

09/29/16

Michigan Department of Health & Human Services – Division of Child Welfare Licensing  
Juvenile Justice Contracted Child Caring Institution - Final Compliance Record

Yellow- Contracts Green : Modified Settlement Agreement /// Gray : PA116 MH Facilities Blue – Rule Interpretations

Institution Name:		License #	V – Violation T – Tech Assist C - Consultation
<input type="checkbox"/> Original <input type="checkbox"/> Renewal <input type="checkbox"/> Interim <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Other	City / County	Inspection Dates	
	Licensed Capacity	<input type="checkbox"/> Shelter <input type="checkbox"/> Open Treatment <input type="checkbox"/> Secure Treatment	

Consultant :

1. Number of Current Residents _____ 2. Number of Residents Discharged Since Last Inspection _____ 3. Number of Restraints Since Last Inspection _____ 4. Number of Seclusions Since Last Inspection _____ 5. Is MISACWIS Restraint & Seclusion Reporting complete and up to date _____ <b>RFCJJ Contract - 2.10 – f.4.a -</b>	6. If staff transport, is there a system for determining who may drive their own car and is there verification of insurance _yes monthly____ 7. If the facility is located in the Flint water catchment area, are there water filters and a system for changing cartridges? _____ Current Contract Templates are located at : <a href="http://www.michigan.gov/dhs/0,4562,7-124-5455_7199---,00.html">http://www.michigan.gov/dhs/0,4562,7-124-5455_7199---,00.html</a>
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Part 1. General Provisions

[RI.101a](#) [RI.102](#) [RI.106](#) [RI.107](#) [RI.110](#) [RI.112](#)

**RFCJJ 2.10.f.6** – Page 15 – The Facility is **responsible for maintaining an up to date case record in MISACWIS**. Required documentation areas include: Admissions, Youth Property, Demographic information for the youth and case members, Visitation Plans, Grievances, Social Work Contacts, Clinical Case Notes, Treatment Plans and Release Reports, Assessments and Assessment Scores, Medication Administration, Informed Consent for Psychotropic Medication, Medical, Dental and Mental Health Diagnosis, Education, Victim Notification and Victim Rights Request, Incident Reports (including Seclusion and Restraint), Youth Transport, Release Outcomes Reporting, JJAU Preferences, and Shift Logs.

**R 400.4103 Space and equipment requirements.** [RI.103](#)  
Rule 103. An institution shall provide all of the following to assure delivery of licensed services:  
(a) sufficient resident living space, as set forth in R 400.4510  
(b) office space  
(c) equipment to assure delivery of licensed services.

**JJ Contract 2.10.e.1c.iii** – Page 11- A list of emergency telephone numbers [Including Police, Fire Department, Ambulance and Utilities] shall be posted and available to staff. [Rule 506 also requires Fire Department]

<p><b>JJ Contract 2.10.e.1.c.iv</b> – Page 11 - A facility shall have standard operating procedures readily available to staff that includes clear direction for staff in emergency evacuation (including type of evacuation and exit route assignments), for staff who remain to operate critical plant operations before they evacuate, for staff performing rescue or medical duties, for staff to notify administration, for staff to account for all youth and staff, for staff to contact emergency services, and for staff to notify the department of the emergency no later than the next business day. The directions shall be updated at least annually.</p>	
<p><b>R 400.4108 Financing and audit.</b> <b>RI.108</b>  Rule 108. A licensee shall do all of the following:  (a) Obtain an annual audit of all financial accounts. Audits for nongovernmental institutions shall be conducted by an independent certified public accountant who is not administratively related to the agency.</p>	
<p>(b) Annually develop and implement a plan to correct any deficiencies identified.</p>	
<p>(c) Demonstrate sufficient financing to assure that proper care of residents is provided and that licensing rules are followed.</p>	
<p>(d) Develop a budget that includes projected income and expenditures.</p>	
<p><b>R 400.4109 Program statement.</b> <b>RI.109</b>  Rule 109. (1) An institution shall have <b>and follow</b> a current written program statement which specifically addresses all of the following:  (a) The types of children to be admitted for care.</p>	
<p><b>RFCJJ 2.10.f.7</b> – Page 16 – The facility shall maintain up-to-date JJAU Preferences in MiSACWIS. (current email address to receive JJAU assignment notification).</p>	
<p>(b) The services provided to residents and parents directly by the institution and the services provided by outside resources.</p>	
<p>(c) Policies and procedures pertaining to admission, care, safety, and supervision, methods for addressing residents’ needs, implementation of treatment plans, and discharge of residents.</p>	
<p><b>RFCJJ – 2.10.f.9</b>– Page 16 – The facility shall maintain a current list [updated at least every seven days] in MISACWIS of anticipated vacancies over the next eight days.</p>	
<p><b>RFCJJ – 2.10.p</b> – Page 19 – the facility shall have clear policy for determining when a youth has gone AWOLP or escaped. The policy shall delineate how the facility and grounds are searched, what personnel will be involved in the search, and how the conclusion will be made that the youth has gone AWOLP or escaped from the placement.  Facility policy must comply with JJ policy. <b>JR5 500-ESCAPE PREVENTION</b> <b>JR5 501-ESCAPE RESPONSE</b></p>	
<p><b>RFCJJ 2.10.w</b> – Page 24 – the facility shall have procedures in place to return a youth’s property and clothing to him at the end of his placement. Possessions and clothing shall be kept safe for a minimum of ninety days. Clothing/possessions inventory is in MISACWIS, must be document there.</p>	
<p>(2) The program statement shall be made available to residents, parents, and referral sources.</p>	
<p><b>R 400.4111 Job description.</b> <b>RI.111</b>  Rule 111. An institution shall provide a job description for each staff position that identifies rules, required qualifications, and lines of authority.</p>	
<p><b>R 400.4115 First aid; CPR.</b> <b>RI.115</b>  Rule 115. A person certified within the preceding 36 months in first aid and within the preceding 24 months in age-appropriate cardiopulmonary resuscitation by the American Red Cross, the American Heart Association, or an equivalent organization or institution approved by the department shall be on duty at all times when 1 or more children are present.</p>	

<p><b>R 400.4116 Chief administrator; responsibilities.</b> <a href="#">RI.116</a>  Rule 116. (1) An agency shall assign the chief administrator responsibility for the on-site day-to-day operation of the institution and for ensuring compliance with these rules.</p>	
<p>(2) An institution's chief administrator shall be administratively responsible annually for all of the following functions:  (a) Not less than once annually, conduct a written assessment and verify the agency's compliance with these rules.</p>	
<p>(b) Develop and implement a written plan to correct, within 6 months, rule violations identified as a result of the assessment conducted pursuant to subdivision (a) of this subrule.</p>	
<p>(c) Conduct a written evaluation of trends and patterns of all unplanned discharges.</p>	
<p><b>R 400.4117 Chief administrator; qualifications.</b> <a href="#">RI.117</a>  Rule 117. (1) A chief administrator, at the time of appointment, shall possess either of the following:  (a) A master's degree in a human behavioral science, education, business administration, or public administration from an accredited college or university and 2 years of experience in a child caring institution or child placing agency or equivalent organization from another state or Canadian province.  (b) A bachelor's degree with a major in education, a human behavioral science, business administration, or public administration from an accredited college or university and 4 years of post-bachelor's degree experience in a child caring institution or child placing agency or equivalent organization from another state or Canadian province.  (2) An organization shall notify the licensing authority of a change of chief administrator within 30 days of the change.</p>	
<p><b>R 400.4122 Resident and parent visitation.</b> <a href="#">RI.122</a>  Rule 122. An institution shall provide for visits between each resident and the resident's parents, unless parental rights have been terminated or the resident's record contains documentation that visitation is detrimental to the resident.</p>	
<p><b>R 400.4124 Communication.</b> <a href="#">RI.124</a>  Rule 124. An institution shall have and follow a written policy regarding communication that ensures that a child is able to communicate with family and friends in a manner appropriate to the child's functioning and consistent with the child's treatment plan and security level.</p>	
<p><b>R 400.4125 Personal possessions; money; clothing; storage space.</b> <a href="#">RI.125</a>  Rule 125. (1) An licensee shall have a written policy that designates all of the following:  (a) The method used to safeguard residents' personal possessions and money.</p>	
<p>(b) The method used to accurately account for and return possessions and money to the resident or guardian upon discharge.</p>	
<p>(c) The method for ensuring that each resident has sufficient clean, properly fitting, seasonal clothing.</p>	
<p>(2) The licensee shall provide accessible storage space for personal possessions.</p>	
<p><a href="#">RFCJJ 2.10.w</a> – Page 24 – The contractor shall assure that a resident has adequate clothing [as defined in the DHHS 3377 Clothing Inventory Check Sheet while in placement and upon leaving placement.</p>	
<p><a href="#">RFCJJ 2.10.w</a> – Page 24 – the facility shall have procedures in place to return a youth's property and clothing to him at the end of his placement. Possessions and clothing shall be kept safe for a minimum of ninety days. Clothing/possessions inventory is in MISACWIS, must be document there.</p>	
<p><b>R 400.4126 Sufficiency of staff.</b> <a href="#">RI.126</a>  Rule 126 - The licensee shall have a sufficient number of administrative, supervisory, social service, direct care, and other staff on duty to perform the prescribed functions required by these administrative rules and in the agency's program statement and to provide for the continual needs, protection, and supervision of residents.</p>	<div style="border: 1px solid black; background-color: #f4a460; padding: 5px; text-align: center;"> <p>Must Complete Room Rounds in MISACWIS</p> </div>

<b>R 400.4127 Staff-to-resident ratio. <a href="#">RI.127</a></b>			
Rule 127. (1) The licensee shall develop and adhere to a written staff-to-resident ratio formula for direct care workers.			
(2) At a minimum, 1 direct care worker shall be responsible for not more than 10 residents at 1 time during residents' normal awake hours and not more than 20 residents at 1 time during the residents' normal sleeping hours.			
(3) The ratio formula for direct care workers shall correspond with the institution's purpose and the needs of the residents and shall assure the continual safety, protection, and direct care and supervision of residents.			
<b>Current Contract Language RE: Staffing In 5 Juvenile Justice Residential Program Types</b>			
<b>Program Type</b>	<b>Awake hours</b>	<b>Sleeping Hours</b>	<b>Violation Box</b>
1. General Residential	a minimum of one on-duty direct child care staff for every ten children [rule standard]	a minimum of one on-duty direct child care staff for every 20 children [rule standard]	<a href="#">RFCJJ Attachment A.1</a> Page 36
2. Mental Health and Behavior Stabilization	a minimum of one on-duty direct child care staff for every five children	a minimum of one on-duty direct child care staff for every 10 children	<a href="#">RFCJJ Attachment A.2</a> Page 37
3. Sex Offender/Sexually Reactive Program	a minimum of one on-duty direct child care staff for every six children	a minimum of one on-duty direct child care staff for every 10 children	<a href="#">RFCJJ Attachment A.3</a> Page 39
4. Developmentally Disabled and Cognitively Impaired Program	a minimum of one on-duty direct child care staff for every five children	a minimum of one on-duty direct child care staff for every 10 children	<a href="#">RFCJJ Attachment A.4</a> Page 40
5. Substance Abuse Rehabilitation	a minimum of one on-duty direct child contact staff for every six children	a minimum of one on-duty direct child contact staff for every ten children	<a href="#">RFCJJ Attachment A.5</a> Page 42
(4) When residents are asleep or otherwise outside of the direct supervision of staff, staff shall perform variable interval, eye-on checks of residents. The time between the variable interval checks shall not exceed fifteen minutes.			
<b>Staff Training</b>			
<b>R 400.4115 First aid; CPR <a href="#">RI.115</a></b>			
Rule 115. A person certified within the preceding 36 months in first aid and within the preceding 24 months in age-appropriate cardiopulmonary resuscitation by the American Red Cross, the American Heart Association, or an equivalent organization or institution approved by the department shall be on duty at all times when 1 or more children are present.			
<b>R 400.4128 Initial staff orientation and ongoing staff training. <a href="#">RI.128</a></b>			
(5) An employee shall not participate in restraining a resident or placing a resident in seclusion prior to receiving training on those topics.			
<b>R 400.4129 Institutions serving developmentally disabled youth; written procedures. <a href="#">RI.129</a></b>			
Rule 129. An institution providing care to developmentally disabled residents shall require staff to follow written procedures for bathing, feeding, toilet training, and daily activities of residents.			
<b>R 400.4130 Privacy and confidentiality. <a href="#">RI.130</a></b>			
Rule 130 (1) An institution shall assure resident and parent privacy and confidentiality and shall protect residents from exploitations.			

<p>(2)A resident's identity may be disclosed for public purposes or publicity only after both of the following criteria are met:</p> <p>(a) The parent has consented.</p> <p>(b) The resident has consented if the resident is capable of consent.</p> <p><b>SRM 131 – CONFIDENTIALITY</b>    <b>MUST USE DHHS CONSENT FORMS</b></p>	
<p><b>R 400.4131 Compliance with child protection law; development of plan required. RI.131</b></p> <p>Rule 131. The licensee shall develop and implement a written plan to assure compliance with the child protection law, 1975 PA 238, MCL 722.621 to 722.638. <b>JRS 512-CHILD ABUSE AND NEGLECT REPORTING. MUST DO INCIDENT REPORTS.</b></p>	
<p><b>R 400.4132 Grievance procedures. RI.132</b></p> <p>Rule 132. (1) An agency shall have and follow a written grievance handling procedure for residents and their families. All of the following apply:</p> <p>(a) The policy shall be provided to residents, their families, and referring sources prior to or at admission.</p>	<div style="border: 1px solid black; background-color: #e67e22; color: white; padding: 5px; display: inline-block;">See Admission Section of MiSACWIS</div>
<p>(b) The policy shall be explained in a language the resident and his or her family can understand.</p>	
<p>(c) There shall be written acknowledgement the policy was provided as required in subdivision (a) of this subrule.</p>	
<p>(2) The procedure shall provide for all of the following:</p>	
<p>(a) Safeguarding the legal rights of residents and their families.</p>	
<p>(b) Addressing matters that relate to compliance with the act, rules promulgated under the act, and the agency's written policies and procedures regarding services covered by these rules.</p>	
<p>(c) Delineating the method of initiating the procedure.</p>	
<p>(d) Specifying time frames for decisions.</p>	
<p>(3) In a secure juvenile justice facility that uses room confinement as a behavioral sanction, the procedure shall provide for all of the following:</p>	
<p>(a) Before the sanction begins, but not later than 24 hours after confinement for misconduct, an opportunity for the resident to be heard by a trained impartial fact finder designated by the chief administrator, has no personal knowledge of the incident, and has the authority to release the resident from confinement.</p>	
<p>(b) Staff assistance in preparing and presenting his or her grievance or defense.</p>	
<p>(c) A meaningful process of appeal. <b>JR2 213-YOUTH AND FAMILY GRIEVANCES</b></p>	
<p>(4) An agency shall provide a grievant with a written copy of the grievance resolution</p>	
<p><b>R 400.4134 Religious/spiritual policy and practices. RI.134</b></p>	
<p>Rule 134. (1) The institution shall have and follow a policy on religious/spiritual participation that contains, at a minimum, both of the following:</p>	
<p>(a) A resident shall not be prohibited from participating in religious activities and services in accordance with the resident's own faith and parental direction as long as the participation does not conflict with the safety and security of the facility.</p>	
<p>(b) A resident shall not be compelled to attend religious services or religious education nor be disciplined for failing to attend.</p>	
<p>(2) The institution shall provide the policy to parents and referral sources prior to or at admission</p> <p><b>JR2 241-RELIGIOUS ACTIVITIES</b></p>	

<p><b>R 400.4135 Resident work experience. RI.135</b></p> <p>Rule 135. (1) An institution shall have and follow a written policy regarding work experiences for residents that specifies, at a minimum, all of the following:</p> <p>(a) How and when residents are or are not compensated for working.</p> <p>(b) Means of protection from exploitation.</p> <p>(c) The types of work experience that residents will engage in.</p> <p>(2) Work experiences for a resident shall be appropriate to the age, health, and abilities of the resident.</p> <p>(3) Residents shall not be permitted to work for staff members' personal gain and shall be protected from personal exploitation.</p> <p><b>JR2 221-OFF-CAMPUS ACTIVITIES</b></p>	
<p><b>R 400.4136 Recreational activities, equipment, and supplies; swimming restriction. RI.136</b></p> <p>Rule 136. (1) An institution shall have and follow a written policy regarding recreational activities, equipment maintenance, appropriate supervision related to age of youth and developmental level of youth, and training of staff involved in recreational activities. <b>JR2 242-RECREATION</b></p> <p>(2) Residents shall be provided a variety of indoor and outdoor recreational activities designed to meet the residents' needs.</p> <p>(3) An institution shall provide appropriate recreation supplies and equipment.</p> <p>(4) Swimming shall be permitted only where and when a qualified lifeguard is on duty and who is not counted in the staffing ratio.</p> <p>(5) As used in this rule, high adventure activity means a program that requires specially trained staff or special safety precautions to reduce the possibility of an accident. If the institution provides high adventure activities, including swimming, the institution shall have and follow a program statement that covers all of the following:</p> <p>(a) Activity leader training and certification and experience qualifications appropriate to the activity.</p> <p>(b) Specific staff-to-resident ratio appropriate to the activity.</p> <p>(c) Classifications and limitations for resident participation.</p> <p>(d) Arrangement, maintenance, and inspection of the activity area.</p> <p>(e) Equipment and the biannual inspection and maintenance of the equipment and the program by a nationally recognized inspection process.</p> <p>(f) Safety precautions.</p> <p>(g) High adventure activities shall be conducted by an adult who has training or experience in conducting the activity.</p> <p>(6) If institution staff take youth away from the institution for 1 or more overnights, the institution shall keep a travel plan on file at the institution. The travel plan shall include an itinerary and pre-established check-in times.</p>	
<p><b>R 400.4137 - Sleeping rooms. RI.137</b></p> <p>Rule 137. (1) Residents may be required to remain in their assigned rooms for up to 30 minutes to accommodate staff shift changes.</p> <p>(2) Residents of the opposite sex, if either is over 5 years of age, shall not sleep in the same sleeping room.</p> <p>(3) In new and converted institutions, single occupant sleeping rooms shall not be less than 70 square feet, exclusive of closet space.</p> <p>(4) In new and converted institutions, multi-occupant sleeping rooms shall not be less than 45 square feet per occupant, exclusive of closet space.</p> <p>(5) In new or converted secure institutions, locked resident sleeping rooms shall be equipped with a 2-way monitoring device.</p> <p>(6) In programs that accept children less than 2 years of age, the following safe sleep conditions shall be followed:</p> <p>(a) Infants, birth to 12 months of age, shall rest alone in a crib that meets all of the following conditions:</p> <p>(i) Has a firm, tight-fitting mattress with a waterproof, washable covering.</p>	

(ii) Does not have any loose, missing, or broken hardware or slats.	
(iii) Has not more than 2 3/8 inches between slats.	
(iv) Has no corner posts over 1/16 inches high.	
(v) Has no cutout designs in the headboard or footboard.	
(vi) Has a tightly fitted bottom sheet that covers the mattress with no additional padding placed between the sheet and mattress?	
(vi) Has a tightly fitted bottom sheet that covers the mattress with no additional padding placed between the sheet and mattress?	
(vii) Blankets shall not be draped over cribs or bassinets.	
(vii) Soft objects, bumper pads, stuffed toys, blankets, quilts or comforters, and other objects that could smother a child shall not be placed with or under a resting or sleeping infant.	
(b) An infant's head shall remain uncovered during sleep.	
(c) Infant car seats, infant seats, infant swings, highchairs, playpens, pack-n-play, waterbeds, adult beds, soft mattresses, sofas, beanbags, or other soft surfaces are not approved sleeping equipment for children 24 months of age or younger.	
(d) Children 24 months or younger who fall asleep in a space that is not approved for sleeping shall be moved to approved sleeping equipment appropriate for their size.	
(e) Children birth to 24 months of age shall sleep alone in a crib or toddler bed that is appropriate and sufficient for the child's length, size, and movement.	
(f) An infant shall be placed on his her back for resting and sleeping.	
(g) An infant unable to roll from stomach to back, and from back to stomach, when found face down, shall be placed on his or her back.	
(h) An infant who can easily turn over from his or her back to his or her stomach, shall initially be placed on his or her back, but allowed to adopt whatever position he or she prefers for sleep.	
(i) For an infant who cannot rest or sleep on his or her back, the institution shall have written instructions, signed by a physician, detailing an alternative safe sleep position and/or other special sleeping arrangements for the infant.	
(j) The institution shall maintain supervision and frequently monitor infant's breathing, sleep position, and bedding for possible signs of distress. Baby monitors shall not be used exclusively to comply with this subdivision.	
<b>R 400.4138 Bedding and linen.- RI.138</b>	
Rule 138. (1) Each resident shall be provided with an individual bed with a clean pillow, mattress and sufficient clean blankets.	
(2) Each resident shall be provided with clean sheets and a pillowcase at least weekly and more often if soiled.	
(3) All bedding shall be in good repair and shall be cleaned and sanitized before being used by another person.	
<b>R 400.4139 Driver's license. RI.139</b>	
Rule 139. The institution shall document that the driver of any vehicle transporting residents at the request of or on behalf of the licensee shall be an adult and possess a valid operator or chauffeur license with endorsement appropriate to the vehicle driven and the circumstances of its use.	
<b>R 400.4140 Transportation. RI.140</b>	
Rule 140. (1) The institution shall have and follow a policy on vehicle maintenance that ensures vehicles are properly maintained.	

(2) All vehicles shall be insured as required by state law.	
(3) Each resident transported shall occupy a manufacturer's designated seat. A resident shall not be transported in any portion of any vehicle not specifically designed by the manufacturer for passenger transportation.	
(4) Infants and children shall use age appropriate child safety seats as required by state law. <b>MUST COMPLETE TRANSPORTATION LOG</b> <b>JR5 520-YOUTH TRANSPORT</b>	Must be logged into MiSACWIS
<b>R 400.4141 Safety belts.</b> <b>RI.141</b> Rule 141. The driver and all passengers shall be properly restrained with safety belts while the vehicle is being operated.	
<b>R 400.4142 - Health services; policies and procedures</b> <b>RI.142</b> Rule 142. (1) An institution shall establish and follow written health service policies and procedures addressing all of the following:	
(a) Routine and emergency medical, dental, and behavioral health care.	
(b) Health screening procedures.	
(c) Documentation of medical care and maintenance of health records.	
(d) Storage of medications.	
(e) Dispensing medication.	
(f) Definition and training of personnel authorized to dispense medications.	
(g) Methods for dispensing medication when the resident will be off site.	
(2) Resident medications shall be kept in the original pharmacy supplied container until dispensed, shall be kept with the equipment to administer it in a locked area, and refrigerated, if required. <b>MUST COMPLETE MEDICATION LOGS</b> <b>JR3 381-MEDICATION ADMINISTRATION</b> <b>JR3 382-MEDICATION SECURITY AND STORAGE</b>	Must be recorded in MiSACWIS
<b>CI 16-019 –</b> For youth who reside in the Flint water catchment area or who resided there between April 2014 and January 2016; was a blood lead level test completed and are the results in the record? Were additional recommended treatment or services implemented?	
<b>R 400.4143 - Medical treatment; supervision.</b> <b>RI.143</b> Rule 143. Medical treatment shall be under the supervision of a licensed physician or other licensed health professional as permitted by law.	
<b>R 400.4151 - Emergency; continuity of operation procedures.</b> <b>RI.151</b> Rule 151. (1) An institution shall establish and follow written emergency procedures that have been approved by the department that maintain the continuity of operations for a minimum of 72 hours to assure the safety of residents for the following circumstances:	
(a) Fire.	
(b) Severe weather.	
(c) Medical emergencies.	
(d) Missing persons.	
(e) Disasters.	
(f) Utility failures.	

(2) The procedures shall explain, in detail, all of the following:	
(a) Staff roles and responsibilities.	
(b) Evacuation procedures.	
(c) Required notifications, including but not limited to, the licensing authority, the referring agency, and law enforcement.	
(d) Methods for maintaining continuity of services.	
<b>JJ Contract 2.10.e.1.c</b> – Page 10 – The facility shall also have written procedures for bomb threats / explosive devices, chemical spills, hostage situations, and armed intruders.	
<b>R 400.4157 Behavior management. RI.157</b>	
Rule 157. (1) An institution shall establish and follow written policies and procedures that describe the institution's behavior management system. The policies and procedures shall be reviewed annually and updated as needed. These shall be available to all residents, their families, and referring agencies.	
(2) At a minimum, the behavior management system shall include all of the following:	
(a) A structured system designed to reward the positive behavior of individual residents based upon the effort put forth.	
(b) Positive intervention strategies to assist residents in developing improved problem solving, self-management, and social skills.	
(c) Written guidelines for informally resolving minor misbehavior.	
(d) Written rules of conduct that specify all of the following:	
(i) Expected behavior.	
(ii) Acts that are prohibited in the institution.	
(iii) The range of interventions that may be imposed for violation of those rules.	
(e) Scheduled training for institution personnel in the behavior management system.	
(f) A provision for resident input into the proper application of the behavior management system.	
(g) A provision for the distribution of behavior management policies and procedures to residents, parents, and referral agencies.	
<b>R 400.4158 Discipline. RI.158</b>	
Rule 158. (1) An institution shall establish and follow written policies and procedures regarding discipline. These shall be available to all residents, their families, and referring agencies.	
(2) An institution shall prohibit all cruel and severe discipline, including any of the following:	
(a) Any type of corporal punishment inflicted in any manner.	
(b) Disciplining a group for the misbehavior of individual group members.	
(c) Verbal abuse, ridicule, or humiliation.	
(d) Denial of any essential program services, including adoption planning.	
(e) Withholding of food or creating special menus for behavior management purposes.	
(f) Denial of visits or communications with family.	

(g) Denial of opportunity for at least 8 hours of sleep in a 24-hour period.	
(h) Denial of shelter, clothing, or essential personal needs.	
(3) Residents shall not be permitted to discipline other residents.	
<b>R 400.4159 Resident restraint. RL159</b>	
Rule 159. (1) An institution shall establish and follow written policies and procedures regarding restraint. These policies and procedures shall be available to all residents, their families, and referring agencies.	
(2) Resident restraint shall be performed in a manner that is safe, appropriate, and proportionate to the severity of the minor child's behavior, chronological and developmental age, size, gender, physical condition, medical condition, psychiatric condition, and personal history, including any history of trauma, and done in a manner consistent with the resident's treatment plan.	
(3) The written policy shall include all of the following:	
(a) Procedures for the review of an incident of restraint within 48 hours by a level of supervision above the staff ordering or conducting the restraint to determine if the requirements of the institution's procedures were adhered to in directing and conducting the restraint.	
(b) Procedures for the provision of sufficient and adequate training for all staff members of the institution who may use or order the use of restraint using the institution's written procedures.	
(c) Procedures for recording restraints as an incident report.	
(d) Procedures for the review and aggregation of incident reports regarding restraints at least biannually by the institution's director or designee.	
(4) The written policy shall only permit the licensee to restrain a child for the following circumstances:	
(a) To prevent injury to the child, self-injury, or injury to others.	
(b) As a precaution against escape or truancy.	
(c) When there is serious destruction of property that places a child or others at serious threat of violence or injury if no intervention occurs.	
(5) The written policy shall prohibit, at a minimum, any of the following aversive punishment procedures:	
(a) The use of noxious substances.	
(b) The use of instruments causing temporary incapacitation.	
(c) Chemical restraint as defined in the act.	
(6) Restraint equipment and physical restraint techniques shall not be used for punishment, discipline, or retaliation.	
(7) The use of a restraint chair is prohibited.	
(8) Resident restraint shall only be applied for the minimum time necessary to accomplish the purpose for its use as specifically permitted in subrule (2) of this rule. Approval of a supervisor shall be obtained when the restraint lasts more than 20 minutes.	
(9) The approval of the administrator or his or her designee shall be obtained prior to any use of material or mechanical restraints. A staff member shall be present continuously while material or mechanical restraint equipment is being used on a resident, and the staff member shall remain in close enough proximity to the restraint to intervene immediately in case of emergency to protect the safety of the resident. <b>JR6 620-MECHANICAL RESTRAINT</b>	
(10) A staff person shall document each use of material or mechanical restraint equipment in a written record and shall include all of the following information:	
(a) The name of the resident.	
(b) The name of the administrator or designee who authorized the use of the equipment, and the time of the authorization.	

(c) The time the restraint equipment was applied.	
(d) The name of the staff member who was responsible for the application.	
(e) A description of the specific behavior that necessitated its use.	
(f) The name of the staff person who was continuously with the resident.	
(g) The date and time of removal of the equipment and the name of the person removing the equipment	
<b>R 400.4160 Seclusion rooms; department approval required</b> <a href="#">RI.160</a>	
Rule 160. (1) Prior to establishing a seclusion room, an institution shall - obtain written approval from the department's licensing authority and the department of licensing and regulatory affairs' bureau of fire services.	
(2) Prior to changing policies related to the use of a seclusion room, an institution shall obtain written approval from the department's licensing authority.	
<b>R 400.4161 Seclusion rooms; policies and procedures.</b> <a href="#">RI.161</a>	
Rule 161. An institution approved to use a seclusion room shall establish and follow written policies and procedures specifying its use. The policy shall include, at a minimum, all of the following provisions:	
(a) Seclusion shall be performed in a manner that is safe, appropriate, and proportionate to the severity of the minor child's behavior, chronological and developmental age, size, gender, physical condition, medical condition, psychiatric condition, and personal history, including any history of trauma.	
(b) The room may only be used if a resident is in danger of jeopardizing the safety and security of himself, herself, or others.	
(c) The room shall be used only for the time needed to change the behavior compelling its use.	
(d) Not more than 1 resident shall be placed in a room at 1 time.	
(e) Staff shall observe the resident at intervals of 15 minutes or less and shall record the observation in a seclusion room log. Video surveillance shall not be the only means of observation.	
(f) The log shall include all of the following information:	
(i) Name of resident.	
(ii) Time of each placement.	
(iii) Name of staff person responsible for placement.	
(iv) Description of specific behavior requiring use or continued use of the room and interactive strategy for removal.	
(v) Medical needs addressed during seclusion, including medication administration.	
(vi) Time of each removal from the room.	
(g) The room shall be equipped to minimize suicide risk and risk of physical injury. Break-resistant glass glazing and/or security screening shall be provided.	
(h) The monitoring device or devices in a seclusion room shall be on and monitored by an employee when a resident is in the room.	
<b>R 400.4162 Seclusion rooms; administrative oversight.</b>	
Rule 162. (1) The chief administrator or chief administrator designee shall be informed of all instances of placement into a seclusion room within 24 hours.	

(2) The chief administrator or chief administrator designee shall track all instances of the use of a seclusion room, the length of each confinement, the frequency of individual residents confined, the reason for the confinement, and the staff person who initiated the confinement for the purpose of analyzing the effectiveness of the intervention for controlling behavior in the program.	
(3) For each instance in which a resident remains in the room for more than an hour, the log shall contain documentation of supervisory approval and the reasons for continued use.	
(4) For each instance in which a resident remains in the room for more than 2 hours, the log shall contain hourly supervisory approval and the reasons for continued use.	
(5) When the seclusion room is used for more than 3 hours, administrative review above the level of the supervisor who approved the extended use shall be completed and documented within 48 hours.	
<b>Seclusion – Detention Facilities</b>	
<b>R 400.4163 Secure facilities serving juvenile justice youth; seclusion room. RI.163</b>	
Rule 163. (1) A child caring institution shall not confine a resident in a room as punishment for misconduct except within a secure facility serving exclusively juvenile justice youth.	
(2) The institution shall establish and follow a written policy, which, at a minimum, includes all of the following:	
(a) Supervisory approval prior to use of seclusion as punishment.	
(b) A process that allows the resident all the following:	
(i) Written notice of the alleged misconduct.	
(ii) Written notice of actions that can be taken to be released.	
(iii) Items in subrule (2) (b) (i) and (ii) of this rule shall be provided to the resident before the seclusion begins.	
(iv) If a resident is originally placed in seclusion for a reason other than a sanction and the institution determines that the confinement will also be used as a sanction, the items in subrule (2)(b)(i) and (ii) of this rule shall be provided not later than 24 hours after the resident is placed into seclusion.	
(c) All sanctions of room confinement shall be for specific periods of time.	
(d) A sanction of room confinement shall not exceed 72 hours inclusive of any time spent in seclusion for out-of-control behavior at the time of the incident itself. Sanctions of 72 hours shall be reserved for only the most serious misconduct.	
(e) Staff shall observe the resident at intervals of 15 minutes or less and shall record the observation in a seclusion room log.	
(f) The log shall include all of the following information:	
(i) Name of resident.	
(ii) Time of each placement.	
(iii) Name of staff person responsible for each placement.	
(iv) Description of specific behavior requiring use of room.	
(v) Time of observations of resident.	
(vi) Time of each removal from room.	
(vii) Addressing of medical needs, including medication administration.	

