interviews

Interviews were conducted with four staff via telephone. Staff acknowledged this year has been challenging due to staff turnover. However, they stated the agency has effective processes in place regarding due dates and anticipate improvement over the next review period. Staff reported feeling supported by supervisors and coworkers and reported no areas of need.

VI. FIELD ANALYST FINDINGS

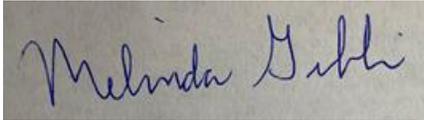
The DCWL Analyst identified one safety concern as follows:

Safety Alert: During a home visit on 8/30/22 it was found that the home does not have rescue equipment for the pool and the exterior door leading to the pool does not have a safety alarm.

Resolution: The agency provided new batteries for the door alarm which leads directly to the pool within 24 hours of receiving safety alert. The alarm was verified to be in working condition. The agency provided the foster home with a pool ring. A photograph was submitted as verification the pool ring was delivered and installed as well as the door alarm.

VII. RECOMMENDATION

Based on inspection findings the facility is not in compliance with all applicable licensing statutes and rules and/or MISEP requirements and/or contract/policy. Upon receipt of an acceptable corrective action plan, it is recommended that the facility will be issued a renewal of their regular license.



12/12/2022

Melinda Gubbins
Licensing Consultant

Date

Approved By:



December 12, 2022

Jessica VandenHeuvel
Area Manager

Date