(g) An institution shall not implement a resident reintegration behavior plan that extends the period of room confinement. A resident shall be released from room confinement at the end of the specified period.	
(3) Prior to establishing or changing a policy under this rule, an institution shall have written approval from the department licensing authority. <a href="#">JR6 631-</a> <b><u>DUE PROCESS</u></b>	
<b>R 400.4164 Secure facilities serving juvenile justice youth; reintegration.</b> <a href="#">RI.164</a> Rule 164. A secure facility that serves juvenile justice youth may have policies and procedures used to reintegrate youth who have been placed in seclusion back into the program. A facility shall not use reintegration in conjunction with seclusion that has been used as a sanction for misconduct, if that would extend a resident's confinement for more hours than the original sanction or more than 72 total hours. The policy for reintegration shall include, at a minimum, all of the following: (a) The room may only be used for the time needed to change the behavior compelling its use. <b><u>JR6 640- RESTORATIVE REINTEGRATION</u></b>	
(b) When a resident has been in seclusion for more than 2 hours, the reintegration plan shall be developed at the supervisory level and shall include all of the following:	
(i) A clear statement of the out-of-control behavior or risk to others that requires continued seclusion.	
(ii) Target behavioral or therapeutic issues that must be resolved.	
(iii) Specific reintegration requirements or behavioral or therapeutic intervention assignments and goals that must be completed while the resident is in the seclusion room, listed in writing, and shared with the resident.	
(iv) If intermittent removal from the seclusion room is required for the resident to work on the specific behavioral/therapeutic intervention goals, the level of restriction from the program and goals for the period of time out of the room must be listed in writing and shared with the resident.	
(v) The strategies staff are to use to aid the resident in resolving the issues requiring seclusion and reintegrating into the program.	
(c) The secure facility serving juvenile justice youth shall comply with R 400.4162.	
(d) A reintegration plan shall not last longer than 72 hours.	
<b>R 400.4165 Secure facilities serving juvenile justice youth; lockdowns.</b> Rule 165. (1) A secure facility may only use lockdown in situations that threaten facility security, including but not limited to, riots, taking of hostages, or escape plans involving multiple residents.	
(2) A secure facility serving juvenile justice youth that uses lockdowns in which all residents are confined to their rooms shall have a written policy that describes the procedures to be followed and includes all of the following:	
(a) Who may order a lockdown?	
(b) Who is to implement the lockdown when it has been ordered?	
(c) How the problem is to be contained.	
(d) Procedures to be followed after the incident is resolved.	
(e) Notification of the licensing authority within 24 hours after the occurrence of a lockdown.	

<b>RFCJJ Program Performance Objectives - Consultants are to ask the licensee how they intend to gather data to demonstrate that they are meeting these performance objectives, but not yet enforce the performance objective.</b>		
1. <b>RFCJJ K.1</b> – Page 27- In any DHS Contracted residential Juvenile Justice Treatment Program, Eighty five percent of all youth released will be planned releases. Goal: To provide all youth under the supervision of DHHS placed in residential treatment facilities continuity of quality treatment services.		
2. <b>RFCJJ K.1</b> – Page 27- In any DHS Contracted residential Juvenile Justice Treatment Program, Eighty five percent of all planned releases will demonstrate academic gains and/or credits commensurate with length of stay in the program. Goal: All youth under the supervision of DHHS in juvenile justice residential treatment centers will have access to comprehensive, appropriate and quality education programs as outlined in federal and state guidelines.		
3. <b>RFCJJ K.1</b> - Page 27 - In any DHS Contracted residential Juvenile Justice Treatment Program, Ninety five percent of all planned releases will demonstrate socioemotional improvements as evidenced by gain scores on the CANS or other agreed upon/mandated standardized assessment tool. Goal: All youth under the supervision of DHHS in juvenile justice residential treatment centers will receive effective therapeutic treatment services.		
4. <b>RFCJJ K.1</b> - Page 27 - In any DHS Contracted residential Juvenile Justice Treatment Program, Eighty five percent of planned releases will remain in an approved, community based living environment 6 months post release Goal: To provide all youth under the supervision of DHHS continuity of quality treatment services following program release.	Must be completed in MiSACWIS	
5. <b>RFCJJ K.1</b> - Page 28 - In any DHS Contracted residential Juvenile Justice Treatment Program, Eighty five percent of planned releases will remain free of any new criminal charges 6 months post release. Goal: All youth under the supervision of DHHS in juvenile justice residential treatment centers will receive quality therapeutic treatment services and community reentry services.	Must be completed in MiSACWIS	
6. <b>RFCJJ K.1</b> - Page 28 - In any DHS Contracted residential Juvenile Justice Treatment Program, Eighty five percent of planned releases will demonstrate productivity 6 months post release as evidenced by employment, enrollment in school, vocational training and/or other structured paid or volunteer educational/vocational program. Goal: All youth under the supervision of DHHS in juvenile justice residential treatment centers will receive quality reintegration services following program release.	Must be completed in MiSACWIS	
7. <b>RFCJJ Attachment A.3 - Page 39</b> - In a Juvenile Justice Sex Offender/Sexually Reactive Program 100% of children will have a relapse prevention plan upon a planned release.		
8. <b>RFCJJ Attachment A.3- Page 39</b> - In a Juvenile Justice Sex Offender/Sexually Reactive Program 85% of children will demonstrate Stage of Change improvement/progress related to the identified assessment tool.		
9. <b>RFCJJ Attachment A.3- Page 39</b> - In a Juvenile Justice Sex Offender/Sexually Reactive Program, 95% of planned releases will demonstrate reduced risk level on a standardized and approved sexual offending risk instrument such as the ERASOR (Youth Version) or J-SOAP.		
10. <b>RFCJJ Attachment A.4</b> – Page 41 – In a Juvenile Justice Developmentally Delayed and Cognitively Impaired Program, Eighty percent of residents will demonstrate progress in receptive and expressive skills as shown by a communication skills assessment prior to discharge.		
11. <b>RFCJJ Attachment A.4</b> – Page 41 – In a Juvenile Justice Developmentally Delayed and Cognitively Impaired Program, Eighty percent of residents will demonstrate an understanding of their environment and manage their response as shown by a reduction in negative behaviors and an increase in the ability to appropriately express feelings and needs at the time of discharge.		

12. <a href="#">RFCJJ Attachment A.4</a> – Page 41 – In a Juvenile Justice Developmentally Delayed and Cognitively Impaired Program, Ninety five percent of planned releases will demonstrate improved scores on a standardized and approved life skills inventory								
13. <a href="#">RFCJJ Attachment A.5.a</a> – Page 43 – In a Juvenile Justice Substance Abuse Rehabilitation Program, one hundred percent of children will have a plan including relapse prevention and recommended services upon a planned discharge								
14. <a href="#">RFCJJ Attachment A.5.b</a> – Page 43 – In a Juvenile Justice Substance Abuse Rehabilitation Program, ninety five percent of planned releases will be referred to a community support group for at least 90 days following placement release.								
15. <a href="#">RFCJJ Attachment A.5.c</a> – Page 43 – In a Juvenile Justice Substance Abuse Rehabilitation Program, Ninety five percent of planned releases will demonstrate a reduced risk score on an approved substance abuse risk instrument.								
<b>Active Resident - Sample Sizes</b>								
<u># of records per function</u>	<u>Active Sample Size</u>	<u>Closed Sample Size</u>						
1-3	All	2						
4-30	3	2						
31-60	6	4						
61-90	8	8						
<b>Residents:</b>								
<b>R 400.4123 Education.</b> <a href="#">RI.123</a>	<b>All Must Be In MiSACWIS</b>							
Rule 123. (1) An institution shall not admit a child for care unless an appropriate educational program can be provided.								
(2) Provision shall be made for an appropriate education program in accordance with 1976 PA 451, MCL 380.1 to 380.1853. Each resident of school age shall be enrolled not later than 5 school days after admission and continuously thereafter.								
<a href="#">RFCJJ 2.10.u.1</a> – Page 22 – If an educational disability is reported [i.e. by previous school] or suspected, the resident shall be referred for an Individual Education Program Team (IEPT) Evaluation within the first 30 calendar days after admission.								
<a href="#">RFCJJ 2.10.u.2</a> – Page 23 – the facility shall request prior educational assessments within 30 calendar days of placement.								
<a href="#">RFCJJ 2.10.u.4</a> – Page 23 - The facility shall have program staff in place to be available to the school in crisis situations.								
<a href="#">RFCJJ 2.10.u.5</a> – Page 23 – The facility shall notify the school administration <b>in writing</b> of the youth’s juvenile justice caseworker and of who is responsible for attending IEPT meetings. The written notification shall be placed in the Education section of the youth’s case record.								
<a href="#">RFCJJ 2.10.u.6 &amp; 8</a> – Page 23 – For youth who have graduated or passed their GED testing or who have been suspended or expelled, the facility shall arrange or provide structured educational and/or vocational activities. The facility shall also provide advocacy and service planning for youth that are expelled.								
<a href="#">RFCJJ 2.10.u.7 &amp; 9</a> – Page 23 – As the child demonstrates needs or deficits, the facility shall monitor school progress, document grades and test scores, obtain school assignments, monitor completion of homework, and provide additional tutoring. The facility staff shall maintain at least monthly contact with the school to monitor the youth’s progress.								

<a href="#">RFCJJ 2.10.u.11</a> – Page 24 – The facility shall provide tutorial support as required by the treatment plan or the IEPT. Tutors shall have appropriate credentials.							
<a href="#">RFCJJ 2.10.u.3</a> – Page 23 – An exit review of the educational plan shall occur in the thirty days prior to release.							
<b>R 400.4125 Personal possessions; money; clothing; storage space.</b> <a href="#">RI.125</a> Rule 125. (1) An licensee shall have a written policy that designates all of the following: (b) The method for ensuring that each resident has sufficient clean, properly fitting, seasonal clothing.							
<b>R 400.4136 Recreational activities, equipment, and supplies; swimming restriction.</b> <a href="#">RI.136</a> Rule 136. (2) Residents shall be provided a variety of indoor and outdoor recreational activities designed to meet the residents' needs.							
<b>R 400.4142 - Health services; policies and procedures</b> Rule 142. (1) An institution shall establish and follow written health service policies and procedures addressing all of the following: (e) Dispensing medication.							
<a href="#">RFCJJ 2.10.y.2</a> – Page 26 – A signed Informed Consent Document must be on file and also uploaded to MISACWIS for each psychotropic medication administered to a resident.							
<a href="#">RFCJJ Attachment A.2.a</a> – Page 37 - In a Juvenile Justice Mental Health and Behavior Stabilization Program there shall be nursing oversight of a resident's physical interaction with psychotropic medication							
<a href="#">RFCJJ 2.10.v.5</a> – Page 24 - medical and dental examination reports shall be uploaded to MiSACWIS within five working days of completion.							
<a href="#">RFCJJ 2.10.y.2.b</a> – Page 26 - Within 45 days of placement, the psychiatrist must assess the youth and coordinate with the licensed clinical personnel completing the psychosocial assessment.							
<a href="#">RFCJJ 2.10.y.2.a&amp;d</a> – Page 26 – Parents / Legal Guardians must be engaged in the psychiatric consultation process for medication either in person or by phone conference.							
<b>R 400.4144 - Admission health screening; physical examinations.</b> <a href="#">RI.144</a> Rule 144. (1) An initial health screening shall be completed for each resident within 24 hours of admission to a facility. <a href="#">JR3 310-INITIAL HEALTH SCREENING</a> <b>NOTE: HAVE TO RELY ON THE PAPER RECORD FOR TIMELINESS</b>							
(2) An institution shall have the following documentation of an admission physical examination for each resident, unless an earlier examination is medically indicated: (a) For a resident under 3 years of age, a physical examination shall have been completed within 90 calendar days prior to admission or a new physical examination shall be completed within 30 calendar days after admission. (b) For a resident 3 years of age or older, a physical examination shall have been completed within 1 year prior to admission or a new physical examination shall be completed within 30 calendar days after admission.							
(3) Sufficient health history information shall be documented for each resident to assure proper medical care.							

(4) Nothing in the rules adopted under the act shall authorize or require a medical or physical examination or treatment for any child whose parent objects on religious grounds. If a parent objects to medical or physical examinations or treatments on religious grounds, the objection shall be made in writing to the institution and retained in the resident's file.							
<b>R 400.4145 Periodic physical examinations.</b> Rule 145. (1) An institution shall provide and document periodic physical examination for each resident as follows, unless greater frequency is medically indicated: (a) At least once every 3 months for residents under 1 year of age. (b) At least once every 14 months for residents 1 year of age or older. <b>JR3 313- ANNUAL PHYSICAL EXAMINATION</b>							
(2) Nothing in the rules adopted under 1973 PA 116 shall authorize or require a medical or physical examination or treatment for any child whose parent objects on religious grounds. If a parent objects to medical or physical examinations or treatments on religious grounds, the objection shall be made in writing to the institution and retained in the resident's file.							
<b>R 400.4146 Immunizations. RI.146</b> Rule 146. (1) A resident shall have current immunizations as required by the department of community health. <b>JR3 311- INTAKE HEALTH EVALUATION AND IMMUNIZATOIN</b>							
(2) If documentation of immunizations is unavailable, immunizations shall begin within 30 calendar days of admission, unless a statement from a physician indicating that immunizations are contraindicated is included in the resident's record.							
(3) A written statement from a physician, referring agency, parent, or guardian indicating immunizations are current is sufficient documentation of immunizations.							
(4) Nothing in the rules adopted under 1973 PA 116 shall authorize or require immunizations for any child whose parent objects on religious grounds. If a parent objects to immunizations on religious grounds, the objection shall be made in writing to the institution and retained in the resident's file.							
<b>R 400.4147 - Dental care. RI.147</b> Rule 147. (1) A licensee shall provide for and document dental examinations and treatment for each resident 3 years of age and older.							
(2) A dental examination within 12 months prior to admission shall be documented or there shall be an examination not later than 90 calendar days following admission.							
(3) Reexamination shall be provided at least every 14 months unless greater frequency is indicated.							
<b>RFCJJ 2.10.v.1</b> – Page 24 - the facility shall assure that rehabilitative, physical or dental procedures are provided by medical personnel as necessary.							
<b>R 400.4148 - Personal hygiene. RI.148</b> Rule 148. An institution shall assure that each resident maintains or receives personal care, hygiene, and grooming appropriate to the resident's age, sex, race, cultural background, and health needs.							
<b>R 400.4149 Resident nutrition. RI.149</b> Rule 149. (1) A licensee shall provide a minimum of 3 nutritious edible meals daily unless medically contraindicated and documented.							

(2) Meals shall be of sufficient quantity to meet the nutritional allowances recommended by USDA guidelines: ( <a href="http://www.healthierus.gov/dietaryguidelines">www.healthierus.gov/dietaryguidelines</a> )								
(3) A resident who has been prescribed a special diet by a physician shall be provided such a diet.								
(4) Menus, including snacks if provided, shall be written and posted prior to the serving of the meal. Any change or substitution shall be noted and considered as part of the original menu. Menus shall be retained for 1 year.								
<b>R 400.4150 - Incident reporting.</b> Rule 150. (1) Any incident resulting in serious injury of a resident or illness requiring inpatient hospitalization, shall be reported to the parent/ legal guardian, responsible referring agency, and the licensing authority as soon as possible, but not more than 24 hours after the incident.								
(2) The death of a resident shall be reported immediately to the parent/legal guardian or next of kin, law enforcement, the licensing authority, and the referring agency.								
(3) If an institution determines that a youth is absent without legal permission, then the institution shall immediately report the information to law enforcement, the parent/legal guardian or next of kin, the licensing authority, and the referring agency.								
(4) When a resident's behavior results in contact with law enforcement, the incident shall be reported to the parent/legal guardian, responsible referring agency, and the licensing authority as soon as possible, but not more than 24 hours after the incident.								
<b>RFCJJ 2.10.f.4</b> – Page 14 - The facility shall also document suicide attempts, corporal punishment incidents, physical restraint incidents, and seclusions.								
<b>R 400.4152 Initial documentation</b> <b>RI.152</b> <b>NOTE: HAVE TO RELY ON PAPER DOC FOR TIMELINESS OF COMPLETION.</b> Rule 152. At the time of admission, all of the following shall be in the resident's case record: (a) Name, address, birth date, sex, gender, race, height, weight, hair color, eye color, identifying marks, religious preference, and school status. (b) A photograph taken within the previous 12 months. (c) A brief description of the resident's preparation for placement and general physical and emotional state at the time of admission. (d) Name, address, and marital status of parents and name and address of legal guardian, if known. (e) Date of admission and legal status. (f) Documentation of legal right to provide care. (g) Authorization to provide medical, dental, and surgical care and treatment as provided in section 14a (1), (2), and (3) of 1973 PA 116, MCL 722.124a. (h) A brief description of the circumstances leading to the need for care. (i) Documentation that the grievance policy was provided as required in R 400.4132.								

Must Be Uploaded on the provider screen In MiSACWIS

<a href="#">RFCJJ 2.10.z.3</a> – Page 26 – Were Residents told of their PREA [Prison Rape Elimination Act] rights and PREA regulations							
ADD CONTRACT 1.2 PAGE 3 – FACILITY SHALL NOT ADMIT DHHS YOUTH WHO ARE NOT ASSIGNED BY JJAU.							
<a href="#">JJ Contract 1.2</a> – Page 3 – If the facility receives notification from the JJAU [Juvenile Justice Assignment Unit] that a youth is placed on the facility's waiting list, the contractor shall immediately notify the JJAU of the expected waiting time for the next vacancy.							
<a href="#">JJ Contract 1.3</a> – Page 3 - The facility shall respond to a placement assignment in MISACWIS within 5 business days of receipt and shall provide a probable admit date that is within ten calendar days of acceptance.							
<a href="#">JJ Contract 2.10.c.1</a> – Page 9 – Upon accepting a placement assignment, the facility shall contact the JJ Caseworker within 1 working day to arrange admission.							
<a href="#">JJ Contract 1.3</a> – Page 4- The facility may not admit a youth who requires an exception request for placement until the exception request is approved. Exception requests are required for neglect and abuse wards, youth from outside of the geographic area served by the facility, a youth that exceeds the number of contracted beds, or a youth outside of the age range served by the agency.							
<a href="#">JJ Contract 2.10.c.3</a> – Page 9 - A youth may not be admitted until a DHHS-3600 [Individual Service Agreement] has been signed by both the JJ Case Worker and the facility representative.							
<a href="#">JJ Contract 1.3</a> - page 4 – A non-secure facility shall provide a detailed explanation of the circumstances that exist at the facility that prevents a facility from admitting a child based on a safety concern.							
<a href="#">RFCJJ Contract 2.10.q</a> – Page 19 - Independent living preparation activities shall be based on the results of the Casey Life Skills Assessment that indicate an area of need. The Contractor shall identify independent living activities in the youth's treatment plan.							
<a href="#">RFCJJ Contract – 2.10.g</a> – Page 19 - Preparation for Independent Living Activities shall include budgeting and money management; employment seeking skills; communication skills; relationship building; health and hygiene; household maintenance and upkeep; educational assistance; preventive health services; parenting skills and accessing community services.							
<a href="#">JJ Contract 2.10.d.1</a> – Page 9 – The MJJAS shall be completed with the Initial Service Plan and each subsequent Updated Service plan to formulate an individualized treatment plan.							
<a href="#">JJ Contract 2.10.c.2</a> – Page 9 – The facility shall document orientation activities in MISACWIS as outlined in DHHS JRR Policy JR2 203. [This is a necessary step to create service plans in MISACWIS.]							
<a href="#">JR2 203-YOUTH ORIENTATION</a>							
<a href="#">RFCJJ Attachment A.2</a> – Page 37 – In a Juvenile Justice Mental Health and Behavioral Stabilization Program, the youth shall have a comprehensive psychiatric consultation within 15 calendar days of the youth's admission into the program. The consultation shall include current and past psychiatric history, medical/developmental history, social history, family history, mental status exam, medication review, and a diagnosis and treatment recommendation.							

**Shelter Care & Detention Facilities**

**R 400.4153 Shelter care and detention institutions; preliminary service plans. [RI.153](#)**

Rule 153. Within 7 calendar days of admission, a plan shall be developed for each resident. The plan shall include all of the following:

- (a) The reason for care.
- (b) An assessment of the resident's immediate and specific needs.
- (c) The specific services to be provided by the institution.
- (d) Other resources to meet the resident's needs.

[CI 16-019](#) – For youth who reside in the Flint water catchment area or who resided there between April 2014 and January 2016; were additional treatment or services related to elevated blood lead levels provided if recommended?

**R 400.4154 Shelter care and detention institutions; service plans. [RI.154](#)**

Rule 154. (1) Within 30 calendar days after admission and every 15 calendar days thereafter, an institution shall complete a written service plan. The service plan shall include all of the following:

- (a) The reason for continued care.-
- (b) Evaluation of service needs.
- (c) Ongoing service needs.

[CI 16-019](#) – For youth who reside in the Flint water catchment area or who resided there between April 2014 and January 2016; were additional treatment or services related to elevated blood lead levels provided if recommended?

- (d) How service needs will be met.
  - (e) Unmet service needs and the reasons those needs are unmet.
- (2) Copies of the plan shall be maintained at the institution

**R 400.4155 Institutions not detention institutions or shelter care institutions; initial treatment plan. [RI.155](#)**

Rule 155. (1) The social service worker shall complete, sign, and date an initial treatment plan for each resident within 30 calendar days of admission.

[RFCJJ 2.10.f.1](#) – Page 13 - The Initial Treatment Plan shall be entered in MISACWIS within 30 days

- (2) The initial treatment plan developed by the social worker shall document input from the resident, the resident's parents, direct care staff, and the referral source, unless documented as inappropriate.
- (3) The initial treatment plan shall include all of the following:
  - (a) An assessment of the resident's and family's strengths and needs.

[RFCJJ 2.10.s.1](#) – page 21 – The service plan shall specifically document the family's involvement in the treatment plan.

<a href="#">RFCJJ 2.10.f.1 &amp; 2</a> – Page 13 - Criminal risk, specialized assessment results, identified treatment interventions and targeted behavioral outcomes, shall be included in the Initial Treatment Plan and Updated Treatment Plans. Progress shall also be reported in Updated Service Plans.								
<a href="#">RFCJJ 2.10.f.1</a> – Page 13 – The signature page of the treatment plan shall be uploaded to MISACWIS when the supervisor signs the plan.								
<a href="#">CI 16-019</a> – For youth who reside in the Flint water catchment area or who resided there between April 2014 and January 2016; were additional treatment or services related to elevated blood lead levels provided if recommended?								
(3) The initial treatment plan shall include all of the following: (a) An assessment of the resident’s and family’s strengths and needs.								
<a href="#">RFCJJ 2.10.r.2</a> – Page 20 - Residents with Emotional Stability and/or Social Skills needs as indicated on the Youth Strength and Needs Assessment shall have specified goals and services related to emotional stability and social skills documented in their treatment plans.								
<a href="#">RFCJJ 2.10.r.3</a> - A mental health professional shall review and update youth behavioral health services treatment plans on a monthly basis and document the review in the MiSACWIS. [allowed mental health professionals are defined in hyperlink]								
(b) Plans for parent and child visitation.								
<a href="#">JJ Contract 2.10.b</a> – Page 8 – The facility shall administer the MDHHS Strengths and Needs Assessment, the Michigan Juvenile Justice Assessment System (MJJAS), and the Casey Life Skills Assessment (for youth 14 years of age and older) throughout a youth’s placement								
<a href="#">RFCJJ Attachment A.3</a> – Page 38 – In a Juvenile Justice Sexually Reactive Residential Program, the youth’s overall progress shall be assessed using the Estimate of Risk of Adolescent Sexual Offense Recidivism Version 2 (ERASOR Version 2.0) or Juvenile Sex Offender Assessment Protocol (J-SOAP II).								
<a href="#">RFCJJ 2.10.s.5</a> – Page 21 – the facility shall collaborate with the placing agency to facilitate sibling visitation and other required interaction to strengthen sibling relationships.								
<a href="#">RFCJJ 2.10.s.8</a> – Page 22 - Withholding of family contact (in any form) is prohibited without a valid court order.								
(c) Treatment goals to remedy the problems of the resident and family, and time frames for achieving the goals.								
<a href="#">RFCJJ Attachment A.2.b</a> – Page 37 - In a Juvenile Justice Mental Health and Behavior Stabilization Program, individual therapy shall occur more than one time per week.								
(d) Indicators of goal achievement.								

(e) The person responsible for coordinating and implementing the resident and family treatment goals.								
<a href="#">RFCJJ Attachment A.2.e</a> – Page 37 - In a Juvenile Justice Mental Health and Behavior Stabilization Program, the facility shall have family activity programs								
<a href="#">RFCJJ Attachment A.3.f – Page 38</a> - In a Juvenile Justice Sexually Reactive Residential Program, family members shall be included in treatment planning and social activities.								
(f) Staff techniques for achieving the resident’s treatment goals, including a specific behavior management plan. The plan shall be designed to minimize seclusion and restraint and include a continuum of responses to problem behaviors.								
<a href="#">RFCJJ Attachment A.3.d</a> – Page 38 – In a Juvenile Justice Sexually Reactive Residential Program, regular sexual offender group therapy shall be provided								
(g) Projected length of stay and next placement.								
(h) For youth who are permanent court wards or MCI wards, there must be documented co-ordination with the agency assigned to complete adoption or permanency planning for the youth.								
(i) For youth 14 years of age and over, a plan to prepare the youth for functional independence.								
<a href="#">RFCJJ Contract 2.10.g</a> – Page 19 - Independent living preparation activities shall be based on the results of the Casey Life Skills Assessment that indicate an area of need. The facility shall identify independent living activities in the youth’s treatment plan.								
<a href="#">RFCJJ Contract – 2.10.g</a> – Page 19 - Preparation for Independent Living Activities shall include budgeting and money management; employment seeking skills; communication skills; relationship building; health and hygiene; household maintenance and upkeep; educational assistance; preventive health services; parenting skills and accessing community services.								
<a href="#">RFCJJ Attachment A.2.f</a> – Page 37 - In a Juvenile Justice Mental Health and Behavior Stabilization Program, a resident’s Independent Living Skills shall be assessed and he shall be prepared for community reintegration and independent living.								
(4) The social service worker shall sign and date the initial treatment plan.								
(5) The social service supervisor shall approve, countersign, and date the initial treatment plan.								
<b>R 400.4156 Institutions not detention institutions or shelter care institutions; updated treatment plan.</b> <b>RI.156</b>								
Rule 156. (1) The social service worker shall complete, sign, and date an updated treatment plan for each resident at least once every 90-calendar days following the initial treatment plan.								
(2) The updated treatment plan developed by the social worker shall document input from the resident, the resident's parents, direct care staff, and the referral source, unless documented as inappropriate.								
(3) The updated treatment plan shall include all of the following information:								
(a) Dates, persons contacted, type of contact, and place of contact.								
(b) Progress made toward achieving the goals established in the previous treatment plan.								

<p><b>JJ Contract 2.10.b</b> – Page 8 – The facility shall administer the MDHHS Strengths and Needs Assessment, the Michigan Juvenile Justice Assessment System (MJJAS), and the Casey Life Skills Assessment (for youth 14 years of age and older) throughout a youth’s placement</p>	<p>Scores are stored In MiSACWIS</p>								
<p><b>RFCJJ Attachment A.3</b> – Page 38 – In a Juvenile Justice Sexually Reactive Residential Program, the youth’s overall progress shall be assessed using the Estimate of Risk of Adolescent Sexual Offense Recidivism Version 2 (ERASOR Version 2.0) or Juvenile Sex Offender Assessment Protocol (J-SOAP II).</p>	<p>Scores are stored In MiSACWIS</p>								
<p><b>RFCJJ 2.10.r.2</b> – Page 20 - Residents with Emotional Stability and/or Social Skills needs as indicated on the Youth Strength and Needs Assessment shall have specified goals and services related to emotional stability and social skills documented in their treatment plans.</p>									
<p><b>RFCJJ 2.10.r.3</b> - A mental health professional shall review and update youth behavioral health services treatment plans on a monthly basis and document the review in the MiSACWIS. [allowed mental health professionals are defined in hyperlink] ] ]</p>	<p>Must look in treatment plan “professional review” in clinical section of MiSACWIS</p>								
<p><b>RFCJJ 2.10.s.1</b> – page 21 – The service plan shall specifically document the family’s involvement in the treatment plan.</p>									
<p>(d) For youth who are permanent court wards or MCI wards, there must be documented co-ordination with the agency assigned to complete adoption or permanency planning for the youth.</p>									
<p>(e) For youth 14 years of age and over, a plan to prepare the youth for functional independence.</p>									
<p><b>RFCJJ Contract 2.10.g</b> – Page 19 - Independent living preparation activities shall be based on the results of the Casey Life Skills Assessment that indicate an area of need. The facility shall identify independent living activities in the youth’s treatment plan.</p>									
<p><b>RFCJJ Contract – 2.10.g</b> – Page 19 - Preparation for Independent Living Activities shall include budgeting and money management; employment seeking skills; communication skills; relationship building; health and hygiene; household maintenance and upkeep; educational assistance; preventive health services; parenting skills and accessing community services.</p>									
<p><b>RFCJJ – 2.10.m</b> – Page 18 - the facility is responsible for transporting the resident to and from court hearings, supervision of the youth while being transported and during the hearing, and for testimony / recommendations.</p>	<p>On the provider screen in MiSACWIS</p>								
<p><b>RFCJJ 2.10.s.7</b> – Page 22 – the facility shall involve birth, relative, adoptive and pre adoptive parents, as well as any identified adult support or permanent caregiver in the development of a Community Reentry Plan and specifically document the family’s involvement in this plan in the service plan.</p>									

<p><b>RFCJJ 2.10.s.8</b> – Page 22 - Withholding of family contact (in any form) is prohibited without a valid court order.</p>	<p>In the visitation section in MiSACWIS</p>																															
(4) The social service worker shall sign and date the initial treatment plan.																																
(5) The social service supervisor shall approve, countersign, and date the updated treatment plan.																																
<p><b>RFCJJ 2.10.f.1</b> – Page 13 – The signature page of the treatment plan shall be uploaded to MISACWIS when the supervisor signs the plan.</p>																																
<p><b>Closed Cases – Sample sizes</b></p> <table border="0" style="width: 100%;"> <tr> <td style="text-align: left;"># of records per function</td> <td style="text-align: center;"><u>Active</u></td> <td style="text-align: center;"><u>Closed</u></td> <td></td> </tr> <tr> <td></td> <td style="text-align: center;">Sample Size</td> <td style="text-align: center;">Sample Size</td> <td></td> </tr> <tr> <td>1-3</td> <td style="text-align: center;">All</td> <td style="text-align: center;">2</td> <td></td> </tr> <tr> <td>4-30</td> <td style="text-align: center;">3</td> <td style="text-align: center;">2</td> <td></td> </tr> <tr> <td>31-60</td> <td style="text-align: center;">6</td> <td style="text-align: center;">4</td> <td></td> </tr> <tr> <td>61-90</td> <td style="text-align: center;">8</td> <td style="text-align: center;">8</td> <td></td> </tr> </table> <p style="text-align: right; color: red;"><b>Discharged Residents:</b></p>	# of records per function	<u>Active</u>	<u>Closed</u>			Sample Size	Sample Size		1-3	All	2		4-30	3	2		31-60	6	4		61-90	8	8		1.	2.	3.	4.	5.	6.	7.	8.
# of records per function	<u>Active</u>	<u>Closed</u>																														
	Sample Size	Sample Size																														
1-3	All	2																														
4-30	3	2																														
31-60	6	4																														
61-90	8	8																														
<p><b>R 400.4166 - Discharge plan.</b> <b>RI.166</b>          Rule 166. (1) When a resident is discharged from institutional care, all of the following information shall be documented in the case record within 14 days after discharge:</p>																																
(a) The date of and reason for discharge, and the new location of the child.																																
(b) A brief summary or other documentation of the services provided while in residence, including medical and dental services.																																
(c) An assessment of the resident’s needs that remain to be met.																																
(d) Any services that will be provided by the facility after discharge.																																
(e) A statement that the discharge plan recommendations, including medical and dental follow up that is needed, have been reviewed with the resident and with the parent and with the responsible case manager.																																
(f) The name and official title of the person to whom the resident was discharged.																																
(2) For an unplanned discharge, an institution shall provide a brief summary or other documentation of the circumstances surrounding the discharge.																																
<p><b>RFCJJ – 2.10.f.2.b</b> – Page 14 - A Release Report shall be completed in MiSACWIS within 14 calendar days of a youth’s planned or unplanned release. The completion date is reflected as the “Report Date” on the first page of the report. Prior to finalizing, the report, along with the required assessments must be reviewed and approved by the residential supervisor within 14 calendar days of the Report Date. The signature page shall be uploaded in MiSACWIS upon completion.</p>																																

<a href="#">RFCJJ – 2.10.f.5</a> – Page 15 – The facility shall comply with all requirements of the Crime Victim’s Rights Act. When a facility has a resident for whom there is a Victim Notification request by the court or victim, the request and victim contact information shall be documented in MISACWIS. The facility has responsibility for victim notification, shall use the Victim Notification Format in MISACWIS, and shall document all notifications in MISACWIS.							
<a href="#">RFCJJ – 2.10.g.1.a</a> – Page 16 - Monthly Treatment and Transition Team Meetings shall start six months prior to the youth’s planned release date.							
<a href="#">RFCJJ – 2.10.g.c</a> – Page 16 – At the time of release, the facility shall provide all medical information, dental information, mental health information, and a medication schedule to the caseworker, parent/guardian, or adult youth.							
<a href="#">RFCJJ – 2.10.g.1.c</a> – Page 16 – If a resident is released with a prescribed medication, a minimum of 30 days of medication, written information from the prescribing physician explaining each medication, the written reason the youth is prescribed each medication, and the current informed consent documentation shall be given to the responsible party to whom the youth is released.							
<a href="#">RFCJJ – 2.10.g.d.i</a> – Page 17 – The facility, in coordination with the child’s Juvenile Justice Caseworker, shall have a full continuum of services in place for the youth at release.							
<a href="#">RFCJJ – 2.10.g.d.ii</a> - Page 17 – The facility shall document the reentry plan and supportive services in the youth’s Release Report							
<a href="#">RFCJJ – 2.10.g.d.iii</a> – Page 17 - the facility is responsible to track the individual youth for six months following release for Program Performance Outcomes. The results shall be documented in MISACWIS							
<a href="#">RFCJJ – 2.10.h</a> – Page 17 - Youth shall not be moved from one placement to another without going through the Juvenile Justice Assignment Unit Placement Process. This includes different programs or security levels on the same campus.							
<a href="#">RFCJJ – 2.10.h</a> – Page 17 - Disruption of, or non-cooperation in the program is not sufficient reason for the Contractor to request a change in placement.							
<b>R 400.4167 Case record maintenance. <a href="#">RI.167</a></b>							
Rule 167. (1) The institution shall maintain a case record for each resident.							
(2) Service plans shall be signed and dated by the social services worker and the social services supervisor.							
(3) Narrative entries in the case record shall be signed and dated by the person making the entry.							
(4) Records shall be maintained in a uniform and organized manner, shall be protected against destruction and damage, and shall be stored in a manner that safeguards confidentiality.							
(5) Resident records shall be maintained for not less than 7 years after the resident is discharged.							

<p>RFCJJ K.1-6 Page 26</p>	<p><b>Program Performance Objectives</b></p>
	<p><b>K. Program Performance Objectives</b>                  During the contract period the Contractor shall work toward the achievement of the standards listed below. If, based on an evaluation of submitted data, there is a gap between the performance of a Contractor and the performance objective, the Contractor shall within 90 days of receiving the data from DHS develop a plan to eliminate the performance gap.</p> <ol style="list-style-type: none"> <li>1. Eighty five percent of all youth released will be planned releases. a. <b>Outcome:</b> To provide all youth under the supervision of DHS placed in residential treatment facilities continuity of quality treatment services.</li> <li>2. Eighty five percent of all planned releases will demonstrate academic gains and/or credits commensurate with length of stay in the program. 26 RFCJJ15- a. <b>Outcome:</b> All youth under the supervision of DHS in juvenile justice residential treatment centers will have access to comprehensive, appropriate and quality education programs as outlined in federal and state guidelines.</li> <li>3. Ninety five percent of all planned releases will demonstrate socioemotional improvements as evidenced by gain scores on the CANS or other agreed upon/mandated standardized assessment tool. a. <b>Outcome:</b> All youth under the supervision of DHS in juvenile justice residential treatment centers will receive effective therapeutic treatment services.</li> <li>4. Eighty five percent of planned releases will remain in an approved, community based living environment 6 months post release a.</li> </ol>

	<p><b>Outcome:</b> To provide all youth under the supervision of DHS continuity of quality treatment services following program release.</p> <p>5. Eighty five percent of planned releases will remain free of any new criminal charges 6 months post release. a. <b>Outcome:</b> All youth under the supervision of DHS in juvenile justice residential treatment centers will receive quality therapeutic treatment services and community reintegration services.</p> <p>6. Eighty five percent of planned releases will demonstrate productivity 6 months post release as evidenced by employment, enrollment in school, vocational training and/or other structured paid or volunteer educational/vocational program. a. <b>Outcome:</b> All youth under the supervision of DHS in juvenile justice residential treatment centers will receive quality reintegration services following program release.</p>

**RFCJJ Attachment A.2 – Page 38 - Mental Health and Behavior Stabilization**

<p><b>RFCJJ Attachment A.2 – Page 38</b></p>	<p><b>2. Mental Health and Behavior Stabilization</b></p>
	<p>Services The child shall have a comprehensive psychiatric consultation within seven calendar days but no more than 15 calendar days of the child’s admission into the program. The consultation shall include current and past psychiatric history, medical/developmental history, social history, family history, mental status exam, medication review, and a diagnosis and treatment recommendation. The consultation shall be conducted face to face or via tele psychiatry if face to face is not possible.</p>

**RFCJJ Attachment A.2 - Page 37 - Sex Offender/Sexually Reactive Program**

<p><b>RFCJJ Attachment A.3 Page 37</b></p>	<p><b>3. Sex Offender/Sexually Reactive Program</b></p>
	<p><b>Standardized Assessment Tool</b>                  In addition to the assessment tools outlined in Section I.J.2, the contractor shall utilize the Estimate of Risk of Adolescent Sexual Offense Recidivism (ERASOR) or Juvenile Sex Offender Assessment Protocol (J-SOAP) to assess the child’s overall progress while in the residential program. The Contractor shall administer the assessment tools within 30 calendar days of admission, and quarterly thereafter until planned discharge.</p>

**RFCJJ Attachment A.3 Page 39 - Sex Offender/Sexually Reactive Program – Outcome Measures**

<p><b>RFCJJ Attachment A.3 Page 39</b></p>	<p><b>1. Sex Offender/Sexually Reactive Program – Outcome Measures</b></p>
	<p>Outcome Measures                  During the contract period, the Contractor shall work toward the achievement of the outcome measures listed in Section I.K. of this Agreement in addition to the outcomes identified below.</p> <ol style="list-style-type: none"> <li>a. 100% of children will have a relapse prevention plan upon a planned release.</li> <li>b. 85% of children will demonstrate Stage of Change improvement/progress related to the identified assessment tool.</li> <li>c. 95% of planned releases will demonstrate reduced risk level on a standardized and approved sexual offending risk instrument such as the ERASOR (Youth Version) or J-SOAP.</li> </ol>

**RFCJJ Attachment A.4.a - Page 41 - Developmentally Disabled and Cognitively Impaired Program – Outcome Measures**

<b>RFCJJ Attachment A.4.a Page 41</b>	<b>2. Developmentally Disabled and Cognitively Impaired Program</b>
	a. Eighty percent of clients will demonstrate progress in receptive and expressive skills as shown by a communication skills assessment prior to discharge.

**RFCJJ Attachment A.4.b - Page 41 - Developmentally Disabled and Cognitively Impaired Program – Outcome Measures**

<b>RFCJJ Attachment A.4.b Page 41</b>	<b>4. Developmentally Disabled and Cognitively Impaired Program</b>
	b. Eighty percent of clients will demonstrate an understanding of their environment and manage their response as shown by a reduction in negative behaviors and an increase in the ability to appropriately express feelings and needs at the time of discharge.

**RFCJJ Attachment A.4.c - Page 41 - Developmentally Disabled and Cognitively Impaired Program – Outcome Measures**

<b>RFCJJ Attachment A.4.c Page 41</b>	<b>4. Developmentally Disabled and Cognitively Impaired Program</b>
	Ninety five percent of planned releases will demonstrate improved scores on the Casey Life Skills Assessment.

**RFCJJ Attachment A.5.a – Page 43 - Substance Abuse Rehabilitation – Outcome Measures**

<b>RFCJJ Attachment A.5.a – Page 43</b>	<b>5. Substance Abuse Rehabilitation</b>
	a. One hundred percent of children will have a plan including relapse prevention and recommended services upon a planned discharge.

**RFCJJ Attachment A.5.b – Page 43 - Substance Abuse Rehabilitation – Outcome Measures**

<b>RFCJJ Attachment A.5.b – Page 43</b>	<b>5. Substance Abuse Rehabilitation</b>
	b. Ninety five percent of planned releases will be referred to a community support group for at least 90 days following placement release.

**RFCJJ Attachment A.5.c – Page 43 - Substance Abuse Rehabilitation – Outcome Measures**

<b>RFCJJ Attachment A.5.c – Page 43</b>	<b>5. Substance Abuse Rehabilitation</b>
	c. Ninety five percent of planned releases will demonstrate a reduced risk score on an approved substance abuse risk instrument.

**RFCJJ Attachment A.1 - Page 36 - Attachment A: Residential Foster Care Program Types  
General Residential**

<b>RFCJJ Attachment A.1 Page 36</b>	<b>Attachment A: Residential Foster Care Program Types 1. General Residential</b>
	Staffing Ratio The Contractor shall: a. Provide a minimum of one on-duty direct child care staff for every ten children during waking hours. b. Maintain a minimum of one on-duty direct child care staff for every 20 children during sleeping hours. All of these staff shall be awake during this period. Room checks must be conducted at intervals of no less than every 30 minutes during sleeping hours.

**RFCJJ Attachment A.2 - Page 37 - Attachment A: Residential Foster Care Program Types - Mental Health and Behavior Stabilization**

<p><b>RFCJJ Attachment A.2 Page 37</b></p>	<p><b>Attachment A: Residential Foster Care Program Types 2. Mental Health and Behavior Stabilization</b></p>
	<p>Staffing Ratio The Contractor shall:</p> <ul style="list-style-type: none"> <li>a. Provide a minimum of one on-duty direct child care staff for every five children during waking hours.</li> <li>b. Maintain a minimum of one on-duty direct child care staff for every 10 children during sleeping hours. All of these staff shall be awake during this period.</li> </ul>

**RFCJJ Attachment A.3 - Page 39 - Attachment A: Residential Foster Care Program Types - Sex Offender/Sexually Reactive Program**

<p><b>RFCJJ Attachment A.3 Page 39</b></p>	<p><b>Attachment A: Residential Foster Care Program Types 3. Sex Offender/Sexually Reactive Program</b></p>
	<p>Staffing Ratios/Room Assignments The Contractor shall:</p> <ul style="list-style-type: none"> <li>a. Provide a minimum of one on-duty direct child care staff for every six children during waking hours.</li> <li>b. Maintain a minimum of one on-duty direct child care staff for every 10 children during sleeping hours. All of these staff shall be awake during this period.</li> </ul>

**RFCJJ Attachment A.4 - Page 40 - Attachment A: Residential Foster Care Program Types  
- Developmentally Disabled and Cognitively Impaired Program**

<p><b>RFCJJ Attachment A.4 Page 40</b></p>	<p><b>Attachment A: Residential Foster Care Program Types 4. Developmentally Disabled and Cognitively Impaired Program</b></p>
	<p>Staffing Ratio The Contractor shall:</p> <ul style="list-style-type: none"> <li>a. Provide a minimum of one on-duty direct child care staff for every five children during waking hours.</li> <li>b. Maintain a minimum of one on-duty direct child care staff for every 10 children during sleeping hours. All of these staff shall be awake during this period.</li> </ul>

**RFCJJ Attachment A.5 - Page 42 - Attachment A: Residential Foster Care Program Types  
- Substance Abuse Rehabilitation**

<p><b>RFCJJ Attachment A.5 Page 42</b></p>	<p><b>Attachment A: Residential Foster Care Program Types 5. Substance Abuse Rehabilitation</b></p>
	<p>Staffing Ratio The Contractor shall:</p> <ul style="list-style-type: none"> <li>a. Provide a minimum of one on-duty direct child contact staff for every six children during waking hours.</li> <li>b. Maintain a minimum of one on-duty direct child contact staff for every ten children during sleeping hours. All of these staff shall be awake during this period.</li> </ul>

**R 400.4101(a) Definitions. “Accredited college or university”**

**Interpretation**

The Secretary of Education publishes a list of nationally recognized accrediting agencies that the Secretary determines to be reliable authorities on the quality of education or training provided by institutions of higher education and the higher education programs they accredit. The U.S. Secretary of Education also recognizes State agencies for the approval of public postsecondary vocational education and nurse education.

<http://ope.ed.gov/accreditation/> is a web site with a data base the lists accredited colleges and university.

**R 400.4102 Inspection and approval of institution.**

**Interpretation**

Licensing approval includes an A rating for both environmental health and fire safety.

**R 400.4103 Space and equipment requirements.**

**Interpretation**

Rule 510 requires single sleeping rooms to have at least 70 square feet and multi resident rooms to have 50 square feet per resident.

**R 400.4106 Original licensure; application.**

**Interpretation**

“Evidence of need” means that the applicant had identified need(s) to be met, has a program description, projected costs for the services to be offered, has shared this information with potential referral sources, and the referral sources have confirmed in writing that they will consider using the program. Tie-bar to Rule 109, Program statement.

Subpart (b) requires the organization to demonstrate the ability to sustain operations, including all services identified, for at least the first year. Tie-bar to Rule 108, Financing and audit.

A letter from an accounting firm stating that the organization's plan is appropriate is one method of determining subpart (c) is in compliance. Tie-bar to Rule 108 Financing and audit.

Plan of financial accounting" means a written plan for setting up and keeping the books of the organization.

Licensing consultants are to regard government organizations as having acceptable accounting practices, barring evidence to the contrary.

#### **R 400.4107 Deemed status.**

##### **Interpretation**

Though the rule recognizes deemed status, any institution that is run by the department or under contract to the department is covered by the Modified Settlement Agreement must have a complete review of compliance with all rules on an annual basis.

#### **R 400.4108 Financing and audit.**

##### **Interpretation**

Plan of financing means the method of assuring funding for carrying out the institution's programs. A plan must identify sufficient income to properly operate the institution.

Audit means an official verification of financial accounts.

This rule is used to assure that an agency has adequate funding to provide proper care to children received.

The financing plan adopted by the organization must enable the organization to deliver identified programs subject to

licensing.

An audit requires an accounting system that assures accurate and appropriate disbursement and collection.

Compliance exists when an institution:

1. Has developed an annual plan of financing.
2. Has implemented the plan.
3. Has obtained an annual audit.
4. The audit is performed by an independent Certified Public Accountant.

Institutions shall document that annual audits have been completed.

An annual audit shall be completed within the 12 months that follow the close of the accounting period.

A financial report offered as the institution's audit must bear the title "**Audit**"

The certified public accountant that performs the audit may not be affiliated with the institution.

Budgets and audits must deal with all licensed program components.

Budgets and audits must be specific to the individually licensed program, not part of an overall corporate budget and/or audit.

Licensing consultants are to regard governmental organizations as having acceptable accounting practices, barring evidence to the contrary.

#### **R 400.4109 Program statement.**

##### **Interpretation**

(1)(a) "Types of children" means the institution has identified by age, gender, capacity, needs, and characteristics, the children to be received for care.

(b) “Services provided” means the institution has identified all services to be provided by the institution for the resident and/or parent. The institution must identify services that will be provided by outside providers and identify the providers

(c) The program statement is to identify: admission criteria for the program, what types of care and services are provided that will address the needs of the population to be served and by whom, and discharge criteria.

(2) The institution shall identify how the statement has been made available to residents, parents, and referral sources. Availability may be shown by a file document that states “Received by XXX,” or by posting on a public bulletin board.

If religious training is provided the program statement shall identify how such services are delivered and how the youth may opt out of those services. Tie-bar to Rule 134, Religious/Spiritual Policy and Practices.

Noncompliance is to be cited if the program being provided is not the same program described in the institution’s program statement.

Noncompliance is to be cited if the institution is serving children that are not the population of children described in the program statement.

**R 400.4110 Employees qualified under prior rules.**

**Interpretation**

This is a “grand-person” rule and applies only to the institution where the person was employed at the time the rules became effective. These rules became effective June 8, 2015.

**R 400.4111 Job description.**

**Interpretation**

All people who work in the institution must have a job description, regardless of whether the job function is a regulated function.

All responsibilities for the operation of the institution are to be covered by the composite of the job descriptions.

Staff must know their job description and to whom they report.

The organization's practice must conform to the descriptions.

The organization has the responsibility to demonstrate how all the responsibilities and authorities mesh to ensure the care and protection of the residents.

An organizational chart is one way to demonstrate how all responsibilities are covered. When an organizational chart is used, the lines of authority must be clear.

#### **R 400.4112 Staff qualifications.**

##### **Interpretation**

- (1) "Ongoing" means on a regular, scheduled, or planned basis. For example, duties may be for one hour per week, twice per month or a regular 40 hour work week. It does not cover one-time short-term interactions.
- (a) "Ability" means a person can perform tasks assigned. Lack of ability may be judged by a one-time incident or by a pattern of action or inaction over time.

If an employee acts in a way that violates policy or procedure, even if the person initially demonstrated the ability to do the job, this is to be considered "lack of ability".

When something occurs that is not covered by policy or procedure, and it is something that a reasonable person would understand to be inappropriate, this is to be considered a "lack of services conducive to the welfare of children".

The licensee and chief administrator are responsible for the assessment and selection of appropriate staff and caregivers. It is not sufficient to make an assessment of compliance regarding each staff member only once at the beginning of a new assignment. An institution must have a methodology for ongoing and periodic assessment of ability to perform the assigned job.

If the function of a volunteer, student or person under contract is covered by an administrative rule, the person shall meet the requirements of the applicable rule(s).

If, as a result of a Children's Protective Services investigation, a staff person's name will be entered on Central Registry, this rule is to be cited.

Qualifications for the chief administrator and licensee must be evaluated by the consultant as well as by the organization. The licensing consultant is to obtain a signed BCAL-1326 from the chief administrator and licensee/licensee designee and have PSOR, and Central Registry records checks completed. A Chief Administrator is also required to have Live-Scan fingerprinting at the time of appointment. Information from the clearances and the BCAL 1326 are maintained in the department's file for the agency, not by the agency.

### **R 400.4113 Employee records.**

#### **Interpretation**

Maintain employee records for each employee means all positions within the facility. Any person who has unsupervised contact with children is required to have an employee record. This includes student interns and volunteers.

Electronic personnel records are acceptable as long as they are readily available for review by the consultant.

(b) A true copy is defined as:

A document received by the facility directly from the college or university.

A notarized copy of a document from the college or university.

A copy of the original that was viewed by a designated representative of the facility and noted as a true copy of the original.

Items (a) – (k) must be present for all new employees or volunteers prior to assignment to regular tasks.

The consultant is to confirm:

(1) A record exists for each employee.

(2) All required elements of an employee record exist.

(c) See individual rules covering position education requirements.

(e) References may be in the form of written documentation of conversations or letters of reference. Written documentation of conversations should be signed and dated by the person who completed the documentation. When a person is changing jobs within an agency, annual evaluations related to job function may be accepted as a reference.

References must be written and dated within the 12 months preceding hire. The name of the person giving the reference and this person's relationship to the employee must be documented.

(f) A statement should appear on the employment application that asks the employee if he or she has been convicted of an offense other than a minor traffic violation.

*MCL 722.119 Section 9 (1) states, "A licensee or registrant, adult household member, licensee designee, chief administrator, or program director of a child care organization shall not be present in a child care organization if he or she has been convicted of either of the following:*

*(a) Child abuse or child neglect.*

*(b) A felony involving harm or threatened harm to an individual within 10 years immediately preceding the date of hire or appointment.*

*(2) A staff member or unsupervised volunteer shall not have contact with children who are in the care of a child care organization if he or she has been convicted of either of the following:*

*(a) Child abuse or child neglect.*

*(b) A felony involving harm or threatened harm to an individual within the 10 years immediately preceding the date of hire or appointment.*

The agency must post how the agency determines if an employee or volunteer has a criminal record. The agency must provide documentation of criminal history checks for all states or provinces where the person has lived in the preceding 5 years in the employee's record.

(g) When a record of convictions exists, the institution is to take the following into consideration when documenting assessment of the conviction record:

- Circumstances surrounding the offense(s);
- Length of time since the offense(s);

- Evidence of the offender’s rehabilitation;
- Relationship of the offense(s) to licensed activity.

(h) The employee’s statement regarding any conviction(s) should address the same criteria as those considered by the employer in assessing the conviction record.

The basis for the hiring decision shall be a part of the written documentation in the employee record.

(i) *MCL 722.119 (3) Except as provided in subsection (5), a licensee, registrant, adult household member, licensee designee, chief administrator, staff member, or unsupervised volunteer may not have contact with a child who is in the care of a child care organization until (he/she) provides the child care organization with documentation from the department that he or she has not been named in a central registry case as the perpetrator of child abuse or child neglect. Upon request by the department, (she/he) shall provide the department with an updated authorization for central registry clearance. If an updated central registry clearance documents that (he/she) is named as a perpetrator in a central registry case, he or she may not be present in the child care organization.*

*As used in this subsection, “child abuse” and “child neglect” mean those terms as defined in section 2 of the child protection law, 1975 PA238m NCK 722.622.*

CPS checks are required for everyone who has the potential for unsupervised contact with children – including student interns and volunteers, maintenance staff, and kitchen staff. A support staff’s ability to have unsupervised contact with children is to be assessed and the assessment of the suitability documented in the person’s personnel file.

Subpart (j) The institution may define the length of the probationary period as long as the evaluation of performance during the probationary period is completed within 30 days of completion of the probationary period and within 180 days of the employee’s start date.

#### **R 400.4114 Tuberculosis screening for employees and volunteers.**

##### **Interpretation**

This documentation may be maintained apart from employee or volunteer records, but must be available for review.

Documentation must include these factors:

1. Tuberculosis testing must be completed and maintained for each employee and volunteer who has contact with residents 4 or more hours per week for more than 2 consecutive weeks.
2. The tuberculosis testing must document that the employee or volunteer is free from communicable tuberculosis.
3. Verification of freedom from communicable tuberculosis at the time of employment must be less than 1 year old. Verification must be received prior to employment and every 1 year after the last verification.
4. (CDC, Post-Treatment Follow-Up) If the employee/applicant has previously been diagnosed with and treated for Latent Tuberculosis Infection (LTBI), they must:
  - Provide documentation that includes TST [Tuberculosis skin test] or IGRA [Interferon-Gamma Release Assays (blood test for TB infection)] results, chest radiograph results, names and dosages of medication and duration of treatment. These documents are to be presented any time future TB testing is required.
  - Provide documentation of knowledge of the signs and symptoms of TB disease and the need to contact a medical provider if he/she develops any of these signs or symptoms.
  - Regardless of whether the patient completed treatment for LTBI, serial or repeat chest radiographs are not indicated unless the person develops signs or symptoms suggestive of TB disease.

#### **R 400.4115 First aid; CPR.**

##### **Interpretation**

Certification in first aid and CPR provided by organizations other than those identified in the rule must be pre-approved by the department.

This rule is to be cited when a person with CPR and First Aid certification is not on duty.

When first aid training is not provided to all staff, R400.4128 (4) (h) is to be cited.

PA 116 [MCL 722.112(a)] says that there needs to be a staff person on duty that has been certified in CPR within the previous twelve months by The American Red Cross, The American Heart Association, or an equivalent organization. Neither The American Red Cross nor The American Heart Association will sign a CPR certification until the person demonstrates competency. DCWL will not recognize an on-line CPR certification as equivalent to The American Red Cross or The American Heart Association because there is no demonstration of competence.

## **R 400.4116 Chief administrator; responsibilities.**

### **Interpretation**

Licensee Designee/Chief Administrator – A licensee designee is a person authorized to sign for the corporation. A Chief Administrator is the person who is responsible for day-to-day operations. These positions may be the same person or two different people. The person filling each role must always have been fingerprinted through the department's fingerprinting process.

The annual licensing inspection does not meet the requirement of Section 2. The report shall be generated by the chief administrator or his/her designee.

The assessment required in (2) (a) must be completed on an annual basis, but not at any particular time of the year. The agency must be able to document how they determined compliance. All DCWL reading forms are available on the DHHS public website to provide a tool that agencies may choose to use.

If a facility identifies rule violations, there must be a written plan (2b) that identifies how the facility will resolve the problems that resulted in the rule violations. The plan must be achievable within 6 months.

The evaluation required in (2) (c) must document how the assessment of unplanned removals and placement disruption occurs. The plan to correct any identified causes of disrupted and unplanned removals must also be documented. The intent of this rule is to look at causes and develop plans for resolving systemic issues that result in unplanned disruptions and removals, thus ensuring placement stability for youth who are in the program.

## **R 400.4117 Chief administrator; qualifications.**

### **Interpretation**

Diplomas or transcripts documenting an acceptable degree must be available. The diploma must identify the specific degree granted.

Work history must also be documented to show the required work experience.

A licensee or licensee designee may elect to designate a person to operate the child caring institution. Such a person must meet the definition of “Chief Administrator”, R400.4101 (e) and the requirements of this rule, even when the position is temporary while an agency searches for a new chief administrator.

**R 400.4118 Social service supervisor; qualifications.**

**Interpretation**

Diplomas or transcripts that identify the specific degree granted must be available for review.

The employee’s application or resume in the personnel file must document the required work experience.

CPS is not a regulated function and does not count as experience as a social services worker when determining if the person is qualified as a social services supervisor.

Tie-Bar to Rule 101(a) & interpretation – the definition of accredited.

**R 400.4119 Social service worker; qualifications.**

**Interpretation**

Diplomas or transcripts that identify the specific degree granted must be available for review.

The employee’s application or resume in the personnel file must document the required work experience.

A variance is not needed to comply with this rule when the major is not in human behavioral sciences and the agency has evaluated the transcript of an individual and has determined that 25% of the course work was in human behavioral sciences. The agency must be able to document how the determination was made when the consultant is doing the on-site evaluation. A local DHHS office or an agency under contract to DHHS must document that the employee possesses the required educational credentials.

Tie-Bar to Rule 101(a) – the definition of accredited.

**R 400.4120 Supervisor of direct care workers; qualifications.**

**Interpretation**

Diplomas or transcripts that identify the specific degree or diploma granted must be available for review.

The employee's application or resume in the personnel file must document the required work experience. For the purposes of this rule, work experience must be in a child caring institution.

A G.E.D. certificate is acceptable in place of a high school diploma.

Diploma from Home Schooling – Unless the home schooled person passed a GED or has a diploma is from a nationally accredited Home School Association that does standardized testing to prove competence, the diploma may not be recognized. It is the responsibility of the CCI to get appropriate documentation, including proof of accreditation, for the file. If documentation noted above is not there, there is a violation of this rule.

**R 400.4121 Direct care worker; qualifications.**

**Interpretation**

Diplomas or transcripts that identify the specific degree or diploma granted must be available for review.

Diploma from Home Schooling – Unless the home schooled person passed a GED or has a diploma is from a nationally accredited Home School Association that does standardized testing to prove competence, the diploma may not be recognized. It is the responsibility of the CCI to get appropriate documentation, including proof of accreditation, for the file. If documentation noted above is not there, there is a violation of this rule.

**R 400.4122 Resident and parent visitation.**

**Interpretation**

An organization must have and follow a method, established and known, for the purpose of assuring that parental visits

are encouraged and facilitated.

Visits may be prohibited when parental rights have been terminated.

Documentation that visits are detrimental to the resident must be in the record prior to stopping or prohibiting visits. There is to also be consultation with the referring agency regarding how the visits are detrimental to the resident.

The location of the visits, either in the institution or in the home, may be discretionary, based on the security level of the facility and the youth's security needs. However, there must be a plan for visits at one or the other or both locations.

#### **R 400.4123 Education.**

##### **Interpretation**

It is the responsibility of the institution to ensure that an appropriate educational program is available and/or can be provided for the youth identified in the program statement as those served by the program. If an individual resident's behavioral or educational needs cannot be met within a more traditional classroom setting, the institution may provide individualized instruction, either on-site or off-site, designed to meet the particular educational needs of the resident.

The educational program provided must be appropriate for the residents and meet the educational needs of the residents.

The educational program may be provided by the local or intermediate school district at established community schools or at an on-site school at the institution. The institution may operate its own on-site school program. The institution may arrange for educational services with a private school, either on-site or off-site.

#### **R 400.4124 Communication.**

##### **Interpretation**

The intent of the rule is that residents should be given the opportunity to maintain approved communications safely. This includes, for example, written, electronic, telephone, text, and face-to-face communication.

If available means of communication are prohibited, the reason for the prohibition must be clearly documented.

When outgoing communication is censored, the reasons must clearly justify the action.

Methodology must allow a resident to be present if staff opens their mail. If, after opening, it is determined that the mail is inappropriate, it may be withheld and returned to sender.

Packages may be inspected without the resident being present. If, after opening, it is determined that the content of the package is not appropriate, it may be withheld and returned to sender.

**R 400.4125 Personal possessions; money; clothing; storage space.**

**Interpretation**

When valuables are in the possession of the institution, proper accounting practices must be used in receiving, dispersing, and returning valuables to a resident. The use of inventories and logs is appropriate.

Accurate records must be maintained for each resident.

Nothing in this rule prohibits an institution from establishing a list of prohibited items.

**R 400.4126 Sufficiency of staff.**

**Interpretation**

Sufficient number means the number necessary to perform the functions identified in the agency's program statement and to achieve and maintain rule compliance.

The staffing ratio identified in R 400.4127(2) is to be considered the absolute minimum-staffing ratio allowed. Having sufficient staff is based on the agency's program statement. The institution must have all of the defined positions: direct care, a direct care supervisor, social service worker, social services supervisor, and administrator. A person may fill more than 1 position but must meet the qualifications for each position they fill. If an individual fills more than one position within the institution this individual cannot supervise their own work.

An institution can be in noncompliance with **R 400.4126** while in compliance with the “direct care worker ratio” of subpart (2) of **R 400.4127(2)**, for example:

- There are specific types of children with intensive needs that require a higher level of staff to provide for basic protection and care.
- An institution that does not require same sex supervision of showers may not be providing adequate supervision of its residents.
- Due to the nature of activities, some activities require more supervision than others to ensure safety.

Some ways to determine sufficiency of staff may include: a review of staffing schedules within the period under review, a review of unusual incident reports, or direct observation of how a unit is functioning.

#### **R 400.4127 Staff-to-resident ratio.**

##### **Interpretation**

- (1) The licensee must identify a written staff to resident ratio. If the written ratio requires more staff than the rule identified ratios, the agency must comply with their written policy. The ratio formula must be in writing and clearly relate to the needs of the residents served. Each separate program component may be viewed individually to determine appropriate staffing.
- (2) The ratio of staff to youth may not be less than the requirements identified in this rule.
- (3) Institutions’ purpose means the program components referred to in the institutions’ program statement that must identify who is to be served, how they will be served and what services will be made available.

Continual means without interruption. At all times there must be a direct care worker on duty, responsible for no more than the number residents specified in the staff-to- resident ratio, in the area where the residents are located and responsible for the care and safety of each group of residents.

Continual does **not** mean constant, line-of –sight observation of each individual resident, unless the resident’s needs dictate constant attention.

An emergency situation may necessitate the temporary deployment of staff to another part of the program. Even during an emergency situation youth must be supervised at all times. The agency's plan for staffing is to identify how emergency staffing will ensure that ratios are in compliance.

Live-in staff's own children are to be counted when determining the facility's staff-to-resident ratio if those children are supervised at any time by staff supervising residents.

When a resident who is the mother of an infant is providing direct supervision of her infant, the institution's staff to resident ratio does not have to include the infant as part of the staff to resident ratio. For those periods of time when the resident mother is unavailable to supervise her child, the institution must have and follow a specific policy that identifies how supervision is provided for the children of the residents.

When youth are in the classroom in a program where there is an on-grounds school, both R 400.4126 and R 400.4127(2) apply, however, the staff can be in the school building but not in the classroom, as long as they are positioned to intervene in a classroom issue. Teachers may count in the staffing ratio only when they have met the training requirements for direct care staff, (50 hours the first year and 25 hours in subsequent years as required by Rule 128.) If a teacher is allowed to utilize restraint, the teacher must have been trained in proper and safe methods and techniques of restraint that follow the agency's restraint protocol.

Qualified Fire Inspectors count all individuals including mothers and children to determine compliance with fire safety rules.

When there is approved one-to-one staffing, the stated ratio must still be followed and an additional staff also be assigned to the identified and approved child. The one-to-one staff person does not count toward the overall resident to child ratio.

- (4) Eyes on checks during non-up and awake times must be verified through a log of checks, video, electronic key stations, or other methodology.

**R 400.4128 Initial staff orientation and ongoing staff training.**

**Interpretation**

Orientation is required for all staff of an organization including students and volunteers.

If the function of a volunteer or student is as a direct care worker, subparts (2), (3), and (4) also apply.

The orientation must be formalized with written documentation regarding the information covered and the amount of time spent on orientation.

All required elements of the orientation must be documented. This includes emergency procedures. Training as identified in subpart (3) is required for all staff functioning in a regulated position, including administrators, direct care supervisors, direct care staff, social service workers and social service supervisors.

Training topics identified in subpart (4) must be delivered to all direct care staff.

*MCL 722.112a Institution, center or home; person certified in first aid and CPR; applicability*

*Sec. 2a (1) A child caring institution, child care center, or group daycare home shall have on duty at all times while the institution, center or home is providing care to 1 or more children at least one person who has been certified within the preceding 36 months in first aid and within the preceding 12 months in age – appropriate cardiopulmonary resuscitation by the American Red Cross, the American Heart Association, or an equivalent organization or institution approved by the department.*

A violation of subpart (4) (h) is to be cited when first aid training is not provided to all direct care staff. MCL 722.112a is to be cited when a person with CPR and First Aid certification is not on duty.

**R 400.4129 Institutions serving developmentally disabled youth; written procedures.**

**Interpretation**

An organization must have policy, procedures, and staff training (Rule 128) that assures developmentally disabled residents are adequately and properly cared for.

Policy, procedures and training must include all required elements specified in this rule.

**R 400.4130 Privacy and confidentiality.**

**Interpretation**

Institutions shall make space available for residents and parents to have privacy during visits unless there are documented safety or security concerns.

If the resident is an MCI ward or is a permanent court ward, permission for public purposes or publicity only with permission of the office of the MCI superintendent or the court where the youth is a court ward.

**R 400.4131 Compliance with child protection law; development of plan required.**

**Interpretation**

An organization must have policy and procedures for the purpose of assuring that the provisions of the child protection law are met.

The minimum content of the written policy must include:

Definitions

Who in the institution makes the report to the agency?

Reporting location

## Timeframes

Immediate Oral reports - Children's Protective Services Centralized Intake Unit [Toll free (855)444-3911]

Written reports within 72 hours

Investigations

Confidentiality

Policy must be clear that all staff, including direct care workers, are required reporting persons. It is not acceptable to have a policy that says allegations regarding abuse or neglect must be sent to someone else to be reported by the agency rather than the person who observed the incident or who, for some other reason, is the person with first-hand knowledge of the incident making the report directly.

The policy of the institution must state that the institution is required to **REPORT SUSPECTED CHILD ABUSE OR NEGLECT**. The facility may not complete an internal investigation before making the referral to centralized intake or make internal determinations of whether or not suspected child abuse or neglect investigations are valid in lieu of reporting the allegations to centralized intake. Internal investigations are not to be undertaken until **AFTER** the investigation by Children's Protective Services to ensure the CPS investigation is not compromised or tainted.

Practice must conform to policy.

All allegations of suspected child abuse or neglect in a child caring institution or by child caring institution staff are also possible rule violations. The assigned child welfare licensing consultant must also complete a concurrent investigation related to the alleged rule violations.

## **R 400.4132 Grievance procedures.**

### **Interpretation**

Grievance forms should be available to residents without having to ask a staff for one.

The grievance should not be accessible by direct care staff prior to it reaching the person responsible for responding to it – i.e. there should be a locked box, it could be slid under a locked door, or other means to ensure that it is not altered from what the resident or family is grieving.

## **R 400.4134 Religious/spiritual policy and practices.**

### **Interpretation**

An organization must have policy and procedures for assuring that each resident can practice their own faith. If religious training is an integral part of the program, it must be part of the organization's program statement.

An organization may provide its own religious training when that is part of the program statement and provided to anyone asking to review it. The program statement shall be provided to affected persons, including the youth, prior to a placement decision. It is not acceptable for an organization to impose behavioral consequences, i.e. deny a privilege to a resident, prevent a resident from earning a privilege, etc., for non-attendance when a youth refuses to participate, even if the youth initially agreed to participation at the time of admission.

The intent of the rule is that children should be given the opportunity to attend services, but not that religious instruction or attendance is required. If birth parents have specific religious practices that the child does not want to participate in, this should be negotiated in the treatment plan. The referring agency is to also be involved in determining what will be in the plan regarding religious participation

Tie-bar to Rule 109.

## **R 400.4135 Resident work experience.**

### **Interpretation**

Work experiences are not required by the rule. The institution's policies may specify that work experiences are required. It is not required for residents to be paid when the institution's written policy requires residents to participate in routine chores such as keeping their beds made, cleaning their own rooms, etc.

A resident shall not be required to engage in work for which they have not been properly trained.

A facility should have written policy that addresses employment training, off campus employment, and wages.

## **R 400.4136 Recreational activities, equipment, and supplies; swimming restriction.**

### **Interpretation**

Activities must be appropriate to each resident's age, abilities, and skills.

Equipment and supplies must be appropriate for the activities and in sufficient quantities to allow the plan to be carried out.

Residents that are taken to off-site activities remain under the supervision of and are still the responsibility of the institution.

Qualified lifeguard is an adult who:

- Has authority and responsibility to enforce rules pertaining to safety while swimming.
- Functions as a lifeguard and not as a direct care staff person.
- Is certified as a lifeguard for the specific type of swimming site: basic lifeguard for pools, lifeguard plus waterfront and head lifeguard for any open water setting.

Rule 435 identifies the requirements for on-site swimming beaches and pools.

If an organization has high adventure activities such as a high ropes course, that activity should be certified by a national organization that certifies high adventure activities. The certification should be current and available for the consultant to review.

## **R 400.4137 Sleeping rooms.**

### **Interpretation**

For institutions licensed prior to November 15, 1983, there is no required minimum square footage per resident. Any building modifications or changes in operating conditions after 11-15-83 requires that the institution be in compliance with all parts of this rule.

Measurements of space must be completed at original licensure and at any other time when the use of space changes or the facility is modified.

“2-way monitoring device” means a method is in place that allows for continuous sight or hearing contact between the resident and staff.

Over 5 years of age means 5 years and 1 day.

### **R 400.4138 Bedding and linen.**

#### **Interpretation**

This rule is to assure that each resident has an individual bed with a clean mattress, 2 clean sheets, and sufficient blankets to keep warm, a clean pillowcase, and a clean pillow, all of which are in good repair.

Compliance exists when an institution:

1. Sanitizes the mattress, pillow, blanket, and sheets with every new resident.
2. Allows the residents to wash sheets, blankets, or whatever is soiled at any time during the week.
3. All residents are provided with a clean pillowcase and 2 clean sheets every week that are good repair, (no rips).

### **R 400.4139 Driver’s license.**

#### **Interpretation**

This rule is to assure that an agency allows only employees or volunteers possessing a valid operator or chauffeur license transport residents.

Compliance exists when an institution:

1. Develops a method of checking for and documenting that an employee or volunteer has a valid license at the time he/she is hired.
2. Develops a method of assuring and documenting that the driver’s license continues to be valid at regular intervals to be determined by the agency.

## **R 400.4140 Transportation.**

### **Interpretation**

Compliance exists when:

1. The agency has documentation of the maintenance on “agency vehicles” used to transport residents. Documentation should include routine maintenance such as oil changes as well as major repairs on the vehicles.
2. Residents may never be allowed to ride any area of a car or other vehicle that does not have a seat belt.
3. Infants must always be transported in safety seats.
4. Children who are required by state law to be in a safety seat may only be transported in the age appropriate safety seats.

Any facility that allows staff to transport a resident in a personal vehicle shall have written policy that demonstrates how the facility verifies compliance with subpart (2) of this rule.

## **R 400.4141 Safety belts.**

### **Interpretation**

Compliance exists when:

1. Employees, volunteers, and residents are aware that whenever residents are transported everyone must wear seatbelts.

## **R 400.4142 Health services; policies and procedures.**

### **Interpretation**

Routine health care includes physicals, dentals, and follow up for any medical procedure.

Emergency health care includes care for broken bones. An emergency is any injury or situation that occurs without notice.

Behavioral health relates to mental health care, such as psychiatric appointments, psychotropic medication reviews, possible changes in psychotropic medications, and emergency psychiatric hospitalizations.

Compliance exists when the agency:

- Has specific policy and procedures that describe how the agency conducts routine and emergency medical and behavior health care.
- Has specific policies and procedures that describe health screening procedures when residents initially arrive, and when there is suspicion or concern about a health issue. For example, there is suspicion that someone has brought in drugs and there is a need for drug screens, there should be a specific procedure on how the screening will occur.
- Has specific policies and procedures that identify how medical care is documented in the residents' medical file kept at the agency.
- Has specific policies and procedures for how medication will be dispensed, including usual places and times of dispensing.
- Has specific policies and procedures for dispensing medication to parents or guardians when residents go home for a visit and when residents are released.
- Has a job description for any staff person who will dispense medication. There must be a description of the training program to be completed by the staff person who may dispense medication.
- Has a specific plan for dispensing medication when residents are off site. For example, if the group goes camping, there should be a written plan for securing and dispensing medicine at the campsite.

**For agencies under contract to DHHS**, when citing the agency for not having approval to administer a psychotropic med, cite DHS Policy 802-1. The approval signature is contained on a DHS 1643. When there is a lack of documentation of a psychotropic medication being given or a lack of documentation on how it was given, cite MSA 8.B.5.

For agencies that contract with and receive payment from a community mental health services program or prepaid inpatient mental health program, PRN's for specific behavior management are a statutory violation of MCL 722.112d.

**R 400.4143 Medical treatment; supervision.**

**Interpretation**

Licensed health professionals may include nurse practitioners or physician's assistants who are under the supervision of a licensed physician.

**R 400.4144 Admission health screening; physical examinations.**

**Interpretation**

Compliance exists when:

- Health screening for the resident occurs within 24 hours of admission and has been conducted by an employee authorized by the facility's health care policy.
- All physicals are completed within the time-frame of the rule by a licensed physician or other licensed health professional as permitted and shall be dated and signed.
- The facility has gathered sufficient health history information from the placing agency, parent or guardian to provide proper medical care.
- The agency has allowed the parent or guardian to place written documentation in the file objecting to medical treatment for religious reasons.

**R 400.4145 Periodic physical examinations.**

**Interpretation**

Compliance exists when:

- Documentation of a signed and dated physical examination is in a resident's file for a resident less than 1 year of age that has been completed every three months by a physician or other licensed health professional.
- Documentation of a signed and dated physical examination is in a resident's file for a resident older than 1 year of age that has been completed every fourteen months by a physician or other licensed health professional.
- The agency has allowed the parent or guardian to place written documentation in the file objecting to medical

treatment for religious reasons.

#### **R 400.4146 Immunizations.**

##### **Interpretation**

This rule ensures that the resident receive immunizations as required by the department of community health (DCH).

Compliance exists when:

- There is documentation of the resident's immunization in the file. If a resident receives Medicaid, the responsible CPA worker for the youth should be able to access the immunization record from the MiSACWIS link to DCH records.
- Written documentation from a physician or licensed health care professional stating that the immunizations have been initiated or they are contraindicated
- Written documentation from the physician, referring agency parent or guardian stating the immunizations are current.
- Written documentation in the file from the parent objecting to immunizations on religious grounds.

#### **R 400.4147 Dental care.**

##### **Interpretation:**

Compliance exists when:

There is documentation that the resident 3 years or older has had a dental examination by a licensed dentist within the 12 months prior to admission or no later than 90 days after admission. Re-examination must occur within 14 months of the last dental examination unless greater frequency is indicated. If the dental examination identifies a need for dental treatment, there must be a plan for securing needed treatment within a reasonable time, based on the extent of the dental needs identified.

Residents who have a dental emergency are to be seen by a dentist at the time of the emergency.

## **R 400.4148 Personal hygiene.**

### **Interpretation**

Compliance exists when:

- An agency assures that each resident receives personal care products such as, toothpaste, deodorant, lotion, shampoo, and other grooming products that may be needed to meet cultural grooming needs such as special hair grooming products.
- An agency must also ensure that each resident receives personal hygiene and health items appropriate to gender and age.

## **R 400.4149 Resident nutrition.**

### **Interpretation**

Compliance exists when:

- The agency provides a minimum of 3 meals per day.
- The agency reviews [www.healthierus.gov/dietaryguideline](http://www.healthierus.gov/dietaryguideline) each year to determine if there has been a change in USDA recommended nutritional guidelines, and adjusts serving sizes and nutritional content accordingly. There is no prohibition on serving more than the guidelines recommend when residents are hungry.
- Provide documentation in a resident's file when there is a physician prescribed special diet and evidence the prescribed diet has been followed.
- Post all menus, including snack items, on the menu. Menus are to be immediately changed if there are substitutions and must be available for the Licensing Consultant to review.

Alternative meals may not be used as a behavioral consequence. A resident who is vegetarian must also be offered nutritious meals that are varied. It is not acceptable to force the youth to eat the same thing, such as peanut butter, for every meal.

Tie Bar to Rule 134 - Meal alternatives may be offered based on religious beliefs.

## **R 400.4150 Incident reporting.**

### **Interpretation**

This rule is to ensure that serious incidents are reported to all appropriate authorities.

Compliance exists when:

- The agency develops policies and procedures for reporting serious injury that are specific and describe how each person will be contacted and that all required parties will be contacted within 24 hours. Tie-Bar to Rule 101(ee)
- The agency develops specific policies and procedures for reporting the death of a resident to the appropriate authorities, must describe how each person will be contacted, and that all required parties will be contacted immediately.
- The agency develops policies and procedures for reporting the absence of a youth from a facility without legal authority that are specific and address how each person will be contacted. A youth's AWOL Status is determined by the facility's policy, contract, and program statement language
- The agency develops specific policies and procedures for reporting residents that have come in contact with law enforcement to the appropriate authority within 24 hours after the incident and state how each person will be contacted.

## **R 400.4151 Emergency; continuity of operation procedures.**

### **Interpretation**

Procedures must deal with care and supervision of residents during the emergency based on the security level of the facility, including accounting for residents.

Additional areas of concern that may be addressed include; Shelter-in-place drills, evacuation from a single building, evacuation from the entire site, accident or illness involving multiple residents, and hostage situations.

Staff must be trained on these procedures and their training documented in their personnel file.

## **R 400.4152 Initial documentation**

### **Interpretation**

At the time of admission means within the first 24 hours.

School status means whether the youth is in or out of school, whether the youth has completed school, reason for being out of school if it is a reason other than completing school, grade level, current or last school attended, and any special school programs that were being provided when the child last attended school.

Resident preparation means a description of the steps taken prior to admission to prepare the child for placement. This includes sharing the institution's program, rules and the daily schedule.

Physical and emotional state means the results of observation by designated staff looking for such things as general appearance, bruises, any apparent illness and the attitude and current behaviors demonstrated by the child.

Compliance exists when:

1. Case records exist for each resident. The record may be electronic if it is available for review by the consultant at any time.
2. All of the required information and documents are in each case record.

Acceptable forms of documentation of the legal right to provide care are:

1. Court Order
2. Parental or guardian written permission
3. Purchase of service agreement
4. Admission through DCH or local CMH
5. Interstate compact request, FIA 4332
6. Tribal court order

For subparts (f) and (g) for runaways, documenting a phone call to parent(s) for their verbal permission until written permission is received is acceptable. The phone call to the parent is to be initiated within 2 hours and written permission received within 72 hours of the receipt of verbal permission.

Parents under 18 years of age may not authorize placement or treatment unless the parent is a legally emancipated minor.

Photographs shall be dated

**R 400.4153 Shelter care and detention institutions; preliminary service plans.**

Interpretation

A plan of care must be in the record for each child by the seventh day of care. The day of admission counts in the 7 days.

A plan may be brief, but must be specific to the child and include an assessment of the child's needs. The plan shall be signed and dated.

The reason for care should outline the case specific conditions that led to placement at this facility.

The assessment and service plan is to be prepared by a person who meets the qualifications for a social services worker. The person does not have to be a full time staff member of the institution.

**R 400.4154 Shelter care and detention institutions; service plans.**

Interpretation

Copies of the service plan shall be maintained for any child in care based on the requirements of Rule 167.

The service plan is to be prepared by a person who meets the qualifications for a social services worker. The person does not have to be a full time staff member of the institution.

The service plan shall be signed and dated

**R 400.4155 Institutions not detention institutions or shelter care institutions; initial treatment plan.**

Interpretation

The intent of this rule is to assure that children in care are evaluated and receive the appropriate services to meet their needs, that they are not in care longer than necessary or the duration of the court order, and that they achieve timely

permanence.

**R 400.4156 Institutions not detention institutions or shelter care institutions; updated treatment plan.**

**Interpretation**

An updated service plan is to be completed no more than 90 calendar days following the completion of the previous initial or updated services plan.

Resident treatment plans must outline the individual child's behavior management plan rather than a generic plan based on the program statement. Time frames for goals are to be realistic.

The intent of this rule is to assure that children in care are evaluated and receive the appropriate services to meet their needs, that they are not in care longer than necessary or the duration of the court order, and that they achieve timely permanence.

**R 400.4157 Behavior management.**

**Interpretation**

Policies and procedures must reflect that the primary focus of behavior management is prevention of the occurrence of problems. Policy must clearly identify acceptable methods of positive behavior management and must clearly identify prohibited practices, including, but not limited to, all of the practices prohibited by the rule.

An organization must provide staff with ongoing training to assure that resident behavior management policies are followed. Verification of training must be in staff personnel files.

**R 400.4158 Discipline.**

**Interpretation**

Cruel and severe is discipline that is demeaning, demoralizing and done in such a manner that it attacks the individual rather than the problematic behavior. Any form of corporal punishment is considered cruel and severe.

Corporal punishment” any physical discipline inflicted on the body.

Excessive is any method used beyond the minimum amount necessary to protect the individual, or over a longer period of time than is necessary for the child to regain their composure.

Chemical restraint is a means of managing behavior through the use of any drug that is not standard treatment for the child’s medical or psychiatric condition, has the effect of temporarily restricting movement, and is used solely to control the child’s behavior.

Policies and procedures should reflect that the primary focus of discipline is prevention of the occurrence of problems. Ongoing training is to be provided to all staff who are involved in identifying discipline methods in treatments plans or administering discipline to assure that resident discipline policies are followed.

Policies and procedures must reflect that the primary focus of behavior management is prevention of the occurrence of problems. Policy must clearly identify acceptable methods of positive behavior management and must clearly identify prohibited practices, including, but not limited to, all of the practices prohibited by the rule.

#### **R 400.4159 Resident restraint.**

##### **Interpretation**

Personal restraint means the application of physical force without the use of a device, for the purpose of restraining the free movement of a minor child’s body.

Mechanical restraint means a device attached or adjacent to the minor child’s body that he or she cannot easily remove and that restricts freedom of movement or normal access to his or her body.

Chemical restraint is a means of managing behavior through the use of any drug that is not standard treatment for the child’s medical or psychiatric condition, has the effect of temporarily restricting movement, and is used solely to control the child’s behavior.

Restraint is to be used as a last resort when alternative, less restrictive discipline and/or behavior management has been

unsuccessful.

Incident reports are to document the unsuccessful use of less restrictive methods of discipline and behavior management prior to restraining a resident.

Staff must receive ongoing training on the facility's approved restraint technique(s). These trainings must be documented in their personnel file.

MCL 722.111(f) prohibits the use of restraint or seclusion in a Therapeutic Group Home.

All uses of restraint shall be reported to the department using the department's designated electronic reporting system within the timeframes required by the department.

**R 400.4160 Seclusion rooms; department approval required**

**Interpretation**

Seclusion room means a room or space used to confine a resident that may be locked, unlocked or unlockable. Confined means not allowed to come out of the room or space until staff says so.

The use of any room, including a bedroom, for confinement at other than normal sleeping times or shift change as allowed in Rule 137(1), means the room is a seclusion room. This applies whether the facility is secure or non-secure. The room must be approved for confinement prior to using the room in that manner.

The change of location of a seclusion room from one room to a different room requires new department approval.

**R 400.4161 Seclusion rooms; policies and procedures.**

**Interpretation:**

The policies of the institution shall:

- Establish safeguards while the resident is confined to the room.
- Identify supervisory and administrative controls to manage the appropriate use of the room.

- Allow seclusion only be used when a resident is both out of control and in danger of harming self or others.

Consultants must review the facility's logs to determine how long the youth are being kept in seclusion. This review helps make a determination regarding whether seclusion is being used as a form of punishment rather than until the youth gets control of their behavior. The use of seclusion as a form of behavior management or as a sanction for inappropriate/disallowed behaviors is a violation for any facility that is not a secure juvenile justice facility.

All uses of seclusion shall be reported to the department using the department's designated electronic reporting system within the timeframes required by the department.

**R 400.4163 Secure facilities serving juvenile justice youth; seclusion room.**

**Interpretation**

Written notice of the alleged misconduct and notice of actions that can be taken to be released must be signed by the resident or the reason for the absence of the signature documented

**R 400.4164 Secure facilities serving juvenile justice youth; reintegration.**

**Interpretation**

The strategies that staff use to aid the resident in resolving the issues requiring seclusion and reintegration into the program must be resident specific. Documentation of program and staff assistance must be recorded. Specific reintegration requirements or behavioral or therapeutic intervention assignments and goals that must be completed while the resident is in the seclusion room, listed in writing, shared with the resident, AND must be signed by the resident or the reason for the absence of the signature documented.

**R 400.4166 Discharge plan.**

**Interpretation**

Discharge plans must be signed and dated by the social service worker. Facilities are strongly encouraged to have the person to whom the youth is released also sign and date the discharge summary.

**R 400.4167 Case record maintenance**

**Interpretation**

Records may be electronic if they are readily available to the licensing consultant

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**JJ Contract 1.2 – Page 3 - JJAU Wait List**

**JJ Contract 1.2 – JJAU Wait List  
Page 3**

A youth may be placed on the Contractor Wait List if the JJAU would have assigned the youth to the Contractor, but the Contractor is reporting that there is no vacancy expected within the next seven calendar days. Upon receipt of the wait list notification, the Contractor must notify the JJAU of the expected waiting period for the next vacancy. A youth may be assigned to another placement based on the needs of the youth and the timeliness of the next vacancy.

## **JJ Contract 1.3 – Page 3 - JJAU and the Placement Request Process**

### **JJ Contract 1.3 – JJAU and the Placement Request Process Page 3**

The Contractor will receive an electronic notification from the JJAU via MiSACWIS that there is an assignment or wait listed youth. The Contractor shall respond to the placement assignment in the MiSACWIS within five business days of receiving the electronic notification. When responding to the assignment, the Contractor shall enter the Probable Admit Date in the MiSACWIS. The Probable Admit Date shall be within ten calendar days of acceptance. If the Contractor cannot admit the youth within ten calendar days, the Contractor must notify JJAU and the youth may be assigned to another placement based on the needs of the youth and the timeliness of the next vacancy.

## **JJ Contract 1.3 – Page 4 - Exception Request**

### **JJ Contract 1.3 – Exception Request Page 4**

If an exception request is required, the Contractor shall not admit the youth to their facility until the exception request is approved.

Exceptions shall be required:

- a. For youth who have not been adjudicated of a delinquency offense and who are state or court wards due to neglect or abuse,
- b. For youth who are from a county of jurisdiction that is outside of the Contractor's geographic area served,
- c. If the admission would cause the number of MDHHS youth accepted in the program to exceed the number of youth allowed by the contract,  
or
- d. If the youth is outside the age range indicated on the approved JJAU Preferences.

**JJ Contract 1.3 - page 4 - Non-Secure Security Level**

**JJ Contract 1.3 - Non-Secure Security Level  
page 4**

The Contractor shall provide a detailed explanation as to the circumstances that exist at the facility that prevents the Contractor from admitting the assigned youth based on safety concerns.

**JJ Contract 2.10.b – Page 8 - Standardized Assessment Tools**

**JJ Contract 2.10.b – Page 8      b. Standardized Assessment Tools**

The Contractor shall utilize the following assessment tools to assess the youth’s overall progress in functioning while in the residential program:

- 1) MDHHS Strengths and Needs Assessment.
- 2) Michigan Juvenile Justice Assessment System (MJJAS).
- 3) Casey Life Skills Assessment (for youth 14 years of age and older).

The Contractor may utilize additional standardized and reliable assessment tools to assess overall progress in functioning.

The Contractor shall administer the required assessment tools until the youth is released and document the scores in MiSACWIS.

**JJ Contract 2.10.c.1 – Page 9 - Intake/Admission Process**

**JJ Contract 2.10.c.1 – Page 9      c. Intake/Admission Process**

- 1) Upon accepting the placement assignment, the Contractor shall contact the JJS/Child Case Worker within one working day and arrange for admission.

**JJ Contract 2.10.c.2 – Page 9 - Orientation Activities**

**JJ Contract  
2.10.c.2 – Page 9**

2) Upon admission, the Contractor shall document orientation activities outlined in MDHHS JJR Policy JR2 203, Youth Orientation in the MiSACWIS. This will enable the Contractor to create treatment plans and maintain all case information in the MiSACWIS.

**JJ Contract 2.10.c.3 – Page 9 - Intake/Admission Process**

**JJ Contract  
2.10.c.3 – Page 9**

3) The Contractor shall not admit a youth for placement prior to the completion of an Individual Service Agreement (DHS-3600) by both the Contractor and the JJS/Child Case Worker. The DHS-3600 shall clearly identify the JJS/Child Case Worker responsible for ongoing monitoring of the youth's care. The DHS-3600 shall state whether the Contractor or JJS/Child Case Worker shall be responsible for ongoing service to the youth's family.

**JJ Contract 2.10.d.1 – Page 9 - Criminogenic Rehabilitation Services and Specialized Treatment**

**JJ Contract  
2.10.d.1 – Page 9**

1) Youth shall be assessed using the MJJAS. The results of the assessments shall be utilized to formulate individualized treatment plans in MiSACWIS. The MJJAS Residential Tool must be completed with the Initial Treatment Plan. The MJJAS Reentry Tool must be completed with every other Updated Treatment Plan.

**JJ Contract 2.10.e.1.c – Page 10 – Emergency Procedures**

**JJ Contract  
2.10.e.1.c –  
Page 10**

**Emergency Procedures**

- c) Develop and implement standard operating procedures relative to emergency planning which is shared with all staff and contains at a minimum the following:
  - i. Procedures shall be consistent with Mich Admin Code R 400.4151, R 400.4606 and MDHHS JJR Policy JR5 513, Emergency Plans.
  - ii. Procedures that provide direction to staff encountering the following situations:
    - Bomb threat/device.
    - Chemical spill.
    - Fire.
    - Severe Weather.
    - Disasters.
    - Medical Emergencies.
    - Utility failures.
    - Other disruptions (hostage situations, armed intruders, etc.).

**JJ Contract 2.10.e.1c.iii – Page 11 - Emergency Telephone Numbers**

**JJ Contract  
2.10.e.1c.iii –  
Page 11**

**Emergency Telephone Numbers**

- iii. A list of emergency telephone numbers (Police, Fire Department, Ambulance and Utilities).

**JJ Contract 2.10.e.1.c.iv – Page 11 - Clear Direction**

**JJ Contract  
2.10.e.1.c.iv –  
Page 11**

**Clear Direction**

c) Develop and implement standard operating procedures relative to emergency planning which is shared with all staff and contains at a minimum the following:

iv. Clear direction:

- For emergency evacuation, including type of evacuation and exit route assignments.
- To employees who remain to operate critical plant operations before they evacuate.
- To employees performing rescue or medical duties.
- To ensure notification of administration.
- To account for all youth and staff.
- For contacting emergency services.
- Notification of the department of the emergency no later than the next business day.

Directions must be placed in areas readily available to staff. The Contractor shall review and annually update (or more frequently as needed) the emergency plans and written directions.

**RFCJJ 2.10.f.1 – Page 13 - Initial Treatment Plan (ITP)**

**RFCJJ 2.10.f.1 – Initial Treatment Plan (ITP)  
Page 13**

1) Initial Treatment Plan (ITP)

Within 30 days of the youth's admission date, the Contractor shall complete an ITP in the MiSACWIS.

**RFCJJ 2.10.f.1 & 2 – Page 13 - Reporting**

**RFCJJ 2.10.f.1 & f. Reporting  
2– Page 13**

1. Criminal risk and specialized assessment results, identified treatment interventions and targeted behavioral outcomes, shall be included in the Initial Treatment Plan.
2. Criminal risk and specialized assessment results, identified treatment interventions and targeted behavioral outcomes, shall be included in the Updated Treatment Plan.... Criminal risk and specialized assessment results, identified treatment interventions and targeted behavioral outcomes, shall be included in the Updated Treatment Plan.... Progress toward achievement of targeted outcomes and changes to types or dosage of selected treatment interventions shall be documented in ongoing treatment plans.

**RFCJJ 2.10.f.1 – Page 13 - Initial Treatment Plan**

**RFCJJ 2.10.f.1 – 1) Initial Treatment Plan  
Page 13**

Prior to finalizing, the treatment plan, along with the required assessments must be reviewed and approved by the residential supervisor within 14 calendar days of the Report Date. The signature page shall be uploaded in the MiSACWIS by the Contractor upon completion.

**RFCJJ – 2.10.f.2.b – Page 14 – Resident Release Report**

**RFCJJ – Resident Release Report**

**2.10.f.2.b – Page  
14**

A Release Report (RR) shall be completed in the MiSACWIS within 14 calendar days of a youth's planned or unplanned release. The completion date is reflected as the "Report Date" on the first page of the report. The RR is considered overdue if the Report Date is on or after the 15th calendar day. Prior to finalizing, the report, along with the required assessments must be reviewed and approved by the residential supervisor within 14 calendar days of the Report Date. The signature page shall be uploaded in the MiSACWIS by the Contractor upon completion.

**RFCJJ 2.10.f.4 – Page 14 - Critical Incidents**

**RFCJJ 2.10.f.4 – Critical Incidents  
Page 14**

- a) The Contractor shall document any incidents required by Michigan Administrative Code R 400.4150 in the MiSACWIS, including, but not limited to:
- i. Death.
  - ii. Suicide.
  - iii. Attempted Suicide.
  - iv. Serious injury or illness requiring inpatient hospitalization.
  - v. Behavior resulting in contact with law enforcement.
  - vi. Corporal Punishment.
  - vii. Physical Restraint.
  - viii. Seclusion.
  - ix. AWOL.

**RFCJJ – 2.10.f.5 – Page 15 - Crime Victim's Rights Act, 1985**

**RFCJJ – 2.10.f.5 Crime Victim’s Rights Act, 1985  
– Page 15**

5) The Contractor shall comply with all requirements of the Crime Victim’s Rights Act, 1985 PA 87, as amended, known as Victim’s Rights law (MCL 780.751 to 780.828, as amended) and MDHHS Juvenile Justice Residential Policy Item JR5 502, Victim Notification. When a Contractor has a resident for whom there is a “Victim Notification” requested by the court or victim, the Contractor shall document the victim notification request and contact information in the MiSACWIS and the Contractor has the responsibility for victim notification per Crime Victim’s Rights 1985 PA 87, as amended. The Contractor will use the Victim Notification format in the MiSACWIS and document all notifications required in the MiSACWIS.

**RFCJJ 2.10.f.6 – Page 15 - Up-to-Date Electronic Case Record**

**RFCJJ 2.10.f.6 – Up-to-Date Electronic Case Record  
Page 15**

6) The Contractor shall maintain youth case records in accordance with the administrative rules for Child Caring Institutions, Mich Admin Code R 400.4101-4666 and shall be responsible for maintaining an up-to-date electronic case record for juvenile justice MDHHS-supervised youth in the MiSACWIS system including, but not limited to:

- a) Admissions (Mich Admin Code R 400.4152).
- b) Youth Property (Mich Admin Code R 400.4125).
- c) Demographic information for the youth and case members.
- d) Visitation Plans (Mich Admin Code R 400.4122, 400.4124).
- e) Grievances (Mich Admin Code R 400.4132).
- f) Social Work Contacts.
- g) Clinical Case Notes.

- h) Treatment Plans and Release Reports (Mich Admin Code R 400.4155-400.4156).
- i) Assessments and Assessment Scores.
- j) Medication Administration.
- k) Informed Consent for Psychotropic Medication.
- l) Medical, Dental and Mental Health Diagnosis and Treatment (Mich Admin Code R 400.4142-400.4147).
- m) Education (Mich Admin Code R 400.4123).
- n) Victim Notification and Victim Rights Request.
- o) Incident Reports (including Seclusion and Restraint) (Mich Admin Code R 400.4150).
- p) Youth Transport (Mich Admin Code R 400.4139-400.4141).
- q) Release Outcomes Reporting.
- r) JJAU Preferences.
- s) Shift Logs.

**RFCJJ 2.10.f.7 – Page 16 - JJAU Preferences**

**RFCJJ 2.10.f.7 – JJAU Preferences  
Page 16**

7) The Contractor shall maintain a current JJAU Preferences in the MiSACWIS. Any changes to the JJAU Preferences must be approved by DWCL before changes will take effect in the MiSACWIS for JJAU placements.

**RFCJJ – 2.10.f.8 – Page 16 - Vacancies & Waiting List**

**RFCJJ – 2.10.f.8 Vacancies & Waiting List**

**– Page 16**

8) The Contractor shall maintain an accurate report of the number of vacancies expected within the next seven calendar days in the MiSACWIS. The vacancies shall be updated at least every seven calendar days.

**RFCJJ - 2.10.g.1.a – Page 16 - Transitional Service With the Youth**

**RFCJJ - 2.10.g.1.a Transitional Service With the Youth  
– Page 16**

- 1) The Contractor shall:
  - a) Work with the assigned JJS/Child Case Worker to plan reentry referrals and services consistent with Juvenile Justice Field Services Policy Item JJ4 430, Community Placement & Reentry. This shall include holding monthly Treatment and Transition Team meetings starting six months prior to the youth’s planned release date.

**RFCJJ – 2.10.g.c – Page 16 - Transitional Service With the Youth – Release Medical Information**

**RFCJJ – 2.10.g.c Transitional Service With the Youth – Release Medical Information  
– Page 16**

- 1) The Contractor shall:
  - c) Provide the JJS/Child Case Worker, legal parents(s) or guardian(s) or adult youth all medical, dental and mental health information, including a medication regime at time of release.

**RFCJJ – 2.10.g.c – Page 16 - Transitional Service With the Youth – Release Medical Information 2**

**RFCJJ – 2.10.g.c Transitional Service With the Youth – Release Medical Information**

**– Page 16**

Youth with a medication regime must have at least 30 days of medication provided to the responsible party to whom the youth is released, including written information from the prescribing physician explaining each medication and the reason the youth is prescribed each medication. If the youth is released and prescribed psychotropic medication(s), the Contractor must also provide copies of the most current informed consent documentation.

**RFCJJ – 2.10.g.d.i – Page 17 - Release Services 1**

**RFCJJ – 2.10.g.d.i Release Services  
– Page 17**

- d) The Contractor shall:
  - i. Work with the JJS/Child Case Worker to establish a full continuum of services for youth upon release from the Contractor’s facility to the community.

**RFCJJ – 2.10.g.d.ii – Page 17 - Release Services 2**

**RFCJJ – Release Services  
2.10.g.d.ii –  
Page 17**

- d) The Contractor shall:
  - ii. Document the reentry plan and supportive services that have been arranged in the youth’s community in the Release Report.

**RFCJJ – 2.10.g.d.iii – Page 17 - Release Services 3**

**RFCJJ – Release Services**

**2.10.g.d.iii –  
Page 17**

- d) The Contractor shall:
  - iii. Track individual youth for Program Performance Objectives as identified in Section 2.11 (d-f). Below (Expected Program Performance Outcomes), for 6 months following placement release and document in the MiSACWIS Release Outcomes Reporting.

**RFCJJ – 2.10.h – Page 17 - Contractor Request for Change of Placement**

**RFCJJ – 2.10.h – Contractor Request for Change of Placement  
Page 17**

Youth shall not be moved from one placement to another without going through the JJAU placement process identified in JJFS Policy JJ7 700, Juvenile Justice Assignment Unit Placement Process. This includes instances when the Contractor has contracted for more than one Service Description within the same campus/area that involves a change in rate, security level or Service Description (for example, juvenile justice to abuse/neglect, secure to non-secure, general residential to substance abuse treatment).

**RFCJJ – 2.10.h – Page 17 – Change of Placement**

**RFCJJ – 2.10.h – Change of Placement  
Page 17 -**

Disruption of, or non-cooperation in the program is not sufficient reason for the Contractor to request a change in placement.

**RFCJJ – 2.10.m – Page 18 – Legal or Court Related**

**RFCJJ – 2.10.m Legal or Court Related**

**– Page 18**

The Contractor shall cooperate with the JJS/Child Case Worker responsible for placement of the youth in matters relating to any legal or court activities concerning the youth. These activities may include, but are not limited to:

- 1) Transportation of the youth to and from court hearings.
- 2) Supervision of the youth during transport or while present at the hearing.
- 3) Court testimony, recommendations, and reports to the court as requested by the court.

**RFCJJ – 2.10.p – Page 19 – AWOLP / Escape Procedures**

**RFCJJ – 2.10.p – AWOLP / Escape Procedures  
Page 19**

The Contractor shall have a clearly defined process for determining when a youth has gone AWOLP or escaped from the placement. The process shall delineate how the facility and grounds are searched, what personnel will be involved in the search, and how the conclusion will be made that the youth has gone AWOLP or escaped from the placement.

**RFCJJ – 2.10.q – Page 19 - Independent Living Preparation**

**RFCJJ – 2.10.q – Independent Living Preparation  
Page 19**

Independent living preparation activities shall be focused on the results of the Casey Life Skills Assessment that indicate an area of need, when the youth is age 14 or older. The Contractor shall identify independent living activities in the youth's treatment plan.

**RFCJJ – 2.10.q – Page 19 – Independent Living Activities**

**RFCJJ – 2.10.q – Independent Living Activities**

The Contractor shall provide independent living activities for all youth which shall include, but are not limited to: budgeting and money management; employment seeking skills; communication skills; relationship building; health and hygiene; household maintenance and upkeep; educational assistance; preventive health services; parenting skills and accessing community services.

**RFCJJ Contract 2.10.r.2 - Behavioral Health Services**

**RFCJJ 2.10.r.2 – Behavioral Health Services  
Page 20**

2) Youth with Emotional Stability and/or Social Skills needs as indicated on the Youth Strength and Needs Assessment shall have specified goals and services related to emotional stability and social skills documented in their treatment plans.

**RFCJJ 2.10.r.3 – Page 20 - Behavioral Health Services / Mental Health Professional**

**RFCJJ 2.10.r.3 – Mental Health Professional  
Page 20**

3) A mental health professional shall review and update youth behavioral health services treatment plans on a monthly basis and document the review in the MiSACWIS.

A mental health professional means an individual who is trained and experienced in the area of mental illness or developmental disabilities and who is one of the following:

a) A physician who is licensed to practice medicine or osteopathic medicine and surgery in this state under article 15 of the public health code, 1978 PA 368, MCL 333.16101-333.18838.

- b) A psychologist licensed to practice in this state under article 15 of the public health code, 1978 PA 368, MCL 333.16101-333.18838.
- c) A registered professional nurse licensed to practice in this state under article 15 of the public health code, 1978 PA 368, MCL 333.18838.
- d) A master's social worker licensed to practice in this state under article 15 of the public health code, 1978 PA 368, MCL 333.16101-333.18838.
- e) A professional counselor licensed to practice in this state under article 15 of the public health code, 1978 PA 368, MCL 333.16101-333.18838.
- f) A marriage and family therapist licensed to practice in this state under article 15 of the public health code, 1978 PA 368, MCL 333.16101-333.18838.

**RFCJJ 2.10.s.1 – page 21 - Inclusion and Involvement of parents, other family members, or caregivers**

**RFCJJ 2.10.s.1 – Inclusion and Involvement of parents, other family members, or page 21 caregivers**

- 1) Include the family (birth, relative, adoptive and pre adoptive parents, identified adult support or permanent caregiver) in the development of the youth's treatment plans and specifically document the family's involvement in the treatment plan.

**RFCJJ 2.10.s.2 – page 2 - Inclusion and Involvement of parents... Transportation**

**RFCJJ 2.10.s.2 – Inclusion and Involvement of parents... Transportation page 2**

- The Contractor shall:
- 2) Provide routine transportation and flexible hours to meet the family's time schedule to facilitate the family's accomplishment of the treatment goals. Routine transportation is defined as any travel, including travel for family visitation, required by the youth or family for treatment purposes which occurs in the Contractor's geographic area to be served, that may

not reasonably be provided by the parents or other funding source. The Contractor shall coordinate/collaborate with the JJS/Child Case Worker to resolve transportation barriers.

**RFCJJ 2.10.s.5 – Page 21 - Inclusion and Involvement of Siblings**

**RFCJJ 2.10.s.5 – Inclusion and Involvement of Siblings  
Page 21**

The Contractor shall:

5) In collaboration with the agency responsible for placement, allow for sibling visitation and other required sibling interaction and provide supported intervention, based on the youth's treatment needs, to encourage and strengthen sibling relationships.

**RFCJJ 2.10.s.7 – Page 22 – Community Reentry Plan**

**RFCJJ 2.10.s.7 – Community Reentry Plan  
Page 22**

The Contractor shall:

7) Include the family (birth, relative, adoptive and pre adoptive parents identified adult support or permanent caregiver) in the development of a community reentry plan and specifically document the family's involvement in this plan.

**RFCJJ 2.10.s.8 – Page 22 – Family Contact**

**RFCJJ 2.10.s.8 – Family Contact  
Page 22**

8) Withholding of family contact (in any form) is prohibited without a valid court order.

**RFCJJ 2.10.u.1 – Page 22 - Individual Education Program Team (IEPT) Evaluation**

**RFCJJ 2.10.u.1 – Individual Education Program Team (IEPT) Evaluation  
Page 22**

the contractor shall:

1) Collaborate with the youth’s identified school to screen for possible educational disabilities; and if a disability is suspected, refer the youth for an Individual Education Program Team (IEPT) evaluation within the first 30 calendar days to assess, plan and place the youth in the most appropriate educational/vocational program.

**RFCJJ 2.10.u.2 – Page 23 - Prior educational assessments**

**RFCJJ 2.10.u.2 – Prior educational assessments  
Page 23**

the contractor shall:

2) Request prior educational assessments within 30 calendar days of placement to assist in assessing the current educational needs. Documentation of diligence in requesting records must be included in the youth’s case record.

**RFCJJ 2.10.u.3 – Page 23 - exit review**

**RFCJJ 2.10.u.3 – Exit review  
Page 23**

the contractor shall:

3) For youth with identified disabilities for whom release is planned, an

exit review of the educational plan shall be initiated at least 30 calendar days prior to release and forwarded to the JJS/Child Case Worker.

**RFCJJ 2.10.u.4 – Page 23 - program staff is available in crisis situations**

**RFCJJ 2.10.u.4 – Program staff is available in crisis situations  
Page 23**

the contractor shall:

4) Assure that program staff is available to the school program in crisis situations to assist in managing the crisis or to call for assistance.

**RFCJJ 2.10.u.5 – Page 23 - Notification to school administration**

**RFCJJ 2.10.u.5 – Notification to school administration  
Page 23**

the contractor shall:

5) Notify the school administration where the youth is enrolled, in writing, of the name of the worker supervising the youth's juvenile justice case and who is responsible for attending IEPT meetings. Documentation of the notification shall be made in the Education section of the youth's case record.

**RFCJJ 2.10.u.6&8 – Page 23 - Suspended or expelled residents**

**RFCJJ  
2.10.u.6&8 – Suspended or expelled residents  
Page 23**

the contractor shall:

6) For youth suspended from or expelled from school, or who have passed their General Education Development (GED) test, the program shall provide or arrange for structured educational and/or vocational activities (i.e., , structured homework time, additional reading or writing activities, online educational programming independent study assignments and independent living skills).

8) Provide advocacy and service planning for youth that are expelled.

### **RFCJJ 2.10.u.7&9 – Page 23 - Monitoring and maintaining school progress**

**RFCJJ  
2.10.u.7&9 –  
Page 23**

#### **Monitoring and maintaining school progress**

the contractor shall:

7) Take an active role in monitoring and maintaining school progress for youth whether or not they attend a structured school program.

Interventions may include, but are not limited to, capturing and reporting grades and test scores when and where available, obtaining school assignments, monitoring completion of homework and additional tutoring.

9) Maintain at least monthly contact with the school to monitor the youth's progress.

### **RFCJJ 2.10.u.11 – Page 24 – Tutorial Services**

**RFCJJ 2.10.u.11  
– Page 24**

#### **Tutorial Services**

the contractor shall:

11) Provide tutorial services to an individual youth, as necessary, based on the youth's Individualized Education Plan (IEP) or treatment plan.

Tutorial staff must have appropriate educational credentials to provide tutorial services.

**RFCJJ 2.10.v.1 – Page 24 - Rehabilitative Dental**

**RFCJJ 2.10.v.1 – Rehabilitative Dental  
Page 24**

the Contractor shall assure that specific health care is provided, including:

- 1) Rehabilitative, physical or dental procedures by medical personnel as necessary.

**RFCJJ 2.10.v.5 – Page 24 - Upload required medical and dental examination reports in MiSACWIS**

**RFCJJ 2.10.v.5 – Upload required medical and dental examination reports in  
Page 24 MiSACWIS**

the Contractor shall assure that specific health care is provided, including:

- 5) The Contractor shall upload the above-DCWL required medical and dental examination reports in MiSACWIS within five working days of completion.

**RFCJJ 2.10.w – Page 24 – Complete Wardrobe**

**RFCJJ 2.10.w – Complete Wardrobe  
Page 24**

The Contractor shall assure that each youth has an adequate wardrobe as defined by and documented on the Clothing Inventory Checklist (DHS-

3377) while in placement and upon leaving placement.

**RFCJJ 2.10.w – Page 24 - Return of possessions and wardrobe**

**RFCJJ 2.10.w – Return of possessions and wardrobe  
Page 24**

When the youth is absent or at the conclusion of the placement, the Contractor shall have a process in place to return the youth's property to the youth's parent(s) or legal guardian(s) or keep the youth's wardrobe and possessions safe until claimed by the youth or MDHHS. If the possessions are not claimed within 90 calendar days, the Contractor may dispose of the items at its discretion.

**RFCJJ 2.10.y.2 – Page 26 – Psychotropic Medication – Informed Consent**

**RFCJJ 2.10.y.2 – Psychotropic Medication – Informed Consent  
Page 26**

Informed consent must be obtained for administration to a youth of each psychotropic medication. The Contractor shall follow JR3 340, Psychotropic Medications and document the informed consent process in MiSACWIS.

**RFCJJ 2.10.y.2.a – Page 26 - Parental Involvement**

**RFCJJ  
2.10.y.2.a&d –  
Page 26**

**Parental Involvement**

a) The Contractor shall provide psychiatric services to an individual youth, on an as needed basis, according to the youth's treatment plan.

**The Contractor shall engage the parent(s) in the initial and ongoing evaluation process.**

d) Psychotropic Medication must be prescribed or adjusted by a child/adolescent psychiatrist or a psychiatrist with experience working with children and adolescent youth or the youth's primary care physician if a psychiatrist is not available via tele psychiatry. **The youth's parent(s) or legal guardian(s) must be engaged in the consultation either in person or by phone conference, if the youth is under age 18.**

**RFCJJ 2.10.y.2.b – Page 26 - Psychiatric Assessment**

**RFCJJ 2.10.y.2.b Psychiatric Assessment  
– Page 26**

b) Within 45 calendar days of the youth's placement, the psychiatrist must assess the youth and coordinate with the licensed clinical personnel completing the psychosocial assessment. A review of the youth's medication history and current needs and prescription or adjustment of medications and dosage as necessary must occur. Tele psychiatry may be used when a local psychiatrist is not available.

**RFCJJ 2.10.z.3 – Page 26 - Resident knowledge of PREA regulations**

**RFCJJ 2.10.z.3 Resident knowledge of PREA regulations  
– Page 26**

The contractor shall comply with all provisions of the Prison Rape Elimination Act (PREA) and JJR Policy JR5 560, Sexual Abuse Prevention and Response Overview. Compliance with PREA will be monitored by DCWL and the MDHHS PREA Coordinator. Actions should be taken and documented that:

3) Ensure youth knowledge of PREA regulations.

**RFCJJ Attachment A.2 – Page 37 - Mental Health and Behavior Stabilization Services**

**RFCJJ  
Attachment A.2  
– Page 37**

**Mental Health and Behavior Stabilization Services**

The youth shall have a comprehensive psychiatric consultation within 15 calendar days of the youth’s admission into the program. The consultation shall include current and past psychiatric history, medical/developmental history, social history, family history, mental status exam, medication review, and a diagnosis and treatment recommendation. The consultation shall be conducted face to face or via tele psychiatry if face to face is not possible.

**RFCJJ Attachment A.2.a – Page 37 - Services – Nursing Oversight of Psychotropic Medications in a Mental Health and Behavior Stabilization Program**

**RFCJJ  
Attachment  
A.2.a – Page 37**

**Services – Nursing Oversight of Psychotropic Medications in a Mental Health and Behavior Stabilization Program**

Services:  
a. Nurse oversight of physical interaction with psychotropic medication.

**RFCJJ Attachment A.2.b – Page 37 – Services – Individual Therapy in a Mental Health and Behavior Stabilization Program**

**RFCJJ  
Attachment  
A.2.b – Page 37**

**Services – Individual Therapy in a Mental Health and Behavior Stabilization Program**

Services:

b. Individual therapy shall occur more than one time per week.

**RFCJJ Attachment A.2.e – Page 37 – Services - Family Activity Programs in a Mental Health and Behavior Stabilization Program**

**RFCJJ  
Attachment  
A.2.e – Page 37**

**Services - Family Activity Programs in a Mental Health and Behavior Stabilization Program**

Services:

e. Family activity programs.

**RFCJJ Attachment A.2.f – Page 37 - Services - Independent Living Skills Assessment/preparation and Community Reintegration in a Mental Health and Behavior Stabilization Program**

**RFCJJ  
Attachment A.2.f  
– Page 37**

**Services - Independent Living Skills Assessment/preparation and Community Reintegration in a Mental Health and Behavior Stabilization Program**

Services:

f. Independent living skills assessment/preparation and community reintegration.

**RFCJJ Attachment A.3 – Page 38 - Standardized Assessment Tool in a Juvenile Justice Sexually Reactive Residential Program**

**RFCJJ  
Attachment A.3  
– Page 38**

**Standardized Assessment Tool in a Juvenile Justice Sexually Reactive Residential Program**

In addition to the assessment tools outlined in Section 2.10 b., the contractor shall utilize the Estimate of Risk of Adolescent Sexual Offense Recidivism Version 2 (ERASOR Version 2.0) or Juvenile Sex Offender Assessment Protocol (J-SOAP II) to assess the youth’s overall progress while in the residential program. The tool shall be utilized by a professional trained in the utilization of the identified tool.

**RFCJJ Attachment A.3.d – Page 38 – Services - Sex offender treatment group therapy**

**RFCJJ  
Attachment  
A.3.d – Page 38**

**Services - Sex offender treatment group therapy**

Services  
d. Sex offender treatment group therapy, which will include components featuring anger management, sex education, healthy sexuality and deviancy reduction, recidivism prevention, and victim awareness and empathy.

## **RFCJJ Attachment A.3.f – Page 38 – Services – Family Involvement**

### **RFCJJ Attachment A.3.f – Page 38**

#### **Services**

- f. Inclusion of family members in treatment planning and social activities.

## **CI 16-019 Placements in the City of Flint Water Catchment Area**

This Communication Issuance (CI) is being released for several purposes:

- To provide instruction regarding children who are currently placed in the Flint water catchment area or were placed there from April 2014 to January 2016.
- To provide guidance regarding children who may be placed in the Flint water catchment area in the future.
- To provide guidance for licensing and adoption workers working with families in the Flint water catchment area.
- To provide a statewide update regarding the ongoing efforts to ensure the safety and wellbeing of the children and families whom we work with in the Flint water catchment area.

As new information becomes available regarding the water situation in Flint, the MDHHS Children’s Services Agency (CSA) will provide updated communications. MDHHS CSA is committed to assisting those residing in the Flint water catchment area. Public and private child welfare staff who are working with families affected have been equipped with supplies and resources to assist families and they are doing a tremendous job.

### **Current placements and/or children who resided in the Flint water catchment area from April 2014 to January 2016:**

In order to verify the well-being of children placed in the Flint water catchment area from April 2014 to current, MDHHS is requiring child welfare workers to complete and document specific action steps:

- All caregivers utilizing city of Flint water must have their unfiltered water tested and results must be documented in MiSACWIS and the licensing file (if applicable). The assigned foster care or licensing worker is responsible to ensure that each family who has not already had their unfiltered water tested, has submitted their water for testing by 2/10/16.

- All children under the age of 6 who live in the city of Flint water catchment area must see their primary physician for Blood Lead Level (BLL) testing unless the physician does not advise BLL testing. This action must be completed by March 18, 2016.
- All caregivers for children age 6 or over, who reside in the city of Flint water catchment area, must inform the child's physician of the child's possible lead exposure at their next primary care appointment. Unless a child is showing any symptoms or concerns, then an appointment should be made immediately.
- For children who no longer reside in the Flint water catchment area but were placed there sometime between April 2014 to January 2016 and continue to be under MDHHS care and supervision:
  - The caregiver must be notified of the child's possible exposure to lead.
  - For children under the age of 6: The child must see their primary physician for BLL testing unless the physician does not advise BLL testing. This action must be completed by March 18, 2016.
  - For children age 6 and over: The caregiver must inform the primary care physician of the child's possible lead exposure at their next primary care appointment. Unless a child is showing any symptoms or concerns, then an appointment should be made immediately.

For children who were placed in the city of Flint water catchment area sometime between April 2014 to January 2016 and are no longer under MDHHS care and supervision:

- A letter will be sent by CSA alerting the caregiver of the child's possible exposure to lead and will include the recommendation that the child's physician be informed of the child's possible lead exposure at their next primary care appointment or sooner depending on the age of the child.

Following this communication, two spreadsheets will be sent to all county directors who currently have or had children placed in the city of Flint water catchment area who require immediate and ongoing attention. If the county did NOT have a child placed in the Flint water catchment area during this time, they will NOT receive a spreadsheet. If a county believes that they should have received a spreadsheet and did not, please contact [MDHHS-Childwelfare-Flintwater@michigan.gov](mailto:MDHHS-Childwelfare-Flintwater@michigan.gov). The county director receiving the spreadsheet is responsible for the dissemination of case specific information to private agency partners for follow-up and for weekly progress reporting on all cases identified on their specific spreadsheets. Directions on follow-up will be included for those that receive a spreadsheet.

**Ongoing requirements for all placements using city of Flint water:**

Until further notice, during monthly home visits with all placement providers utilizing city of Flint water, assigned child welfare workers must have a safety planning conversation with unlicensed/licensed caregivers and the conversation must include the following:

- Caregivers utilizing city of Flint water must have their unfiltered water tested and results must be documented in MiSACWIS and the licensing file (if applicable). Bottled water must be used until testing results are received and testing must occur within 5 days of all new placements.
- Caregivers will follow instructions provided in the attachment “Frequently Asked Questions About Lead in Your Home’s Water” and use bottled water when filtered water is not available. The “Frequently Asked Questions” document can be found at:  
[http://www.michigan.gov/documents/deq/2015-10-21\\_-\\_Lead\\_-\\_Flint\\_Water\\_FINAL\\_504265\\_7.pdf?20160121105933](http://www.michigan.gov/documents/deq/2015-10-21_-_Lead_-_Flint_Water_FINAL_504265_7.pdf?20160121105933)
- Caregivers must view online training including proper water filter installation and review the “Letter to Flint Parents.” The instruction video on proper filter installation is found at: [www.Michigan.gov/flintwater/](http://www.Michigan.gov/flintwater/) and the letter can be found at [http://www.michigan.gov/documents/deq/deq-flintwater-Parent-Letter\\_-\\_FINAL\\_505194\\_7.pdf?20160126091024](http://www.michigan.gov/documents/deq/deq-flintwater-Parent-Letter_-_FINAL_505194_7.pdf?20160126091024)
- Caregivers must ensure that a water filter(s) has been installed and when necessary, a replacement cartridge(s) has been changed according to water filter instructions.
- Caregivers are responsible for ensuring that all substitute care providers using city of Flint water have installed water filters or are using bottled water.

The safety planning conversation is required to be documented in MiSACWIS social work contacts, the licensing file (if applicable) and the attached form “Safety Planning Verification: City of Flint Water” must be signed and included in the associated file(s). See further instructions on the bottom of the form. A PDF and a Microsoft Word copy are attached.

**Future placements in the city of Flint water catchment area:**

All child welfare workers who are considering placing a child in any placement that uses city of Flint water must verify the placement has tested their water, received confirmation of the test results and observe that the placement has a clean water supply (installed water filter or filtered water pitcher and has a replacement filter cartridge). The child welfare worker must also ensure that the placement provider is aware of available resources (<http://www.michigan.gov/flintwater>). Note: If the placement has not had water testing and/or does not have an installed filter, the caregiver must sign the attached “Safety Planning Verification: City of Flint Water” which states they will have their water tested, only use bottled water until test results are received, and install proper filters within 5 days.

Child welfare workers are required to document the observation and resource discussion in the social work contacts section of MiSACWIS and complete the attached “Safety Planning Verification: City of Flint Water.” For any new relative placements who utilize city of Flint water, the child welfare worker completing the screen/assessment must also document this information on the DHS-588 and/or DHS-3130a. All identified substitute caretakers must also have a clean water supply.

**Guidance for licensing and adoption workers working with families in the Flint water catchment area:**

For families in the licensing process or being studied for adoption, verification that the home water supply is from a source that is approved for a private home by the health authority is required to be documented in the BCAL-3130 and DHS-612. Updated child specific medical information is also to be included in the DHS-612. Licensing and adoption workers must ensure that families receive information on available resources located at <http://www.michigan.gov/flintwater>.

All currently licensed foster home providers who reside in the city of Flint water catchment area must complete the attached Foster Parent Agency Agreement Addendum by February 19, 2016; (Licensing Rules for Child Placing Agencies, R400.12311 (3) Foster parent/agency agreement).

The foster parents agree:

To have and use a clean water source. Available resources are located at <http://www.michigan.gov/flintwater>.

- To follow instructions provided in the attachment “Frequently Asked Questions About Lead in Flint Water” and use bottled water when filtered water is not available. The “Frequently Asked Questions” document can be found at: [http://www.michigan.gov/documents/deq/2015-10-21\\_-\\_Lead\\_-\\_Flint\\_Water\\_FINAL\\_504265\\_7.pdf?20160121105933](http://www.michigan.gov/documents/deq/2015-10-21_-_Lead_-_Flint_Water_FINAL_504265_7.pdf?20160121105933)
- To view online training including proper water filter installation and review the “Letter to Flint Parents.” The instruction video on proper filter installation is found at: [www.Michigan.gov/flintwater/](http://www.Michigan.gov/flintwater/) and the letter can be found at [http://www.michigan.gov/documents/deq/deq-flintwater-Parent-Letter\\_-\\_FINAL\\_505194\\_7.pdf?20160126091024](http://www.michigan.gov/documents/deq/deq-flintwater-Parent-Letter_-_FINAL_505194_7.pdf?20160126091024).
- To ensure that my substitute care provider, if located within the Flint water catchment area have installed water filters or are using bottled water.
- To submit an unfiltered water sample for testing and view the video entitled “How to Properly Test Your Water” at <http://www.mi.gov/flintwater/0,6092,7-345--374459--,00.html>
- For children placed in my home under the age of 6, medical appointments with their primary physician will be scheduled for BLL testing unless the physician does not advise BLL testing. This action must be completed by March 18, 2016 and documentation of the appointment and results provided the child’s caseworker.
- For children placed in my home ages 6 or over, the child’s physician will be informed of the child’s possible lead exposure at their next primary care appointment. If testing was not recommended, this information will be provided to the child’s caseworker.

The child placing agency agrees:

- To provide assistance in accessing available water and medical resources. Resources are available at <http://www.michigan.gov/flintwater>.
- To document “completion of proper filter installation” on-line training in the foster parent record.
- To document in the foster parent record verification that the foster home as an approved water source available and water testing kits have been provided.
- To document water testing results in the foster parent record.
- To provide the foster parent with a signed copy of the updated Foster Parent Agency Agreement.
- To review the <http://www.michigan.gov/flintwater> for updated information which will be provided to the foster parents as information becomes available.

**Resources/questions:**

Additional information and resources can be found at <http://www.michigan.gov/flintwater> and/or by contacting your local 2-1-1. MDHHS is committed to ensuring the safety and well-being of all children under our care and supervision, if you have questions please contact your local county office director or email [MDHHS-Childwelfare-Flintwater@michigan.gov](mailto:MDHHS-Childwelfare-Flintwater@michigan.gov).

Attachments:

- Form: Safety Planning Verification: Regarding City of Flint Water (PDF Copy)
- Form: Safety Planning Verification: Regarding City of Flint Water (Word Copy)
- Form: Foster Parent Agency Agreement Addendum (PDF Copy)
- Form: Foster Parent Agency Agreement Addendum (Word Copy)
- Frequently Asked Questions About Lead in Your Home’s Water
- Letter for Flint Parents

**JR5 500 ESCAPE PREVENTION**

**POLICY**

Facility staff must be alert to youth movement and conduct and communicate as needed to facilitate safety, security and services to youths.

**PURPOSE**

To ensure safe, secure and service-oriented facilities for youth.

## **DEFINITIONS**

See JRG, JJ Residential Glossary.

## **RESPONSIBLE STAFF**

Designated in the facility standard operating procedure.

## **ESCAPE PREVENTION PROCEDURE**

Each facility must develop and implement standard operating procedures (SOPs) relative to escape prevention. At a minimum, SOPs must contain the following requirements:

### **Required Staff Communications**

Staff must provide:

- Information necessary to ensure security and to facilitate the delivery of services to youths.
- Information regarding matters that need attention from staff coming on-duty provided in the manner best suited to ensure follow-up.

### **Youth Counts**

Staff responsible for direct service to youths maintain youth counts and know the identity and location of youths.

### **Youth Activities**

Staff responsible for an activity must:

- Be present and ready to receive youths at the start of the activity.
- Remain with youths throughout the activity.
- Communicate any change in starting or ending times or need for assistance to appropriate staff and/or to supervision.

- Ensure there are sufficient staff to maintain safety and security. On-Grounds Travel

Staff must accompany youths in secure facilities.

In non-secure programs, youths may travel on facility grounds without direct staff supervision if staff confirms departures and arrivals.

### **Security Measures**

Staff must routinely check doors, windows and other security measures during their shift and report security problems to a supervisor.

### **Escape Consequences**

As part of orientation at the facility, staff must advise youths of the possible legal and facility determined consequences of escape behaviors.

### **AUTHORITY**

Social Welfare Act, MCL 400.115a (1) (l)

## **JR5 501 ESCAPE RESPONSE**

### **POLICY**

Residential juvenile justice programs must be structured and supervised so that public safety is not compromised. Escapes must be reported to law enforcement and notification of the escape must be provided to victims upon their written request.

### **PURPOSE**

To ensure the protection of the community and the victims of crime by focusing on the immediate return of an escaped youth to custody.

## **DEFINITIONS**

See JRG, JJ Residential Glossary.

## **RESPONSIBLE STAFF**

All facility staff.

## **PROCEDURE**

Each facility must develop and implement written procedures for escape response. The procedures must contain the following requirements:

### **Staff Response**

Any staff who determines that a youth has escaped must:

- Ensure remaining youths are supervised.
- Ensure remaining youths do not physically pursue an escaping youth.
- Physically pursue and apprehend the escaping youth only when it is safe to accomplish.
- Notify facility management when:
  - Staff cannot immediately apprehend the youth.
  - It is unsafe to pursue the youth.
  - The pursuit is unsuccessful.
  - The youth fails to return from an approved leave of absence.
- DHS policy requires notification to law enforcement within one hour of an unauthorized absence.
- If more than one staff member is present, staff supervising the remaining youths must contact the facility as soon as feasible.
- Complete an incident report documenting the escape prior to leaving work for the day.

## Immediate Facility Response

Facility staff receiving a report of escape must document the following:

- Name of the escaped youth.
- Time of the escape.
- Youth's clothing description.
- Youth's direction and method of travel.
- Names of anyone pursuing the youth.
- Staff's location.
- Telephone number from which the call was made.

Facility staff must notify the appropriate law enforcement agency.

Facility staff must provide the information documented above and identifying information contained in the youth's data file or the Juvenile Justice Information System (JJIS) to the local law enforcement agency if the escape is from facility grounds or the local community.

If the escape occurred where the appropriate law enforcement jurisdiction is unknown, contact the county sheriff's office where the escape occurred.

Facility staff must access the youth data file or JJIS to determine if victim notification is required. If victim notification is required, staff must:

- Make the contacts required in the victim notification policy; see JR5 502, Victim Notification.
- Log all telephone calls made pursuant to the victim notification procedure. Log entries must include:
  - Date of escape.
  - Time of escape.
  - Name of the person contacted.
- Messages left on voice mail, e-mail, fax, or telephone answering machines do not meet notification criteria for purposes of this procedure.

- Notify the facility director or designee of the escape and whether or not victim notification is required and accomplished.

### **Immediate Facility Director or Designee Response**

The facility director or designee must ensure all of the following:

- Organize the search for the escaping youth.
- Verify that information on the youth is placed in the Law Enforcement Information Network (LEIN). A copy of the LEIN number must be kept on file.
- Complete and fax the Unauthorized Absence Report (DHS-3198) for Wayne County youths to the Wayne County Warrant Enforcement Bureau (313-297-5240).
- Report the escape on the DHS Alert system.
- Complete a notice of escape and incident report in the JJIS. Notify the escaped youth's JJS (or supervisor), case management organization (CMO) worker, or probation officer of the escape as soon as possible.
- Notify the local law enforcement agency in the youth's home community of the escape.
- Notify the youth's parent/guardian.

### **Apprehension or Return of Youth**

Upon the apprehension or return of an escaped youth, the facility director or designee must:

- Cancel the LEIN message.
- Notify DHS administration through the DHS Alert system.
- Notify the youth's JJS, CMO worker or probation officer.
- Notify the youth's parent/guardian.

- Ensure the victim and court of commitment are notified of the apprehension/return of the youth.
- Complete the apprehension section on the JJIS notice of escape.

### **Escape Attempt**

Any offenses occurring during an escape or escape attempt, including the escape or escape attempt, must be reported to local law enforcement.

### **AUTHORITY**

Crime Victim's Rights Act, 1985 PA 87, as amended, MCL 780.751 et seq.

Michigan Penal Code, 1931 PA 328, as amended, MCL 750.186a

Social Welfare Act, 1939 PA 280, as amended, MCL 400.115a (1) (I)

Youth Rehabilitation Services Act, 1974 PA 150, as amended, MCL 803.306a

## **JR5 512**

## **CHILD ABUSE AND NEGLECT REPORTING**

### **POLICY**

Facility staff reports all instances of suspected child abuse and neglect to children's protective services and the facility/center director or designee.

All instances of suspected adult abuse, neglect and exploitation must also be reported as outlined in the DHS Administrative Handbook manual Personnel & Professional Development (AHP) AHP-602-3.

### **PURPOSE**

This policy ensures appropriate reporting of incidents which promotes the safety, health and welfare of children.

## **DEFINITIONS**

See JRG, JJ Residential Glossary.

## **RESPONSIBLE STAFF**

Designated in the facility standard operating procedure.

## **PROCEDURE**

Each facility is required to develop and implement standard operating procedures (SOPs) relative to child abuse and neglect reporting. At a minimum, these SOPs must contain the following requirements:

### **Mandated Reporting**

As a mandated reporter, staff report suspected instances of child abuse and neglect to their facility's county DHS Children's Protective Services office.

- Staff immediately makes an oral report to the local DHS Children's Protective Services office.
- Staff submit a written report of the incident using form DHS-3200, Report of Actual or Suspected Child Abuse or Neglect, within 72 hours. A copy of the form must be sent to the BJJ director.
- A copy of the DHS-3200 is retained in the youth's file.

The facility/center director or designee ensures the required reporting of suspected abuse/neglect to children's protective services.

The facility/center director or designee ensures that a copy of the completed DHS-3200 form is provided to the BJJ Quality Assurance (QA) manager within 72 hours of awareness of the incident.

The Mandated Reporter's Resource Guide (DHS Publication 112) includes a copy of the Child Protection Law and is available online at:

[www.michigan.gov/dhs-publications](http://www.michigan.gov/dhs-publications), select DHS Pub-112 in the Children's Protective Services category.

***Reporting requirements for suspected abuse/neglect occurring within a facility and/or involving facility staff***

Reporting requirements include all of the following:

Staff make an immediate oral report of suspected or alleged abuse or neglect to the local county protective services office and the facility/center director or designee.

Staff completes and **submits an incident report** to their supervisor before the end of the shift in which the incident becomes known.

The facility/center director or designee notifies the Bureau of Children and Adult Licensing (BCAL) no later than the end of the next business day.

The facility/center director or designee ensures that the mandated reporter completes and submits the form DHS-3200 to the local county DHS Children's Protective Services office within 72 hours of awareness of the incident.

***Investigation procedures for suspected abuse/neglect occurring within a facility and/or involving facility staff:***

Upon receipt of an allegation of staff abuse or neglect, the facility/center director or designee ensures all of the following:

Takes immediate action to ensure protection of the youth.  
Immediately notifies the BJJ director.

***EXCEPTIONS:*** If the facility/center director or designee is the subject of the report, the facility/center director or designee immediately informs the BJJ director who will assign investigative and reporting duties, designated in this policy, from the facility/center director or designee to a designated manager.

- A physician examines the youth if physical abuse involving staff is alleged to have occurred or is evident.
- The facility/center director, designee or designated manager conducts an internal administrative investigation of the incident as soon as possible after the initial report of abuse/neglect is received. The facility/center director, designee or designated manager ensures:
- Statements (written, signed and dated) are obtained from all available witnesses and individuals pertinent to the investigation within 24 hours.

- The internal administrative investigation is completed within 10 business days following notification of the suspected incident.
- Within five business days of the completion of the investigation, a copy of the administrative investigation final report is submitted to the director of the BJJ residential facilities division.
- Upon request, the facility/center director, designee or designated manager provides all documents pertinent to the investigation to BCAL and BJJ investigator(s).

***Reporting requirements for suspected abuse/neglect occurring outside a facility and no involvement of facility staff:***

Staff makes an immediate oral report to the facility/center director or designee of suspected or alleged abuse or neglect.

The facility/center director or designee ensures the mandated reporter completes and submits the form DHS-3200 to the appropriate county DHS Children’s Protective Services office within 72 hours of the awareness of the incident.

**AUTHORITY**

Child Protection Law, MCL 722.621 et seq.

DHS Administrative Handbook, AHP 602-4, Conduct and Responsibilities - Mandated Reporters of Child Abuse and Neglect

DHS Administrative Handbook, AHP 602-3, Conduct and Responsibilities - Mandated Reporters of Adult Abuse, Neglect and Exploitation

**JR2 213                    YOUTH AND FAMILY GRIEVANCES**

**Appealing a Grievance Response**

The youth or family member may appeal the grievance response to the facility/center director or designee within fifteen (15) calendar days.

## **Responding to an Appeal**

The facility/center director or designee:

- Conducts additional interviews.
- Gathers additional evidentiary materials.
- Reviews the initial record.
- Provides a written response, including the rationale for the decision, within seven (7) calendar days.

## **JR2 241 RELIGIOUS ACTIVITIES**

### **POLICY**

Staff must provide youths with opportunities to voluntarily participate in religious activities while in residential facilities.

### **PURPOSE**

To ensure that youths can participate in religious activities of their choice.

### **DEFINITIONS**

See JRG, JJ Residential Glossary.

### **RESPONSIBLE STAFF**

Designated in the facility standard operating procedure.

### **RELIGIOUS PROCEDURES**

Each facility must develop and implement standard operating procedures (SOPs) relative to religious programming and activities. At a minimum, SOPs must contain the following requirements:

#### **Duties of Religious Coordinator**

The religious coordinator must:

Review religious literature provided to youth.

Arrange worship services.

Collaborate with local community leaders.

Ensure religious personnel are informed of and follow the facility's safety, security and operating procedures.

Ensure adequate and appropriate space, equipment and supplies are provided for religious services subject to security, space and budgetary concerns.

### **Duties of Facility Director or Designee**

The facility director or designee must:

Screen volunteers for criminal history and placement on the children's protective services Child Abuse/Neglect Central Registry (CA/NCR).

Ensure the facility has a chaplain or staff member designated as the religious coordinator.

Ensure direct care staff presence at all services.

Record religious activities in facility log.

Review requests for special diet or specialized rituals.

Grant youths in secure facilities approval to attend formal off-site religious services (See JR2 221).

### **Youth Involvement**

Staff determine and document the religious preference of youth during the admissions and/or assessment process.

Youth participation is voluntary.

Other planned activities are available for youth who choose to not participate in religious activities.

## **AUTHORITY**

Religious Land Use and Institutionalized Persons Act, 42 USC 2000cc, et seq.

Social Welfare Act, MCL 400.115a (1) (l)

Child Caring Institutions Rules, R400.4138

## **JR2 221                    OFF-CAMPUS ACTIVITIES**

### **POLICY**

Youth in residential juvenile justice facilities may participate in off-campus activities consistent with their risk to public safety, the expected therapeutic gain from participation, and their ability to participate. Each case of a youth in a secure facility that is eligible to participate in off-campus activities must be periodically reviewed to determine if de-escalation to a non-secure or community placement is appropriate.

### **PURPOSE**

To ensure public and youth safety while preparing a youth to successfully return to the community.

### **DEFINITIONS**

See JRG, JJ Residential Glossary.

### **RESPONSIBLE STAFF**

The facility director, in coordination with the juvenile programs director, must approve off-campus activities. The facility director and managers must coordinate off-campus activities with treatment team staff. Treatment team staff must plan the overall activity, screen the youth, and execute the off-campus activity.

### **OFF-CAMPUS ACTIVITY PROCEDURE**

Each facility must develop and implement a written standard operating procedure for conducting off-campus activities. The procedure must contain the following minimum elements:

## **Activity Types**

There are three types of activities:

General off-campus activities.  
Employment.  
Education/training.

General off-campus activities include, but are not limited to, community services and other restorative justice service events as well as treatment activities in the community.

## **Youth Eligibility Criteria**

The treatment team must determine youth eligibility for off-campus activities based on:

- The expected therapeutic or educational benefit derived from participation.
- A screening of the youth (see factors below).
- An evaluation of the youth's threat to public safety and other participating youth.
- The youth's recent behavior.

## **Screening Factors**

The following screening factors restrict youth eligibility to participate in off-campus activities:

- The youth was rated high in the most recent DHS risk assessment. The risk assessment may be conducted using the DHS-497, Residential Risk Reassessment, or other approved DHS risk assessment instrument, but must have been completed within the previous 90 calendar days.
- The youth has less than 30 calendar days in the current program.
- The court has restricted the youth from participating.
- The youth presents an escape risk.

- The youth has engaged in recent fights, assaults, suicidal behavior, sexual misconduct, or other demonstrations of failure to make adequate treatment progress.
- A medical condition prohibits the youth from participation.

### **Activity Staffing**

A minimum of two staff must supervise youth participating in off-campus activities.

Staff must be trained or have credentials in:

- CPR and first aid.
- Crisis intervention continuum.
- Physical and mechanical restraints.
- Lifeguard (if waterborne activities are planned).
- Training/competence to conduct planned activities.

### **Activity Planning and Approval**

The facility director and juvenile programs director must approve any off-campus meals other than those provided by the facility.

The facility director and juvenile programs director must approve all off-campus activities in advance by signing the DHS-2221, Request Form for Off Grounds Group Activity. Facilities must send the form to the juvenile programs director for approval at least five business days before the scheduled event.

Facilities may request advance approval for multiple activities of the same type within a set time frame (for example, weekly balanced and restorative justice activities within the month of January). Facilities must provide as much information as possible in the initial request and follow up with additional information as it becomes available.

### **Supervision and Safety of Youth**

Staff must familiarize themselves with the activity setting, potential safety and escape risks, and actions to mitigate risk.

Staff must follow standard procedures for youth transport; see JR5 520.

Staff must maintain line of sight supervision of youth and appropriate youth to staff ratios; see JR5 540. Staff must carry at least one cell phone and either a backup cell phone or a portable radio (mobile walkie/talkie).

During bathroom breaks, staff must maintain line of sight supervision with at least a portion of the youth's body and maintain close proximity.

Staff must ensure that appropriate safety equipment is available and worn correctly as part of participation. Personal flotation devices are mandatory for all participants including staff on waterborne activities (for example, rafting, canoeing, kayaking or boating).

In the event of youth escape, staff must follow escape response procedures; see JR5 501, including incident reporting using the DHS Alert system. Staff must ensure that remaining youth stay under supervision and that the remaining youth do not pursue the escaping youth.

### **Special Requirements for Education and Employment Activities**

The following provisions apply only to youth engaged in opportunities that can be utilized exclusively off-campus and after a thorough review of risk and safety considerations. Benefits must be considered clearly necessary and appropriate for meeting the permanency goal and successful return of the youth to the community. Staffing, planning, approval, and supervision requirements in this policy remain fully in effect unless all of the following requirements are met:

- The youth involved is expected to be released within six months.
- The youth may engage in side trips or other activities only with advanced written authorization. The youth may not use the opportunity to conduct off-campus visits, engage in recreational activities or entertainment, go shopping, run errands, or other activities that are not part of the educational or employment opportunity.
- The youth may be equipped with or allowed to have a cellular phone at facility discretion. If allowed, the phone must be surrendered on return to campus.
- The youth may not leave the educational institution campus or the work site except to return to the facility with staff.

- The youth may not operate a motor vehicle or ride in a vehicle with persons other than facility staff. Transport to and from the event must be by state vehicle driven by facility staff.
- Facility staff must review the escape policies and procedures with the youth within 15 calendar days of starting the activity. This review must be documented in writing and filed in the youth's case file.
- Facility staff must review the employment or educational opportunity with the youth and ensure the youth understands possible consequences if the youth misbehaves or reoffends. Depending on the youth's age, criminal offenses may be prosecuted in the adult criminal justice system.
- The youth's juvenile justice specialist must be aware of and approve of the activity.
- The youth's parent(s)/legal guardian(s) must be aware of the activity and understand restrictions in effect.
- The facility director and juvenile programs director must be fully knowledgeable and approve of the activity in writing.
- The court must approve and document that they are knowledgeable of the activity in a court order held by the facility. The order must be separate and distinct from the order resulting in placement with at the facility. The order must be filed in the youth's case file.
- If the youth is a sex offender, the facility must advise the relevant educational or training institution in advance.
- The facility must ensure that any victim's rights notification requirements are fulfilled. If a victim is known to be at the same educational institution or place of employment, the youth is ineligible to participate in educational or employment opportunities at that location under this policy.
- The facility must coordinate with the youth and employer to ensure compliance with all labor laws and employment regulations, including the administration of wages.
- The facility must provide the youth with appropriate medication and the youth must have a demonstrated record of compliance with taking medications. Medications must not interfere with job duties.
- The facility must ensure that prospective employers are able to provide emergency first aid and coordinate with the facility for medical care should the youth become ill or injured.

- The facility may provide a participating youth with limited amounts of cash to purchase appropriate food at the work site or educational institution, but expenditures must be accounted for with receipts and documented staff approval.
- The facility must monitor the youth's work or educational performance. Failure of the youth to provide access to educational records renders the youth ineligible to participate.
- The facility must search the youth on each return to the facility.
- The facility must conduct unannounced on-site spot checks of the youth at intervals not to exceed 30 calendar days during the activity's duration.
- The use of the DHS-2221 form is mandatory.

### **Relaxations Under Special Circumstances**

Relaxations to normal secure facility supervision may be approved based on the special requirements discussed above. Key emphasis must be placed on the risk posed by the youth. Delegation of supervision, to other than state employees, must not occur unless the risk to the youth and the community is evaluated to be acceptable.

If the level of risk is in doubt, the activity must be considered inappropriate for the youth and the activity postponed or cancelled. The facility may terminate its permission for the activity at any time without notice.

Youth supervision, normally under staff control, may be delegated to an employer acting as a program-delegated individual. Prior to this delegation, the facility staff must meet with the employer, visit the work site, gain understanding of the youth's activities on the job, and observe the youth working for at least one scheduled shift.

Youth supervision may also be delegated to an educational institution based on approved enrollment at the institution and the approval of the facility director. Prior to this delegation, facility staff must attend any orientation with the youth, meet the youth's teachers (if feasible), and attend the first class (es).

The employer and educational institution must be provided with emergency facility contact information and response actions should the youth become ill/injured, misbehave, escape, or otherwise be non-compliant.

## **AUTHORITY**

Social Welfare Act, 1939 PA 280, as amended, MCL 400.115a (1) (I)

## **JR2 242            RECREATION**

### **POLICY**

It is the policy of the Michigan Department of Human Services Bureau of Juvenile Justice (BJJ) that youths will participate in safe and appropriate recreational and leisure activities to enhance successful rehabilitation, physical and mental development, and positive social interaction.

### **PURPOSE**

This policy ensures youth participation in structured recreational and leisure activities.

### **DEFINITIONS**

See JRG, JJ Residential Glossary.

### **RESPONSIBLE STAFF**

Designated in the facility standard operating procedure.

### **PROCEDURE**

Each facility is required to develop and implement standard operating procedures (SOPs) relative to the involvement of youths in recreational and constructive leisure time activities. At a minimum, these SOPs must contain the following requirements:

#### **Activity Protocol**

Activity planning considers:

The specific needs, interests and capabilities of their population, including gender-specific needs.

The physical plant and space.

Safety and security, avoiding activities that involve a substantial risk of injury.

### **Activity Schedule includes**

Posted schedule includes designated times for recreational, leisure and physical activities.

Schedule includes at least one (1) hour each weekday and two (2) hours on weekend days of large muscle recreational activities and includes supervised leisure activity each day.

Recreational and leisure activities may be restricted due to:

- Documented medical restrictions.
- Disciplinary reasons.
- Security concerns.
- Emergencies.

### **Equipment Inventory Inspection**

To the extent fiscally feasible, a variety of recreational equipment and leisure time supplies are available for the youth.

Recreational equipment and leisure activity supplies are inventoried after each use.

Recreational areas are carefully inspected before and after each use.

Record the recreation and/or leisure activity in the daily log.

### **AUTHORITY**

Social Welfare Act, MCL 400.115a (1) (l)

**JR5 520**

## **YOUTH TRANSPORT**

### **POLICY**

Youth transportation must ensure the safety of the youth, staff and the community. Prior to transporting a youth in a secure placement, staff must assess the youth to determine the need for mechanical restraints during transport.

### **PURPOSE**

To ensure the safety of the youth, staff and community during the transport of youth to court appearances, medical appointments, facility transfers and off-campus activities.

### **DEFINITIONS**

See JRG, JJ Residential Glossary.

### **RESPONSIBLE STAFF**

Facility director, program manager, and transport team.

### **TRANSPORT PROCEDURES**

Each facility must develop and implement written procedures for youth transportation. At a minimum, procedures must contain the following requirements:

#### **Staffing and Supervision**

Staff must complete the youth transport form (DHS-520). Staff must follow youth to staff ratios. (See JR5 540, Youth to Staff Ratio, Procedure, Minimum Staff to Youth Ratios.)

A transport team of at least two staff (including the vehicle driver) must escort youths when transporting two or more youths. At least one staff must be the same gender as the youths.

Fire and safety officers and contracted transporters may be members of the transport team.

At least one transport staff must be trained in the use of mechanical restraints.

The transport team must transport any detention youth with leg shackles, handcuffs and waist restraint except as noted below.

The facility director must review the appropriateness of any case where a pregnant youth is to be restrained for transport.

The facility director may waive the use of mechanical restraints as required by this section based on an assessment of risk. This waiver must be documented in writing.

Staff must offer a youth the opportunity to use the restroom prior to departure, upon arrival and prior to beginning the return trip. Staff must ensure that the youth uses secure restroom facilities (for example, court or law enforcement) to the extent practical. Staff of the same gender as the youth must accompany the youth into the restroom and maintain close physical proximity.

Occupants of the transporting vehicle must sit in designated seats and properly wear seat belts.

Staff must verify that the transport vehicle carries all of the following:

- A first aid kit (inspected prior to every transport).
- A universal precaution kit.
- A fire extinguisher.
- A cellular telephone.

Staff must load all medications, documentation and luggage prior to placing the youth in the vehicle.

Staff may make only stops approved on the transport form.

Attendant staff must maintain line of sight supervision of the youth and must ensure that the youth remains in the secure area of the vehicle.

Staff must call the facility upon beginning the return trip.

## **AUTHORITY**

Social Welfare Act, MCL 400.1 et seq.

## **JR3 381**

## **MEDICATION ADMINISTRATION**

### **POLICY**

Medications for each youth in a residential juvenile justice facility must be administered as prescribed by a designated staff member or medical contractor. This policy applies to over-the-counter (OTC) medications, prescription medications, and controlled substances; see JR3 380, Prescription Practices.

The use of psychotropic medications as a behavior management tool without regard to any therapeutic goal is strictly prohibited. Psychotropic medication may never be used as a method of discipline or punishment; see JR3 340, Psychotropic Medications.

Staff must keep personal medications to a minimum, in their possession, and never provide them to any youth. Staff use of any facility medications, including over-the-counter medications, is strictly prohibited. Staff must ensure that visitors limit the number of medications brought into the facility to the minimum necessary and that these medications remain in the custody of the visitor and are never provided to a youth.

In cases where the youth is 18 years of age, parental/guardian notifications, approvals and objections discussed in this policy are provided/applicable to the youth.

### **PURPOSE**

To ensure that each youth receives his/her correct medication as prescribed and with proper consent.

### **DEFINITIONS**

See JRG, JJ Residential Glossary.

### **RESPONSIBLE STAFF**

Staff designated to store, dispense and dispose of medications must come from the following groups:

- Program manager (youth residential director).
- Shift supervisor (youth specialist supervisor).

- Youth group leader.
- Social worker.
- Youth specialist.
- Youth aide.
- Contracted medical staff including nurses, medical and pharmacy technicians.

Private agencies may determine their own designated medication staff.

## **PROCEDURE**

Each facility must develop and implement written standard operating procedures for medication administration. These procedures must include the following requirements:

### **MEDICATION OBJECTIONS**

Staff must report receipt of any parent/guardian medication objection to the prescribing authority within one business day. Any case when this report cannot be made within the time limit must be reported to the facility director. Any case in which the physician is not notified of an objection within three business days must be reported to the Director, Juvenile Justice Programs. The physician and facility director, in consultation with the parent/guardian, must determine an appropriate course of action.

### **DISCONTINUING MEDICATIONS**

All prescription medications to be discontinued must be documented with a written order from the prescribing authority.

### **MEDICATION DISPENSING**

Medication for each youth must be dispensed:

- As prescribed. Psychotropic medications must only be administered with informed consent; see JR3 340, Psychotropic Medications.
- By a contracted medical staff or trained and designated staff in one of the positions listed in this policy.

## **Dispensing Rules**

Staff must dispense medication in accordance with the six right rules for medication dispensing. These are:

- Right youth. Staff dispensing the medication must positively identify the youth.
- Right medication. The prescription, medication administration record form, and label on the medication container must match.
- Right dose. The dose must be that specified on the medication container.
- Right time. Unless otherwise directed in writing by the prescriber, medications must be dispensed within 30 minutes either side of the time listed on the medication administration record.
- Right route. This is the means by which the medication enters the body.
- Right documentation. Staff must document the medication being taken or refused on the medication administration record.

## **Dispensing Medication**

The staff designated to dispense medication must wash his/her hands prior to beginning the process.

The staff must focus exclusively on medication dispensing at the scheduled time and limit youth movement, noise and activities in the medication administration area.

The staff must avoid dispensing medications in an area that poses a risk of losing the medication if dropped, such as near a sink, toilet or drain.

The staff must not dispense any medication that is obviously discolored, malformed, broken, or that has an unusual odor.

The staff must assist each youth individually while taking medication. Staff must provide the youth with a disposable cup of water or other specified liquid (for oral medication) and observe the medication being taken by asking the youth to:

- Open his/her mouth to show he/she has swallowed the medication. Staff may ask the youth to pull away his/her cheeks from the gums and or pull away his/her tongue to aid in a thorough search if deemed necessary (for example, a youth with past history of hiding medications or cheeking).
- Follow any special written instructions (for example, take medication with food) for administering the medication.
- Check the water cup when returned to make sure the youth has not returned the medication to the cup.

### **Dispensing Parenteral Medication**

While most medication is taken orally (enteral), some medications will have other routes (parenteral). Dispensing of intramuscular and intravenous medications must be conducted by a qualified medical staff.

Administration of Epinephrine pens (Epi-pens) may be conducted by any of the following:

- Qualified medical contractors.
- Trained staff. Staff supervising youth and carrying these devices are considered designated staff to administer these medications and must be trained in their use.
  - Administration of individual doses of subcutaneous insulin for diabetics or Glucagon for those with hypoglycemia may be conducted by any of the following:
- Qualified medical contractors.
- The youth with diabetes if the youth demonstrates satisfactory willingness, behavior and competency to administer the injection. The youth shall be afforded access to only the dose prescribed.
- Designated staff trained in the use of the syringe or pen. Glucagon is administered only by injection.

Administration of insulin via an insulin pump must be the subject of a written facility plan approved by the facility director and physician. The plan must describe the role of the physician, medical staff, facility staff, and the youth including describing how to monitor the youth and actions to take based on status of the youth.

## **Nebulizers and Inhalers**

Staff must receive training in the use of nebulizers and inhalers prior to administering medications to youth via this route. Staff must observe youth for proper use of inhalers.

## **Youth Observation**

Following medication dispensing, staff must continue to monitor the youth for side effects, allergic response, or other reactions. Should these occur, staff must respond to the youth's condition, make an immediate report to their supervisor, and complete an incident report.

## **Medication Administration Documentation**

Staff must record the dispensing of all medications:

- On a medication administration record form approved by the facility director. Forms provided by the medication vendor may be used.
- For controlled substances, on the vendor-supplied, Controlled Medication Inventory Record, in addition to the medication administration record.
- By initialing the record form(s) in the appropriate box.

Staff must record all as-needed PRN (Pro Re Nata) medications on the form when provided to the youth.

When a youth is allowed to self-administer PRN medications (for example, an albuterol inhaler), the staff must record the reported use/doses taken.

Staff must file completed medication administration forms in the youth's medical record.

Staff must make medication administration records available to the parent/guardian, juvenile justice specialist, and case management organization caseworker for review on request.

## **Documentation of Medication Refusal**

Staff must document medication refusal on the medication administration record form by taking the following actions:

- Write the letter "R" in the appropriate block of time for the medication that was refused.
- Ask the youth to initial the refusal. If the youth refuses to initial the refusal, note the refusal to initial on the record form by a note on the back of the form (for example, Youth refused to initial for 0800 dose of Concerta on May 30, 2014.).
- Complete an incident report documenting the medication refusal including medication name, dose, dose time, youth's basis for refusal (if known), and staff efforts to obtain cooperation.

Staff may never use medication refusal as the basis for youth discipline.

### **Medication Dispensing While Off-Site**

In cases where an off-site activity, such as court, is planned, staff must dispense medications as prescribed. Transport staff must be trained and designated to maintain custody of medications until the appropriate time for dispensing. Procedures for dispensing medications remain in effect.

### **MEDICATION ERRORS**

Medication errors are defined as any time a medication is not given as prescribed including but not limited to:

- Missed dose.
- Wrong dose.
- Wrong youth.
- Overdose when a youth takes too much of a medication or takes the medication via the wrong route (for example, snorting an oral medication).

In the event that the dose is missed or unavailable to be given, staff must circle the missed dose block on the medication administration record form in red ink.

Staff must immediately notify their supervisor of a medication error and begin actions to ensure youth safety in collaboration with medical staff. Such actions include but are not limited to:

- Staff observation of the youth.
- Consultation by the physician.

- Scheduled medical appointment(s)
- Evacuation to another medical facility/hospitalization.

Staff must complete an incident report for any medication error.

## **LEGAL BASIS**

The Child Care Organizations Act, 1973 PA 116, MCL 722.111 et seq

Michigan Administrative Code, R400.5101 through R400.5940

Child Caring Institutions Rules, R400.4160

## **JR3 382                    MEDICATION SECURITY AND STORAGE**

### **POLICY**

All medications must be stored in locked containers or secured in locked areas accessible only to authorized staff and designated for medication storage. All over-the-counter and prescription medications must be stored in a secure, locked storage area that is inaccessible to any youth unless accompanied by a designated staff member. The area must be clean, organized and free from temperature extremes, direct sunlight, and moisture.

A limited supply of over-the-counter medications designated for youth only and approved by the facility director and facility physician may be stored in a locked container controlled by shift management. These medications may not be stored on the living unit.

All controlled substances must be stored in a medication storage area separate from that used for other prescription medications.

Keys for medication containers must be maintained in the physical possession of the staff on the shift designated to dispense medication. No one else must be able to access the keys. Designated medication staff must be in one of the position classifications in this policy:

- Program manager (youth residential director).

- Shift supervisor (youth specialist supervisor).
- Youth group leader.
- Social worker.
- Youth specialist.
- Youth aide.
- Contracted medical staff including nurses, medical and pharmacy technicians.

Private agencies may determine their own designated medication staff.

Staff members designated to dispense medications must only transfer medication key custody to another designated staff and only via hand-to-hand transfer.

Staff may never remove medication keys from the facility. If circumstances require the designated staff with key custody to leave the facility during the shift, the keys may be temporarily transferred to another staff on shift with transfer documented in a facility key log. Key transfer must occur again when the original staff returns or the next scheduled designated staff arrives.

When the original designated staff does not return prior to the end of the shift, a medication count must be completed by two staff on duty.

## **PURPOSE**

To promote safety by limiting the opportunity for unauthorized use or loss of medication.

## **DEFINITIONS**

See JRG, JJ Residential Glossary.

## **RESPONSIBLE STAFF**

Medical staff including nurses, medical and pharmacy technicians and direct care staff involved in medication security and storage.

## **PROCEDURE**

Each facility must develop and implement written standard operating procedures for medication security and storage. Procedures must contain the following requirements:

### **Medication Storage**

All youth prescription medications must be stored in their original issue container until dispensed to the youth and:

- In a locked container and/or area accessible only to designated staff.
- If required to be kept cold, in a refrigerator designated for medications only that complies with the locked or authorized area requirements above.
- With oral or injectable medications physically separated from medications taken by other routes (for example, skin creams).

Packs worn by direct care staff while supervising youth may be used to provide ready access to selected youth medications where rapid response may be necessary; for example asthma inhalers and Epinephrine pens (Epi-pens).

Staff, contractors, volunteers, interns, and visitors must never provide their personal medications to any youth.

### **Prescription Labeling**

Each container for medications must be labeled with at least:

- Name of the youth.
- Name of the person prescribing the medication.
- Name of the medication, dosage and directions for dispensing.
- Date filled.
- Name and address of pharmacy or supplier.
- Expiration date.
- Warning statements, if applicable.

## **GENERAL INVENTORY REQUIREMENTS**

Facility procedures for medication inventories must include:

- An ongoing daily running inventory of medication utilization for all prescription and over-the-counter medication.
- Shift-to-shift inventory counts of controlled substances and counts at any other times when the person with custody of the controlled substance storage changes.
- Weekly inventory counts for all opened over-the-counter medications.
- Special inventories when tampering is detected or there is reason to believe that a theft has occurred.
- Reporting criteria and procedures for inventory discrepancies (such as when the count physically on hand does not match the record).
- Requirements for staff to make an immediate verbal report of any inventory discrepancy, sign of tampering, or theft. Staff must also complete an incident report and the facility must investigate the occurrence.
- Inventory documentation within a facility log or on a facility form approved for that purpose.

The ongoing daily running inventory process must be completed for inventories of over-the-counter and prescription medications. This process begins with a known total quantity of each medication and the number/amount of remaining tablets, pills or liquid is decreased each time a dose is given.

### **Inventory of Over-the-Counter and Non-controlled Prescription Medications**

The dose-by-dose daily administration and documentation of medication must be conducted using the ongoing daily running inventory process for the daily distribution of over-the-counter and non-controlled prescription medications. Documentation of each individual dose of medication dispensed to the youth must be maintained on the medication administration record form. Facility or vendor-supplied forms may be used. Staff distributing the medication to the youth must initial the form.

The facility director must designate a staff or contracted medical staff to conduct a weekly inventory count of all open supplies of over-the-counter medications. The count must be reconciled with dispensing records and the previous count.

### **Inventory of Controlled Substances**

When a controlled substance is dispensed to a youth as ordered through prescription, the number of pills, tablets or doses remaining after each dose must be documented on the youth's individualized Controlled Medication Inventory Record received from the supplier. The dose must also be documented on the medication administration record form.

Controlled substances must be counted and compared by two staff against on-hand records in each facility or living unit. Results of the count, including quantity of each controlled substance, names of staff involved, and date/time of the count must be documented on a facility form or log.

### **Medication Disposal**

Disposal of any medication, over-the-counter, prescription medication, or controlled substance must be in accordance with the guidelines of the Michigan Department of Environmental Quality (DEQ) and the federal Food and Drug Administration (FDA); see the web site at [http://www.michigan.gov/deq/0,4561,7-135-3585\\_57802\\_4173--,00.html](http://www.michigan.gov/deq/0,4561,7-135-3585_57802_4173--,00.html) and <http://fda.gov/Drugs/ResourcesForYou/Consumers/BuyingUsingMedicineSafely/EnsuringSafeUseOfMedicine/SafeDisposalofMedicines/ucm186187.htm> for more information.

The facility must seek to return medication in original packaging to the vendor for credit when feasible.

The facility must make use of available local medication return programs when feasible.

Do **not** flush medications down the toilet unless the drug labeling contains specific instructions to do so.

Disposal of any medication, including over-the-counter medications must be jointly witnessed by any two designated persons from the following groups (including two persons from the same group):

- Youth residential director.
- Youth specialist supervisor.
- Youth specialist.
- Youth group leader.
- Social worker.

- Contract medical staff.

Disposal of over-the-counter and non-controlled prescription medications must be documented on a facility-approved form or log and include:

- Medication name, strength and number of doses destroyed.
- Date of disposal and disposal method.
- Vendor or program name and signature if turning in medication.
- Full printed names of staff involved.

The disposal of controlled substances must be documented in a letter or form on facility letterhead that includes:

- Prescription number(s).
- Name(s) of medication(s) and to who it was prescribed.
- Drug strength(s).
- Quantity.
- Date of disposal and disposal method.
- Full printed and signed names of staff involved.

The facility must maintain controlled substance disposal records per its record retention schedule and provide the controlled substance provider with a copy of the disposal document.

## **LEGAL BASIS**

Controlled Substances Act, 21 USC 812

Child Caring Institutions Rules, R400.4160

**Approved Mechanical Restraint Devices**

**The Bureau of Juvenile Justice director must approve all mechanical restraint devices used by facility personnel at least every three years.** Effective December 1, 2010, the following are the only approved mechanical restraint devices:

- Handcuffs.
- Leg shackles.
- Leg braces.
- Leather restraints (legs and hands).
- Polypropylene (cloth) arm and leg restraints.
- Belly/waist chains.
- Cranial helmet.
- Anti-mutilation gloves.
- Restraint blankets.
- Spit shields.

Plastic shields and associated gear used as protection by staff in restraint situations are not restraint devices, but are approved for use as directed by the facility director.

**Monitoring**

Staff must directly supervise any youth in mechanical restraints at all times.

When moving a youth from place to place, staff must remain alert to trip and fall hazards and guide the restrained youth accordingly.

Video monitoring of a youth in mechanical restraints may supplement, but may not replace direct staff supervision.

Staff must immediately notify the facility director or designee in any case where a pregnant youth is mechanically restrained.

## **JR6 631            DUE PROCESS**

### **POLICY**

It is the policy of the Michigan Department of Human Services Bureau of Juvenile Justice (BJJ) to ensure that appropriate measures are taken to protect the due process rights of youth who are, or who may be, subject to isolation or confinement.

### **PURPOSE**

This policy ensures youths are treated fairly under a consistent system of discipline that teaches and encourages appropriate behaviors, and discourages inappropriate behaviors.

### **DEFINITIONS**

See JRG, JJ Residential Glossary.

### **RESPONSIBLE STAFF**

Designated in the facility standard operating procedure.

### **PROCEDURE**

Each facility is required to develop and implement standard operating procedures (SOPs) describing the due process system. At a minimum, these SOPs contain the following requirements:

## **Offense and Disciplinary Response Table**

Develop a table that includes all of the following:

- List of major and minor offenses.
- Offense codes (if applicable).
- Appropriate disciplinary responses for each offense.

Restorative activities should be used when practical.

Suspected violation of a major offense requires a due process hearing before a disciplinary response is imposed.

If the facility elects to process minor offenses without a due process hearing:

- Designate who may impose youth discipline.
- Mandate use of the disciplinary response table.

### **Due Process Hearing for Youth in Behavior Management Isolation or Confinement**

At a minimum, the due process hearing procedure includes all of the following:

- Proceeding occurs before any isolation or confinement exceeds twenty-four (24) hours in duration.
- Youth is released from isolation or confinement immediately when the youth regains self-control of his/her behavior.
- Internal quality assurance review of isolations and confinements to guard against using the twenty-four (24) hour limit to justify extending isolation or confinement beyond what is necessary and appropriate.
- Describe the expected actions of the due process officer to ensure all of the following:
  - The youth understands the reason(s) for the isolation or confinement.
  - The youth understands the actions that the youth needs to take to be released from isolation or confinement.

- The youth has an opportunity to discuss the incident with a person not involved in the incident.
- The need for continued behavior management room placement is documented or the youth is released.
- Access to the youth grievance process.
- The facility director must approve any isolation or confinement over twenty-four (24) hours in duration.
- The director of the BJJ residential facilities division or designee must approve an isolation or confinement that may exceed seventy-two (72) hours in duration.
- Recordkeeping and documentation requirements for due process hearings including records for isolation/confinement.

### **Due Process Hearing for alleged Major Offense**

The due process hearing procedure minimally requires all of the following:

- A due process hearing for any alleged major offense within twenty-four (24) hours of the allegation. The youth will be given reasonable time to prepare for the hearing.
- A mental health professional participates in the due process hearing of any youth:
  - In a mental health treatment program.
  - Determined eligible for special education.
  - Involved in one or more incidents of suicidal behavior in the last year.
- A mental health professional must approve any use of isolation or confinement for a youth in the categories above.
- The youth is notified of all of the following:
  - Charge(s) against him/her.
  - Date, time, and location of the hearing.
  - Youth's right to have an assisting staff present.

- Youth's right to be present and speak at the hearing.
- Youth's right to present documents at the hearing.
- Youth's right to appeal, how, and to whom.
  
- Appointing an impartial staff member to assist the youth with the hearing.
- Process for the youth to voluntarily waive their right to a hearing (signed written waiver witnessed by due process officer required).
- The standard of proof at the hearing is preponderance of the evidence.
- Expected duties and actions of the due process officer regarding youth rights to ensure documentation of all of the following:
  - The youth understands the reason(s) for the isolation/confinement.
  - The youth understands the actions that the youth needs to take to be released from isolation or confinement.
  - The youth has an opportunity to discuss the incident with a person not involved in the incident.
  - The due process officer must:
    - Provide the youth with a written copy of the hearing findings following the hearing.
    - Explain the appeal rights to the youth.
  - The director of the BJJ residential facilities division or designee approves any isolation or confinement that may exceed seventy-two (72) hours in duration.
  - Record keeping and retention schedule for due process hearings and the imposition of due process isolation.
  - Youth right to appeal the results of a due process hearing.
  - Youth will begin their isolation/confinement immediately unless they appeal the hearing results.

## **Appeal**

The youth may appeal any aspect of the due process hearing or sanction imposed within ten (10) days on a form approved by the facility/center director or designee.

The facility/center director or designee may suspend any disciplinary response pending a decision on the appeal.

The facility/center director or designee may:

- Approve the appeal and take remedial steps including ordering a new hearing or lessen any proposed disciplinary response.
- Deny the appeal.
- Deny the appeal and lessen any proposed disciplinary response.

The facility/center director or designee will approve or deny the appeal within two (2) days of receipt.

## **AUTHORITY**

Social Welfare Act, MCL 400.115a (1) (l).

Child Caring Institutions Rules, R400.4137, R400.4150, R400.4152

## **JR6 640**

## **RESTORATIVE REINTEGRATION**

### **POLICY**

It is the policy of the Michigan Department of Human Services Bureau of Juvenile Justice (BJJ) that each facility implements restorative reintegration practices to address the harm surrounding the need for behavior management practices.

## **PURPOSE**

This policy promotes a respectful and safe environment through the restoration of equity.

## **DEFINITIONS**

See JRG, JJ Residential Glossary.

## **RESPONSIBLE PARTY**

Designated in the facility standard operating procedure.

## **PROCEDUR**

Each facility is required to develop and implement standard operating procedures (SOPs) implementing restorative reintegration. At a minimum, these SOPs contain the following requirements:

### **Guiding Principles**

Acting out behavior is a cause of harm and may also be the result of harm to the acting out youth.

Harm includes any of the following:

- Physical injury.
- Lost sense of safety.
- Damaged relationships.
- Property damage.

As soon as practicable, staff and youths involved and affected by the acting out behavior engage in restorative activities to repair the harm.

### **Reintegration Plan**

Whenever a youth has been physically isolated or confined by staff from a treatment group due to acting out behavior, staff with youth prepare a written plan to reintegrate the youth back into the group setting.

The written plan includes:

- Restorative activities
- Timeframes for completion of restorative activities.
- Resources to implement the plan.
- Consequences for failure to complete the plan.

A summary of the restorative activities completed is included in the youth's next treatment plan.

### **AUTHORITY**

Social Welfare Act, MCL 400.115a (1) (l).

### **JR3 310 INITIAL HEALTH SCREENING**

### **POLICY**

It is the policy of the Michigan Department of Human Services Bureau of Juvenile Justice (BJJ) that youth will be screened at intake into facilities for outstanding health issues and suicide risk.

### **PURPOSE**

This policy ensures that incoming youths receive prompt treatment of health issues.

### **DEFINITIONS**

See JRG, JJ Residential Glossary.

### **RESPONSIBLE STAFF**

Designated in the facility standard operating procedure.

### **PROCEDURE**

Each facility is required to develop and implement standard operating procedures (SOPs) relative to initial screenings. At a minimum, these SOPs must contain the following requirements:

## **Health Screening at Intake**

An initial health screening for health conditions which require immediate attention and/or pose a health risk to other youths is performed within twenty-four (24) hours of arrival at the facility by a nurse or physician.

The initial health screening is recorded in the JJIS.

## **Health Education**

All youth are informed, verbally and in writing, about the process to access health services.

## **AUTHORITY**

Social Welfare Act, MCL 400.115a (1) (l)

## **JR3 313 ANNUAL PHYSICAL EXAMINATION**

### **POLICY**

It is the policy of the Michigan Department of Human Services Bureau of Juvenile Justice (BJJ) that youths in residential treatment facilities will receive a physical examination each year that they are in placement.

### **PURPOSE**

This policy ensures that the health of youth placed in facilities is monitored.

### **DEFINITIONS**

See JRG, JJ Residential Glossary.

### **RESPONSIBLE STAFF**

Designated in the facility's standard operating procedure.

## **PROCEDURE**

Each facility is required to develop and implement standard operating procedures (SOPs) relative to annual physicals. At a minimum, these SOPs must contain the following requirements:

- Each youth receives a physical examination by a physician at least every 365 days.
- Each physical examination is documented in the JJIS.

## **AUTHORITY**

Child Caring Institutions Rules, R400.4163 & 400.4335

## **JR3 311 INTAKE HEALTH EVALUATION AND IMMUNIZATOIN**

### **POLICY**

Each youth initially entering a juvenile justice residential facility must receive a complete health evaluation and required immunizations. The health evaluation must include a review of available medical records, a medical history and a physical examination. The evaluation must be conducted by a licensed medical professional and must be performed within seven days of youth admission to a detention facility. Evaluations for a youth admitted to a treatment facility must be performed within 30 days of admission. Health evaluations completed within the 12 months prior to admission may be used to meet these requirements at the facility's discretion.

### **PURPOSE**

To ensure that each youth receives an initial health evaluation and is appropriately immunized upon admission to a juvenile justice facility.

### **DEFINITIONS**

See JRG, JJ Residential Glossary.

## **RESPONSIBLE STAFF**

Facility director, admissions staff and medical staff.

## **PROCEDURE**

Each facility must develop and implement a written procedure for intake health evaluations and immunizations. The procedure must contain:

- Review of available youth medical records.
- Taking of youth medical history.
- Physical examination.
- Immunizations.

### **Taking of Youth Medical History**

The youth medical history must include:

- Past and present illnesses including communicable diseases.
- Chronic conditions such as asthma, epilepsy and diabetes.
- Use/abuse of alcohol, legal and illegal substances. This includes last use, amount and manner of use.
- Surgeries.
- Past and present medications.
- Drug and other allergies. List date and reaction if known.
- Immunization information.
- Psychiatric history including prior treatment as well as suicide ideations, gestures and attempts and any history of self-mutilation, carving or cutting.
- Sexual history.

- For females, a history of gynecological problems, breast abnormalities, pregnancies and the date of last menstrual period.

## **Physical Examination**

The physical examination includes:

Observation of youth behaviors.

Vital signs including temperature.

Notation of skin lesions, scars, tattoos, bruises and burns.

Examination of head and neck, chest, abdomen, genitalia (pelvic), extremities and back.

Documentation of Tanner staging for sexual offenders may occur at the discretion of the medical professional conducting the examination. The genital examination associated with Tanner staging must be explained to the youth in advance and the youth may refuse to participate without penalty.

The examination must include additional tests and evaluation as follows:

Laboratory testing (urinalysis and blood tests) as indicated by history and physical examination.

Testing for sexually transmitted diseases as clinically indicated. No testing is required if the youth has not been sexually active since they were last tested. Should the physician conducting the examination believe HIV testing is necessary, see JR 3 360, HIV Testing, for additional requirements.

Sexually active females must undergo pregnancy testing.

A pregnant youth must be referred to an obstetrician or gynecologist (if not already under treatment by one), undergo testing for Hepatitis B and be offered HIV counseling and testing.

Any youth who has a history of intravenous drug abuse must be tested for Hepatitis B and offered HIV counseling and testing.

Vision and hearing testing on each incoming youth (treatment facilities only) with referral to vision specialists or audiology as indicated.

The licensed medical professional conducting the examination must document all findings, restrictions, medical services provided, tests ordered and prescribed treatments including medications. The licensed medical professional must also document diagnoses when present or if provisional.

### **Immunizations**

If previous immunization records are not received within 30 days of a request for same, the facility and its health provider must begin providing the necessary immunizations to the youth unless the parents refuse or the youth's records contain a statement from a physician indicating that the immunizations are contra indicated.

For a youth 7-18 years of age, follow the American Academy of Pediatrics Adolescent Immunization Schedule at <http://www.aapredbook.aappublications.org/resources/IZSchedule7-18yrs.pdf>

If immunizations are started late or fall behind more than one month, follow the American Academy of Pediatrics Catch-up Immunization Schedule at <http://www.aapredbook.aappublications.org/resources/IZScheduleCatchup.pdf>

### **AUTHORITY**

Child Caring Institutions Rules R400.4232, R400.4332 and R400.4334

Public Health Code, 1978 PA 368, as amended, MCL 333.1101

### **JR2 203**

### **YOUTH ORIENTATION**

#### **POLICY**

It is the policy of the Michigan Department of Human Services Bureau of Juvenile Justice (BJJ) to ensure that youths are fully informed of program expectations, available programming and their rights and responsibilities.

#### **PURPOSE**

This policy ensures that youths are provided with timely and informative orientation.

## **DEFINITIONS**

See JRG, JJ Residential Glossary.

## **RESPONSIBLE STAFF**

Designated in the facility standard operating procedure.

## **PROCEDURE**

Each facility is required to develop and implement standard operating procedures (SOPs) relative to the orientation that is provided to youth subsequent to admission to the facility/program. At a minimum, these SOPs must contain the following requirements:

### **General Criteria for Orientation**

The facility/center director or designee designates staff to provide the orientation to youths.

An informative orientation is conducted within twenty-four (24) hours of admission unless there are documented extenuating circumstances.

The orientation does not occur in the youth's room.

The orientation involves live presentations, but may also include video presentations.

Arrangements are made to accommodate non-English speaking and disabled youths to ensure that the orientation information is understood.

Opportunities exist for youth to ask questions during the orientation process.

Youth are given written materials and handbooks that reinforce, supplement or enhance the orientation process.

### **Orientation Checklist**

An orientation checklist is developed for designated staff to utilize, which will contain:

- Philosophy and goals of the program.

- Identification of key staff and the roles they play.
- Expectations, rights, and responsibilities of youth.
- Standards of conduct, rules, and regulations.
- Potential consequences for violations of statutes, rules, and regulations, including escape.
- Behavior management/support system.
- Grievance process.
- Due process proceedings.
- Process for obtaining medical and mental health care.
- Process for reporting alleged physical abuse, sexual abuse, or neglect.
- Drug testing protocol.
- Disaster and emergency preparedness procedures, including emergency drills and evacuations.
- Dress code and personal hygiene requirements.
- Personal property and contraband.
- Searches.
- Visitation, correspondence/mail, and telephone privileges.
- Treatment planning process, services, and treatment.
- Daily/weekly schedule.
- Educational programming and opportunities.

- Recreational and leisure activities; religious/spiritual programming.
- Eligibility criteria for off-campus activities.
- Release criteria and anticipated length of stay.

### **Documentation**

At the conclusion of the orientation, the youth and staff conducting the orientation must sign and date the orientation checklist.

A copy of the signed and dated checklist is placed in the youth's file.

### **AUTHORITY**

Social Welfare Act, MCL 400.115a (1) (l)

### **SRM 131                      CONFIDENTIALITY**

#### **OVERVIEW**

This policy addresses appropriate release of services program records and information to entities outside of the department.

For confidentiality policy and procedures for financial assistance programs, see BAM 310, Confidentiality and Public Access to Case Records. For policies and procedures governing release of records and information under the Michigan Freedom of Information Act; see Employee Handbook [EHP 410](#).

#### **Information Sharing within DHS**

As provided in the Child Protection Law, the 'department' is responsible for maintaining and releasing client information contained in its case files. Access to case file information by entities in the 'department' is limited to those whose roles and responsibilities require such access to respond to child welfare matters. Case file information can only be shared with other individuals or entities outside of the Department; to the extent they are currently allowed information under the child protection law.

## **Social Media**

DHHS employees must comply with all confidentiality laws and policy noted in SRM 131 when using social media sites. Employees **should never** post client/children's identifying information or pictures on social media sites or websites. Pictures and information regarding foster children may be shared with the Michigan Adoption Resource Exchange (MARE) for the purpose of adoption.

Employees should be mindful when posting personal information to social media sites as the information is public and can be viewed and used by clients and others.

## **Court Orders and Subpoenas**

All court orders and subpoenas must be responded to. Judge-signed subpoenas should be treated as court orders. Department employees must comply with court orders and judge-signed subpoenas compelling the release of confidential records and information. Laws governing release of certain types of records contain specific requirements for court orders and subpoenas; those specific requirements are addressed in this policy.

Attorney signed subpoenas, requesting copies of department records, shall be responded to as follows:

Attorneys representing department clients shall be provided with a copy of all non-confidential records and all confidential records their client is entitled to. If the attorney is requesting records in addition to what is described above, please scan and email the subpoena, along with any accompanying documentation, to the Office of Legal Services and Policy at DHS-Subpoena-Lit@michigan.gov.

Attorneys representing others shall be provided with a copy of all non-confidential records only. If the attorney is requesting records in addition to what is described above, please scan and email the subpoena, along with any accompanying documentation, to the Office of Legal Services and Policy at DHS-Subpoena-Lit@michigan.gov.

For general information on handling subpoenas, see the Employee Handbook, [EHP 400](#).

## **Lawyer-Guardian ad Litem (LGAL)**

A Lawyer Guardian ad Litem (LGAL) must be given access to the entire agency case file. Confidential information in the case file must not be redacted or removed.

## **Discovery Requests in Child Protective Proceedings**

If the court has authorized a petition in a child protective proceeding, an attorney representing a respondent (a parent, guardian, legal custodian, or non-parent adult alleged to have abused or neglected a child) may request discovery of certain information from the department. Upon written request of an attorney representing a respondent, DHHS must provide the attorney with the following information:

All written or recorded statements and notes of statements made by the respondent that are in possession or control of the department, including oral statements if they have been transcribed. When a Children's Protective Services (CPS) worker interviews a respondent, the worker may take notes to assist in completing the investigation report. CPS workers must preserve notes of interviews of parents, guardians, legal custodians, or non-parent adults alleged to have abused or neglected a child and must preserve the notes in case of future litigation.

All written or recorded non-confidential statements made by any person with knowledge of the events, including police reports.

- The names of prospective witnesses.
- A list of all prospective exhibits.
- A list of all physical or tangible objects that are prospective evidence and that are in the possession or control of the department.
- The results of all scientific, medical, or other expert tests or experiments, including the reports or findings of all experts, that are relevant to the subject matter of the petition.
- Respondents' attorneys are also entitled to CPS case files records and information. The court may order DHHS to provide discovery of other information, and DHHS must comply with such an order.

## **CPS Court Petitions and Law Enforcement Referrals**

CPS may release a summary of a parent's mental health treatment and history or a child's mental health and/or medical treatment and history to a law enforcement agency investigating alleged child abuse/neglect, a prosecuting attorney, and a court. Information released to a court must be relevant to the allegations in a petition submitted to the court.

**EXAMPLE:** The department may state that a parent suffers from depression and was treated for this illness in a petition alleging child abuse or neglect.

Similarly, in a petition submitted to the court, CPS may include relevant facts from CPS investigations that resulted in a finding of child abuse or child neglect to establish jurisdictional grounds and that it is contrary to the child's welfare to remain in the home. CPS may also provide to the court a description of services provided to a family that target the risk issues identified in the petition to establish that the department made reasonable efforts to avoid removal. However, do not include a parent's or family's entire CPS history in a petition or state in a petition that an individual is listed on the Central Registry.

## **Children's Services Court Reports**

If the court has ordered a parent to participate in services as part of the parent/agency treatment plan, DHHS or the Private Agency Foster Care provider must provide the court and LGAL all reports regarding the parent's progress in the treatment for use at a review or permanency planning hearing. Follow local practice regarding providing respondents' attorneys with these reports.

If a judge has **ordered** a client to complete drug treatment and/or screens as part of a case service plan, DHHS **must disclose** the results of that treatment and/or screens to the court.

## **Native American Tribes**

If DHHS maintains a record of a children's services case involving an Indian child, the tribe must be given access to the entire agency case file and information, if the tribe requested the information and one of the following is true.

- The CPS records are regarding an Indian Child involved in a custody hearing.
- The tribe is investigating child abuse/neglect.

## **Client Consent**

An adult client may consent to the release of confidential records and information regarding the client to an entity listed in the Child Protection Law, Section 7 (2). An adult parent may consent to the release of confidential records and information pertaining to the parent's child to an entity listed in the Child Protection Law, Section 7 (2) unless parental rights have been terminated. If parental rights have been terminated, the MCI superintendent or supervising agency may consent on behalf of the child. Use the DHS-1555-CS to obtain consent.

## **Redaction**

Consult the information in this policy to determine if information contained in a departmental file must be redacted. If confidential information must be redacted before releasing a record, use the following instructions:

- Manual redaction requires editing text by using an editing device (such as a black marker, redacting tape, etc.), to block out identifying and confidential information and copying edited records as many times as necessary to ensure the confidential information cannot be seen through the marker.
- Electronically edit by using Microsoft Word to highlight confidential information using the color black and then printing the document.

## **MENTAL HEALTH TREATMENT RECORDS**

CPS obtains mental health records to determine whether child abuse or neglect has occurred, gauge risk to the children, and provide appropriate services. Thus, CPS may disclose mental health treatment records to the following:

- A legally mandated public or private child protective agency investigating a report of known or suspected child abuse or neglect.
- A police or other law enforcement agency investigating a report of known or suspected child abuse or neglect.
- A person legally authorized to place a child in protective custody when the person is confronted with a child whom the person reasonably suspects may be abused or neglected and the confidential record is necessary to determine whether to place the child in protective custody.

- A person, agency, or organization, including a multidisciplinary case consultation team authorized to diagnose, care for, treat, or supervise a child or family that is the subject of a report or record under this act.
- An individual to whom the mental health records pertain, unless the information is determined to be dangerous to the individual. Individuals seeking information may request it in person or in writing to the local DHHS office. All written requests should include a copy of the individual's picture ID.
- Mental Health information obtained from other sources (a client's self-report, a child's statement, observed information, etc.) that are not treatment providers **may be released**.

In all other cases, mental health treatment records and information may be released only in response to the client's consent, a valid court-issued subpoena, or court order.

#### **Redaction Example:**

Ms. Smith reported participating in counseling with Dr. Brown and having a diagnosis of schizophrenia. Dr. Brown confirmed "Ms. Smith has been participating in weekly counseling and is diagnosed with schizophrenia".

Ms. Smith reported participating in counseling with Dr. Brown and having a diagnosis of schizophrenia. Dr. Brown



### **ALCOHOL AND SUBSTANCE ABUSE TREATMENT RECORDS**

The confidentiality of federally assisted alcohol and substance abuse treatment information and records is governed by federal regulations (42 CFR Part 2) and includes information about treatment services provided, client progress in treatment, diagnoses, assessments, results of alcohol or drug screening, etc.

The restrictions outlined in this policy apply even if the holder of the information believes that the person or agency seeking the information:

- Already has the information or record.
- Has other means of obtaining the information or record.
- Has obtained a subpoena or warrant, or asserts any other justification for a disclosure or use which is not permitted by federal regulations.

## **RELEASE OF ALCOHOL AND SUBSTANCE ABUSE TREATMENT RECORDS**

When **substance abuse treatment records** are part of a children's services case record, the substance abuse treatment records must only be released under the following circumstances:

- There is a DHS-1555-CS signed by the client, client's guardian with authority to consent, parent with legal custody of a child, court-appointed personal representative or executor of the estate of a deceased client. General release of information forms or other forms that do not contain the proper elements are not sufficient to release substance abuse treatment provider information or records.
- If no DHS-1555-CS exists, the records may only be released under the following circumstances..
- A court issues an order authorizing-but not compelling DHHS to release substance abuse treatment provider information or records to one or more parties or their representatives. A subpoena must be issued to compel disclosure. The subpoena may be issued by the court or any attorney for the respective parties.
- A court issues an order compelling DHHS to release substance abuse treatment provider information or records to one or more parties or their representatives. A subpoena is not required and DHHS shall release the records pursuant to the court order alone.
- Alcohol and substance abuse information obtained from other sources that are not federally assisted alcohol or substance abuse treatment providers may be released. For example, DHHS may disclose the following information without a court order and subpoena:
  - Verified alcohol or substance abuse-related criminal history.
  - Results of a newborn's drug screen obtained from a hospital maternity ward or laboratory.
  - Self-reported substance abuse or treatment.
  - Observed information.

### **Redaction Example:**

Ms. Smith admitted to smoking marijuana and voluntarily completed a drug screen. The results of the drug screen came back positive for cocaine.

Ms. Smith admitted to smoking marijuana and voluntarily completed a drug screen. The results of the drug screen came back [REDACTED]

## **NOTICE TO ACCOMPANY RELEASE**

Attach the DHS-2014, Notice of Prohibition on Re-release of Substance Abuse Information, to any release of alcohol or substance abuse treatment provider information or records made from a children's services record (even with the client's written consent). The DHS-2014 includes the following written statement:

*This information has been disclosed to you from records protected by federal confidentiality rules (42 CFR part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR part 2. A general authorization for the release of medical or other information is not sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.*

## **MEDICAL RECORDS**

When confidential medical information has been obtained by children's protective services during an open investigation, a summary of the information may be released to the following, even without the client's consent:

- A law enforcement agency investigating alleged child abuse or neglect.
- A prosecuting attorney.
- A court. Information released to a court must be relevant to allegations in a petition submitted to the court.

See PSM 713-6 for additional information.

**Note:** Medical information obtained from other sources (for example: a client's self-report, a child or witness statement, etc.) that are not medical providers may be released.

In all other cases, confidential medical records and information may be released only in response to the client's consent or a valid court-issued subpoena or court order.

### **Redaction Example:**

Ms. Smith reported being admitted to the hospital on two separate occasions due to overdosing on prescription medication. Medical records confirmed Ms. Smith was treated on two separate occasions due to overdosing on prescription medication.

Ms. Smith reported being admitted to the hospital on two separate occasions due to overdosing on prescription medication. Medical records [REDACTED]

### **Release of HIV/AIDS Records**

HIV/AIDS information or records may only be released in the following instances:

- In response to a court order and subpoena when a court has determined that other ways of obtaining the information or record are not available or would not be effective and that the need for the release outweighs the potential harm to the client. A court order for release must:
  - Limit the release to information that is determined by the court to be essential to fulfill the purpose of the order.
  - Limit the release to the parties whose need for the information is the basis for the order.
  - Include other limits deemed necessary by the court for the protection of the client.
- To a health department or health care provider to protect the health of an individual, prevent further transmission of HIV, or diagnose and care for a client.
- To CPS if the information is part of a report required under the Child Protection Law.
- To any requestor with proper written consent. The release must outline the specific information or record(s) to be released. If the client is a minor or incapacitated, the release must be signed by the parent or legal guardian, the foster care worker for an MCI ward or the court of authority for a permanent court ward. Use the DHS-1555-CS to

obtain proper written consent to obtain or release HIV/AIDS/ARC or serious communicable disease information or records.

- To a licensed placement provider director or licensee.
- When placing a child, DHHS, the Family Division of the Circuit Court, and licensed child placing agencies may release information regarding **the child** who has HIV/AIDS **to the director (or licensee)** of a family foster home, family foster group home, child caring institution, or child placing agency.
- To licensed foster parents and child caring organization staff. The director of the child caring organization is responsible for handling information pertaining to an individual with HIV/AIDS with the highest standard of confidentiality. The information released to staff must be limited to explicit instructions to those within the organization that have a need to know to care for and protect the child, or a need to prevent a reasonably foreseeable risk of transmission of the disease to other children or staff. Foster parents and child caring organization staff with whom information is shared are also bound by the confidentiality standards.

## **LAW ENFORCEMENT RECORDS**

DHHS must not release any law enforcement report related to an ongoing law enforcement case. Requestors of law enforcement information should be referred to the law enforcement agency to request the information directly. DHHS must not release any information obtained directly from the Law Enforcement Information Network (LEIN); see PSM 713-2 and FOM 722-6A for information on verifying LEIN information.

DHHS **may directly release** law enforcement reports/information for **closed investigations or convictions** of crimes obtained from the Internet Criminal History Access Tool (ICHAT), a law enforcement agency, or other public venues such as the Offender Tracking Information System (OTIS).

## **EDUCATIONAL RECORDS**

The confidentiality of educational records is governed by the Family Educational Rights and Privacy Act (FERPA, and related federal regulations at 34 CFR Part 99) and the Individuals with Disabilities Education Act (IDEA, 34 CFR 300.402 et seq., and related federal regulations at 34 CFR 300.610 et seq.). The law applies to all schools that receive funds from the U.S. Department of Education.

The FERPA gives parents certain rights to their children's educational records and the rights transfer to the student when he or she reaches the age of 18 or attends a school beyond high school. Students to whom the rights have transferred are eligible.

The IDEA provides the confidentiality requirements related to children with disabilities who receive evaluations, services or other such benefits. It also outlines the confidentiality requirements related to disabled infants and toddlers and their family who receive evaluations and/or services.

### **Proper Written Consent for Release of Educational Information**

Educational records may be obtained through a proper written consent. The consent must:

- Specify the records that may be released.
- State the purpose of the disclosure.
- Identify to whom the release may be made.

Use the DHS-1555-CS to obtain proper written consent to obtain or release education information.

### **Release of Educational Information Without Consent**

Schools must have a written release from the parent or foster care worker of MCI state wards or the court of authority for permanent court wards to release the information from a student's education record. However, **FERPA allows schools to release records, without consent, to the following parties or under the following conditions:**

- School officials with legitimate educational interest.
- Other schools to which a student is transferring.
- Specified officials for audit or evaluation purposes.
- Organizations conducting studies.
- Accrediting organizations.
- To comply with a judicial order or lawfully issued subpoena.

- Officials in cases of health and safety emergencies.
- State and local authorities within a juvenile justice system, pursuant to specific state law.
- Directory information such as a student's name, address, telephone number, date and place of birth, honors, awards and dates of attendance. Dates of attendance do not include daily attendance records. Schools must inform parents and eligible students about directory information and allow parents and eligible students a reasonable amount of time to request that the school not release directory information about them.

### **DOMESTIC VIOLENCE AND SEXUAL ASSAULT PROVIDER RECORDS**

DHHS staff shall not disclose any personally identifying or individual information (such as address, phone number, name of doctor, etc.) related to domestic violence that has been collected in connection with an investigation or other services without the informed, written, reasonably time-limited consent of the person about whom information is sought. In the case of an unemancipated minor, obtain consent from the minor and the parent or guardian or in the case of persons with disabilities, the guardian. Additionally, the consent for release may not be given by the abuser of the minor, person with disabilities, or the abuser of the other parent of the minor.

If the release of information is compelled through court order, DHHS should make reasonable attempts to provide notice to victims affected by the disclosure of information and take steps necessary to protect the privacy and safety of the persons affected by the release.

### **SOCIAL SECURITY NUMBERS**

Social Security numbers must not be released by DHHS. In addition, more than four sequential digits of a Social Security number must not be released or used as identifying information. Any documentation containing a Social Security number must be shredded after use.

**Exception:** Children's services workers may release a child's Social Security number to the child's parents, legal guardian, foster parent, relative caregiver, unrelated caregiver, or to a court with jurisdiction over the child.

For additional clarification, contact the Office of Legal Affairs at 517-241-0480.

## **CHILDREN'S PROTECTIVE SERVICES RECORDS**

### **CPS Reporting Person**

The identity of the reporting person is confidential and may **only** be released to:

- A law enforcement agency or legally mandated public or private child protective agency investigating a report of known or suspected child abuse or neglect.
- A legally mandated public or private child protective agency or foster care (FC) agency prosecuting a disciplinary action against its own employee involving children's protective services or foster care records.
- The Office of Children's Ombudsman (OCO).
- When the reporting person has provided written consent for release or by order of the court.

### **Notice to Accompany Release of CPS Reporting Person**

If the identity of the children's protective services reporting person is released to any of entities listed above, the following statement, in addition to the Notice to Accompany Release of CPS Records, must be stamped on **each** document or be included on a cover sheet:

*This document includes the identity of the reporting person in a Children's Protective Services case. The Michigan Child Protection Law, 1975 PA 238, allows sharing this information with anyone listed in section 7(2)(a), (b) and (n). Note: Section 5 of the law states the identity of a reporting person is CONFIDENTIAL, subject to release only with the consent of that person or by judicial process.*

### **Release of DHS 3200 to Prosecuting Attorney and Court**

DHHS may provide copies of the DHS 3200 Report of Actual or Suspected Child Abuse or Neglect, to the prosecuting attorney and court of the county in which the child resides and is found.

## Release of CPS Case Information or Records

Children's protective services case information and records are confidential. Unless the case information or records are released to the public by the DHHS director as specified information, children's protective services case information or records may only be released **after proper redaction** to the following:

- Parents whose parental rights are intact (custodial, noncustodial, birth or adoptive) and legal guardians of children who are the subject of children's protective services complaints. Individuals seeking information may request it in person or in writing to the local office. If a written request is from an individual regarding their own records, it must include a copy of the individual's picture identification.
- If a child is listed as a victim, the entire report may be provided to the custodial parent, non-custodial parent, or legal guardian after proper redaction. If the child is listed as a non-victim, only the child's and requestor's statements may be released to the custodial parent, non-custodial parent, or legal guardian.
- Legally mandated child protective agency to investigate a report of known or suspected child abuse or neglect. Out-of-state agencies, military and American Indian tribal children's protective services unit requests should be directed to the local office.
- Legally mandated foster care agency to prosecute a disciplinary action against its own employee involving children's protective services or foster care records. A "child protective or foster care agency" includes a child caring institution. The agency may seek an order from the court having jurisdiction over the child or from the Ingham County Family Division of the Circuit Court to allow the agency to release confidential children's protective services or foster care information to pursue sanctions for alleged dereliction, malfeasance or misfeasance of duty. The court can only order that the records be released to a recognized labor union representative of the employee's bargaining unit or to an arbitrator or administrative law judge who conducts a hearing involving the allegations and used solely in connection with that hearing. The information must be released in a manner that maintains the greatest degree of confidentiality while allowing review of employee performance.
- Law enforcement agency to investigate a report of known or suspected child abuse or neglect. The department must also send a copy of the allegations or any written report and the results of any children's protective services investigation related to the allegations to a law enforcement agency in the county where the incident occurred in certain cases; see PSM 712-3, Coordination with Prosecuting Attorney and Law Enforcement.

- Physician to treat a child whom the physician reasonably suspects may be abused or neglected; see PSM 717-5, Sharing Information with Medical Providers.
- A person legally authorized to place a child in protective custody when confronted with a child whom the person reasonably suspects may be abused or neglected and the confidential record is necessary to determine whether to place the child in protective custody.
- An authorized person, agency, organization, or multidisciplinary case consultation team to diagnose, care for, treat or supervise a child or family who is the subject of a report or record under the Child Protection Law.
- A person named in a children’s protective services investigation report as a perpetrator or alleged perpetrator of child abuse or neglect.
- Victim who is now an adult at the time of the request.
- Court that has determined the information is necessary to decide an issue before the court. If a child has died, CPS records and information may be released to a court that had jurisdiction over the child pursuant to MCL 712A.2(b) (child abuse/neglect).
- Grand jury that has determined the information is necessary.
- Research person, agency, or organization. For research or evaluation, contact the DHHS Children's Services Administration Directors Office at (517) 373-8626. This office, after consultation with other administrations, approves or denies the request and authorizes who may be contacted and what information may be released. The DHHS director may authorize the release of information to a person, agency, or organization if the release contributes to the purposes of the Child Protection Law and the person, agency, or organization has appropriate controls to maintain the confidentiality of personally identifying information.
- Lawyer-Guardian Ad Litem/attorney for child to represent a child during protective proceedings.
- Attorney for parent(s), legal guardian(s) or alleged perpetrator(s) appointed by the court.

- To allow a non-court-appointed attorney access, written and signed verification from the client is required to document that the attorney represents the client.
- A child placing agency or family division circuit court staff to investigate an applicant for adoption, foster care applicant or licensee or their employee, an adult member of an applicant's or licensee's household, or other persons in a foster care or adoptive home who are responsible for the care and welfare of children, to determine suitability of a home for adoption or foster care. The child placing agency or court must disclose the information to a foster care applicant or licensee or to an applicant for adoption.
- Legislative committee subject to Section 7a, a standing or select committee or appropriations subcommittee of either house of the legislature having jurisdiction over children's protective services matters. Legislative committee requests received by any other office must be referred to DHHS Office of Legislative Services at (517) 335-3482.
- Office of Children's Ombudsman (OCO). Refer to the Release of Records to the Office of Children's Ombudsman in this policy and Services Requirements Manual (SRM) 132 for procedures and timeframes to release information to the OCO.
- Child Death Review Team to investigate and review a child death. Contact children's protective services program office.
- County Medical Examiner or Deputy County Medical Examiner to carry out his or her duties.
- Citizen's Review Panel (CRP) as established by DHHS. Access is limited to information DHHS determines is necessary for the CRP to carry out its duties. Contact children's protective services program office.
- Child Care Regulatory Agency such as Bureau of Children and Adult Licensing (BCAL).
- Foster Care Review Board (FCRB). Upon receipt of a written request on agency letterhead, children's protective services records must be properly redacted and sent to the FCRB. Please refer to the Release of Records to the Foster Care Review Board in this policy to determine what information needs to be redacted.

- Local Friend of the Court (FOC).
- A department employee actively representing himself or herself in a disciplinary action, or an arbitrator or administrative law judge conducting a hearing involving a department employee's dereliction, malfeasance, or misfeasance of duty, for use solely in connection with that action or hearing. Information disclosed under this subdivision shall be returned not later than 10 days after the conclusion of the action or hearing. A recipient shall not receive further disclosures under this subdivision while he or she retains disclosed information beyond the deadline specified for return.

DHHS may provide access to the children's protective services record during normal business hours. All inspections by a requestor must take place in the presence of a DHHS staff member. **Prior** to the inspection, the following steps must be taken:

- Verify the identity of the requestor (driver's license, state ID).
- Properly redact the record.

Children's protective service information may also be sent to the requestor via mail. Follow steps 1 and 2 above, and mail properly redacted copies of case material within 15 days of receipt of the request. If the request is from an individual, mail the information to the address listed on the individual's picture identification. If the request is from an agency, mail the information to the address listed on the agency's letterhead.

### **Notice to Accompany Release of Children's Protective Services Records**

Copies of children's protective service records released to others must be clearly marked as confidential and have the following statement stamped on them or as a cover sheet:

*The confidentiality of information in this document is protected by the Michigan Child Protection Law. Anyone who violates this protection is guilty of a misdemeanor and is civilly liable for damages (1975 PA 238, as amended, MCL 722.621 et seq.).*

### **Faxed Release of Children's Protective Service Records**

Include a request that anyone who might receive the documents in error place a collect call to the sender to arrange proper transmission of the document.

## **RELEASE OF CENTRAL REGISTRY INFORMATION**

In each of the situations listed below, if DHHS releases information about a perpetrator identified only on the historical registry with no due process date, and the address of the perpetrator is known, staff must notify the local children's protective services unit where the case was last entered on the central registry, using the DHS-835; see PSM 713-13. Staff must also provide proper notice when the form is received by the local children's protective service unit.

Central registry information is confidential; therefore, by law, DHHS cannot provide this information to anyone other than those listed in the Child Protection Law (MCL 722.627-722.627j). In addition, any information released under the Adam Walsh Child Protection and Safety Act (PL 109-248, 42 USC 16990) must not be used for any other purpose.

### **Directions for release of central registry information**

Under all options below if the subject of the inquiry is listed on central registry, the subject of the inquiry must be provided a copy of the DHS-1910 indicating he/she is listed on central registry and the local DHHS office that originated the listing. The results must be mailed to the address on the individuals picture ID within 10 business days, via certified mail and marked restricted (to be delivered to addressee only).

The DHS-1910 directs the subject of the inquiry to contact the originating local office with any questions. If the subject of the inquiry requested the clearance be sent to an employer, potential employer, or volunteer agency, indicate on the DHS-1910 that the results will **not** be sent to the agency due to restrictions of the Child Protection Law.

If the subject of the inquiry returns to the local office to pick up the results of the central registry clearance, the local office must verify their identity through presentation of picture ID. The person receiving the results of the inquiry must be the subject of the inquiry.

If the individual of the inquiry is not listed on central registry, the subject of the inquiry must be sent the DHS-1910, letter of response to central registry request, via standard mail within 10 working days, indicating the person is not listed on central registry as of the date the clearance was performed. If the subject of the inquiry requested in writing or by filling out section two of the DHS 1929 that the clearance results be sent to an agency, a copy of the DHS-1910 must be sent to the entity requested.

## **Out-of-State Adoption and Foster Home Screening**

Release of central registry information for the purpose of licensing an applicant as a foster or adoptive parent is also governed by the Adam Walsh Child Protection and Safety Act (PL 109-248, 42 USC 16990). Any information released under that act must not be used for any other purpose. The DHHS Bureau of Children and Adult Licensing will conduct central registry clearances for out-of-state agencies for the following purposes:

- Licensing foster homes
- Adoption screening

All requests must come from the child placing agency working with the foster or adoptive applicant. The request must be in writing on the requestor's letterhead stating the reason for the request (for example: foster home licensing, adoptive placement, etc.) and must include all of the following.

- Name and title of individual requesting the information.
- Contact information (phone number, fax number, email address, etc.).
- The following information on individuals for which central registry clearance is being requested.
  - Name(s) of individuals
  - Any previous names
  - Date of birth
  - Social Security Number

### **Mail or fax all requests to:**

Michigan Department of Health and Human Services  
Bureau of Children and Adult Licensing  
PO Box 30650  
Lansing, MI 48909-8150  
Phone: (517) 284-9709  
Fax: (517) 284-9740

### **Michigan Individual Request, Employer and Volunteer Agencies**

Individuals, employers, and volunteer agencies requesting central registry clearance must complete the DHS-1929, Central Registry Clearance Request. Mail or hand-deliver the completed DHS-1929 and a copy of the individuals picture ID to your Local DHHS Office ([Click here for local office address, fax, and telephone number](#)).

If the subject of the inquiry is not listed on central registry and provides written consent on the DHS-1929, a copy of the central registry clearance can be sent directly to any of the following individuals:

- Employer.
- Potential employer.
- Agency for which the individual is volunteering or applying to volunteer.

### **Out-of-State Requests Including Non-Michigan Residents, Employers, and Volunteer Agencies**

Out-of-state employers, volunteer agencies, and non-Michigan residents must complete the DHS-1929, Central Registry Clearance Request. Each person being cleared must sign this form indicating he or she is aware of the central registry clearance request. A copy of the picture ID for each individual being cleared must be attached to the request.

Mail or fax all requests to:

Michigan Department of Health and Human Services  
Children's Protective Services Program  
P.O. Box 30037  
Lansing, MI 48909  
Phone: (517) 373-6028  
Fax: (517) 241-7047

### **Other Out-of-State Entities**

Children's Protective Services Program Office will conduct central registry clearances for any of the following out-of-state entities:

- Law enforcement agencies conducting a child abuse/neglect investigation.
- Child welfare agencies conducting a child abuse/neglect investigation.
- Physician who is treating a child whom the physician suspects may be abused or neglected.
- Court or grand jury that determines the information is necessary to decide an issue before the court or grand jury
- Fatality review team, citizen review panel, or foster care review board for the purposes of meeting the requirements and carrying out the duties of the group.
- Agency charged with completing child custody/parenting time matters for divorced, separated, or unwed parents.
- Lawyer-guardian ad litem or other attorney for the child or parent(s).
- A person/entity legally authorized to place a child in protective custody when the person/entity is confronted with a child whom they reasonably suspect may be abused or neglected and the information is necessary to determine whether to place the child in protective custody.

Mail or fax all requests to:

Michigan Department of Health and Human Services  
Children's Protective Services Program  
P.O. Box 30037  
Lansing, MI 48909  
Phone: (517) 373-6028

Fax: (517) 241-7047

## **FOSTER CARE RECORDS**

When children's protective services information is included as part of a Foster Care case record, the confidentiality standards set by the Child Protection Law apply. Foster care records of an adopted child become adoption records and must be treated as such when the final order of adoption is entered.

Except as otherwise stated in this section, any other confidential information in a foster care record (such as mental health, substance abuse, medical, law enforcement, educational, Social Security numbers, etc.) must be treated as indicated in this item.

### **Release of Foster Care Information or Records**

Records about children and their parents and relatives are confidential and release of this information must be safeguarded by the child placing agency, DHHS or other entity in possession of the information.

Foster care case information or records may **only** be released after proper redaction to the following:

- The case service plan and any materials prepared by a service provider pursuant to the parent agency treatment plan must be submitted to the court prior to a dispositional review hearing or permanency planning hearing.
- Primary care or attending physician: As required by MCL 712A.18f(6), a worker must review a child's case with the child's attending physician of record during a hospitalization or with the child's primary care physician to ensure that the service plan addresses the child's medical needs in relation to the abuse or neglect, if a physician has diagnosed the child's abuse or neglect as involving one or more of the following conditions:
  - Failure to thrive.
  - Medical child abuse.

- Abusive head trauma (also called shaken baby syndrome or inflicted traumatic brain injury).
- Bone fracture that is the result of child abuse or neglect.
- Drug exposure (exposure in utero, child found in methamphetamine lab, etc.).
- Legislative Committee: A standing or select committee or appropriations subcommittee of either house of the legislature having jurisdiction over children's protective service matters.
- Office of Children's Ombudsman: See Record Release to the Office of Children's Ombudsman in this policy.
- Foster Parent/Relative/Unrelated Caregiver.

**Prior to Foster Care Placement**

Child Placing Agency rule 400.12417 and MCL 722.954(2) require DHHS or the private child placing agency to provide a foster parent or relative caregiver with the DHS-90, Placement Outline/Child and Family Social History, and all of the following information before the placement of a child:

- Child's name.
- Child's date of birth.
- Available information about the child's health, including the DHS-221, Medical Passport.
- Any known history of abuse or neglect of the child.
- All known emotional and psychological problems of the child.
- All known behavioral problems of the child.
- Circumstances necessitating placement of the child.

- Any other known information to enable the foster parent to provide a stable, safe and healthy environment for the foster child and the foster family.
- Name of assigned foster care worker.
- DHS-3762, Authorization to Provide Routine and Emergency Medical Care.

### **Emergency Foster Care Placement**

In cases of an emergency placement, if any of the information specified above is not available at the time of placement, the information must be provided to the foster parent within **seven** calendar days of placement.

### **Information Regarding Foster Children**

In accordance with MCL 712A.13a(15), if a child is placed in foster care, within 10 days after receipt of a written request, the agency shall provide the person providing foster care with copies of all initial, updated, and revised case service plans and court orders relating to the child and all of the child's medical, mental health, and education reports, including reports compiled before the child was placed with that person.

In addition, when there is a DHS-1555-CS, Authorization to Release Confidential Information, signed by the client, client's guardian with authority to consent, parent with legal custody of a child, court-appointed personal representative or executor of the estate of a deceased client **and** the checkbox in Section 2 is selected, DHHS and the parties listed in Section 2 may release information regarding the youth's care, supervision and treatment to law enforcement when law enforcement is responding to a call involving the child and/or his or her family that could impact the court-ordered case service plan.

### **Foster Parent Access to Information Regarding Biological Parents**

All protected information regarding the child's parents must be properly redacted prior to release and/or review with the foster parents.

Foster parents are held to the same confidentiality standards and laws noted in SRM 131. Foster Parents should not release any information regarding the biological parents (names, date of birth, reason children came into care, etc.) or confidential information regarding the children to the public or on social media sites. Failure to comply with confidentiality laws could result in prosecution.

## **JUVENILE JUSTICE RECORDS**

The confidentiality of juvenile justice (JJ) records is governed by the Child Care Organization Act (MCL 722.120), the Youth Rehabilitation Services Act (MCL 803.308) and the Crime Victim's Rights Act (1985 PA 87, as amended, MCL 780.751 et seq.). When children's protective services information is included as part of a JJ case record, the confidentiality standards set by the Child Protection Law apply.

In addition, any other confidential information in a JJ record must be redacted before release. If a juvenile is in a community placement, the confidentiality provisions governing foster care information or records applies. If the juvenile is in a residential placement, see JR1 120 for applicable law and policy.

When there is a DHS-1555-CS, Authorization to Release Confidential Information, signed by the client, client's guardian with authority to consent, parent with legal custody of a child, court-appointed personal representative or executor of the estate of a deceased client **and** the checkbox in Section 2 is selected, DHHS and the parties listed in Section 2 may release information regarding the youth's care, supervision and treatment to law enforcement when law enforcement is responding to a call involving the child and/or his or her family that could impact the court-ordered case service plan.

## **ADOPTION RECORDS**

When children's protective services information is included as part of an adoption case record, the confidentiality standards set by the Child Protection Law apply. Foster care records, including photographs, become adoption records and must be treated as such when the final order of adoption is entered. Except as stated in this section, any other confidential information in an adoption record must be treated as outlined above.

## **Release of Adoptive Family Evaluation**

The written adoptive family evaluation must be released to the prospective adoptive family upon completion. Information from the prospective adoptive family's record may be shared with others only with the written consent of the adoptive family.

## **Redacting Adoption Records**

Unless otherwise stated in the sections below please follow the confidentiality standards outlined in previous sections and in the Child Protection Law. The following is additional information that must be redacted from adoption records.

- Any identifying information for the biological parents (first name, last name, address, phone number, date of birth, social security number, etc.)
- Any identifying information of former relatives (first name, last name, address, phone number, date of birth, social security number, etc.)
- Any identifying information of former foster placements (first name, last name, address, phone number, etc.)
- The first name, last name, and date of birth of siblings.

## **Release of Information to Prospective Adoptive Parent(s)**

After proper redaction, the worker must compile the following information and provide it to the prospective adoptive parent(s) in writing prior to placement of the child:

- The petition or petitions that resulted in each placement of the child.
- Initial and updated case service plans compiled during each foster care placement.
- The adoptee's non-identifying information. A copy of the non-identifying information section of the child adoption assessment and all addenda must be provided to the prospective adoptive parent(s). If the child adoption assessment does not contain the

information listed below, then the missing information must be provided in a separate written document.

- Date, time and place of birth of the child, including the hospital, city, county, and state.
- Prenatal care.
- Medical conditions at birth.
- Any psychological evaluation of the child while under court jurisdiction.
- A record of immunizations and health care received in foster care.
- Any neglect or physical, sexual or emotional abuse suffered by the child.
- Any drug or medication taken by the child's mother during pregnancy. Any subsequent medical, psychological, psychiatric or dental examination and diagnoses of the child.
- Any known hereditary condition or disease.
- The health of each parent at the child's birth.
- Cause of death and age at death if a parent is deceased.
- A summary of the findings of any medical, psychological or psychiatric evaluations of either parent at the time of placement.
- First name of the child at birth.
- The age and sex of siblings.
- School enrollment and performance, results of educational testing and any special education needs.

- The child’s racial, ethnic and religious background.
- Age of the child’s parents at the time parental rights were terminated.
- Length of time the parents had been married at the time of placement (if applicable).
- The child’s past and current relationship with any relative, foster parent or other individual or facility (do not include names or addresses of individuals).
- Levels of education and occupational, professional, athletic or artistic achievement of the child’s family.
- Hobbies, interests and school activities of the child’s family.
- The circumstances of any court order terminating the parental rights of a parent for abuse, neglect or abandonment of the child.
- Length of time between the termination of parental rights and adoptive placement and whether the termination was voluntary or court-ordered.
- Information required to determine the child’s eligibility for government benefits.

**Release of Juvenile Justice Records in an Adoption Case**

Juvenile justice case information may include information from various areas including CPS, foster care, mental health providers, substance abuse treatment providers, and medical treatment providers. When juvenile justice case information is considered for release as part of an adoption case, the caseworker must review and ensure compliance with all confidentiality laws stated in SRM 131 for each type of information. A properly redacted copy of juvenile justice case information may be released to prospective adoptive parents only when DHHS or the court determines the release of information is in the youth's best interest.

**Release of Closed/Sealed Adoption Records to the Office of Children’s Ombudsman**

DHHS, the court, or private child placing agency must allow the Office of Children’s Ombudsman (OCO) to inspect closed/sealed adoption records in the course of an OCO

investigation (MCL 710.67 and 710.68). Prior to inspection, the records must be reviewed and appropriately redacted.

### **Closed Private Child Placing Agency Records**

DHHS Adoption program office is responsible for releasing information from adoption records formerly retained by a private child placing agency that is no longer in business, where there was no parent organization/branch office to retain those records. These records are maintained by Document Control, Department of Human Services, Lansing, Michigan.

### **Release of Closed Adoption Records to Local Office**

Local office staff may request closed adoption records directly from the adoption program office. The request must include the purpose and identify the information requested (such as service plans, medical reports, psychological evaluations, etc.).

Local DHHS offices should refer individuals requesting information from closed adoption records to:

Michigan Department of Health and Human Services  
Adoption Program Office  
Closed Adoption Records  
PO Box 30037  
Lansing, Michigan 48909

### **Informational Pamphlet**

The Adoption Code (MCL 710.68a) requires the Adoption Program Office, the child placing agency, or the court to provide an informational pamphlet within 14 days after contact by an adoptee, adult former sibling, former parent or adoptive parent of a minor requesting information. Use publication DHS Pub 439, Release of Information from Michigan's Adoption Records.

## **Adoption Support Groups**

The Adoption Code (MCL 710.68a) also requires the Adoption program office or the private child placing agency or the court to provide a list of adoption support groups within 14 days after contact by an adoptee, adult former sibling, former parent or adoptive parent requesting information.

## **Central Adoption Registry (CAR)**

The DHHS Adoption program office maintains former parents' and adult former siblings' statements giving consent to, or denying release of, identifying information.

## **Definition of Former Family Member**

A parent, grandparent or adult sibling related to the adult adoptee through birth or adoption by at least one common parent, regardless of whether the adult adoptee ever lived in the same household as the former family member.

## **CAR Forms**

The following forms are available for former family members to use when registering with CAR and may be revoked or updated any time:

- DHS-1917, Adult Former Sibling Statement to Release Information.
- DHS-1918, Release of Information by Brother/Sister Proxy for Deceased Parent.
- DHS-1919, Parent's Consent/Denial to Release Information.

Family members requesting information from CAR may contact:

Adoption Program Office  
Central Adoption Registry  
Michigan Department of Health and Human Services  
PO Box 30037  
Lansing, Michigan 48909

or visit the adoption website.

### **Confidential Intermediary Services**

A court-administered program available to the:

- Adult adoptee.
- Adult child of a deceased adopted person.
- Former family member.

The confidential intermediary program allows for search of any of the above named persons by any of the above named persons. It is a tool to gain more information about a party when information in the closed adoption record is not sufficient. Individuals should be referred to the court of adoption finalization for information, petition, fee schedules and processing procedures.

Upon receipt of a **written** request for release of information and verification of court appointment as confidential intermediary, the adoption program office must provide closed adoption record information directly to the confidential intermediary or the court that finalized the adoption within **63** days.

A written consent to release information is **not** required if the request is from the former parent or adult former sibling. The adoption program office must provide the adoptee's name and address and/or any other information in its possession to help the confidential intermediary locate the adult adoptee.

### **Release of Non-Identifying Information**

Upon receipt of a request from the adoptive parent, adult adoptee, former parent or adult former sibling, the adoption program office or the private child placing agency or the court must provide all information outlined in Release of Information to Prospective Adoptive Family in writing within **63** days.

The adult adoptee may use the DHS-1925, Request by Adult Adoptee for Identifying Information, but it is not required.

### **Release of Identifying Information to an Adult Adoptee**

Identifying information may be released to an adult adoptee in certain circumstances, see MCL 710.68. Upon receipt of an adult adoptee's death certificate, any of the adult adoptee's direct descendants must be provided with the same information which the adult adoptee would be provided. Identifying information includes the following:

- Name of the child before adoptive placement.
- Name(s) of biological parent(s) when parental rights were terminated.
- Most recent name and address of each biological parent.
- Name(s) of biological sibling(s) when parental rights were terminated.

### **Procedures for Release of Identifying Information to an Adult Adoptee**

The following steps must be followed upon receipt of a written request for release of identifying information from an adult adoptee:

The adoptee may use the DHS-1925, Request by Adult Adoptee for Identifying Information, but it is not required.

The adoption program office or the private child placing agency or the court must complete the DHS-1921, Central Adoption Registry Clearance. The private child placing agency or the court must send the DHS-1921 to the adoption program office.

The adoption program office must search CAR to see if a former parent or former adult sibling has registered and document any findings on the DHS-1921.

The DHS-1921 must then be permanently maintained by the adoption program office. Within 28 days of receiving the CAR response, the adoption program office must send the adoptee the identifying information they are entitled to and release the information in writing or send notice of the reason why the information cannot be released, OR

The adoption program office must send the DHS-1921 to the private child placing agency or the court. Within 28 days of receiving the CAR response, the child placing agency or the court must send the adoptee the identifying information they are entitled to and release the information in writing or send notice of the reason why the information cannot be released.

A copy of the written notice to the adoptee must be filed in the case record maintained by the adoption program office or the private child placing agency or the court.

### **Both Former Parents Filed Consent to Release**

Identifying information must be released to the adoptee.

### **One Former Parent Filed Consent to Release**

Identifying information regarding only the former parent who filed the consent must be released to the adoptee.

### **One Former Parent Deceased**

After receipt of the death certificate, identifying information regarding **only** the deceased former parent must be released to the adoptee.

### **Both Former Parents Deceased**

After receipt of the death certificates, identifying information regarding both former parents must be released to the adoptee.

### **Notice of Release of Identifying Information**

If the adoption program office or a child placing agency or court releases the name of one of the adoptee's former parents, the entity that released the information must notify DCH using the DHS-1924, Notice of Release of Identifying Information from Adoption Records.

### **Release of Medical or Genetic Information to Adoptee**

Life-Threatening Condition

If the adoption program office, child placing agency, or court receives **written** information concerning a physician-verified medical or genetic condition of an individual biologically related to an adoptee, and a request that the information be transmitted to the adoptee because of the serious threat it may pose to the adoptee's life, adoption program office must send the adoptee a **written** copy of the information, by first class mail, within **seven** days after the request is received. If the adoptee is less than 18 years of age, the information must be sent to the adoptive parents at their last known address. A reasonable effort must be made to locate the most recent address of the adoptee or the adoptive parents of a minor adoptee.

### **Non-Life-Threatening Condition**

If the adoption program office, child placing agency, or court receives **written** information concerning a physician-verified medical or genetic condition of a person biologically related to an adoptee and the condition is not life-threatening to the adoptee, the office must file the information in the adoption record. The information must be released if the adoptive parents of a minor child or the adult adoptee requests information from the adoption record.

### **Release of Medical or Genetic Information to the Former Family**

If the adoption program office, child placing agency, or court receives written information concerning a physician-verified medical or genetic condition that threatens the life of an adoptee and for which a biologically related person could give life-saving aid, the office must send a **written** copy of information by first class mail within **seven** days after the information is received to the biological parents or adult biological siblings of the adoptee at their last known address. A reasonable search for the most current address of biological family members should be made.

### **Release of Identifying Information to a Former Parent or an Adult Former Sibling**

#### ***With Adult Adoptee Written Consent***

The adoption program office or the private child placing agency or court must provide the adoptee's most recent name and address in writing to the former parent or adult former sibling within 63 days.

### ***Without Adult Adoptee Written Consent***

If a request for identifying information is received from an adult adoptee, former parent or adult former sibling, Adoption program office or the private child placing agency or the court must provide the name of the court that completed the adoption within 28 days. The former parent or adult former sibling may also be eligible for confidential intermediary services.

### **Fees for Release of Adoption Information**

Adoption program office, the private child placing agency or the court may require a fee to release copies of adoption information. The fee must be \$60 or the actual cost of releasing the information, whichever is less. All or part of the fee may be waived in case of hardship.

### **Documenting Release of Adoption Records**

Adoption program office must send a written summary or copies of any correspondence to Document Control to be filed in the closed adoption record. Include copies of cover letters for information mutually agreed to be released between birth and adoptive families in cases where the adoption program office acted as the liaison.

Michigan Department of Health and Human Services  
Document Control Section  
PO BOX 30025  
Lansing, MI 48909

### **RECORD RELEASE TO THE OFFICE OF CHILDREN'S OMBUDSMAN**

The following provides a summary of DHHS release of specific documents to the Office of Children's Ombudsman:

- **Medical:** DHHS and/or private child placing agencies **may release** to the OCO medical records and information of children involved in children's protective services, foster care, and adult service cases. DHHS may release an adult's (or JJ youth's) medical records to the OCO whether a client has signed a consent form or not.

- **Mental Health:** DHHS and/or private child placing agencies **may release** copies of mental health records and information of children involved in children’s protective services, foster care, and adult service cases to the OCO. DHHS may release an adult’s (or JJ youth’s) mental health records to the OCO whether a client has signed a consent form or not.
- **Substance Abuse:** DHHS and/or private child placing agencies may release substance abuse treatment information, including diagnosis and screen results, **only if the client has signed a valid consent**. At the request of the OCO, DHHS will assist in obtaining consent if consent is not contained in the case record.
- **Educational:** DHHS and/or private child placing agencies **may release** a child’s educational records to the OCO regardless of whether the parent has signed a valid consent.
- **Law Enforcement:** DHHS **may release** to the OCO police reports contained in a case file involving a closed investigation. DHHS may not release a law enforcement report related to an ongoing investigation of suspected child abuse or neglect and cannot release LEIN information.

DHHS may provide service plans (ISP, USP) to the OCO without redacting summarized confidential medical or mental health information regarding adults. Exception: Social Security numbers, substance abuse treatment and HIV status is specifically protected by federal and state law and must be redacted.

## **RECORD RELEASE TO THE FOSTER CARE REVIEW BOARD**

The following provides a summary of DHHS release of specific documents to the Foster Care Review Board (FCRB).

- **Medical:** DHHS and/or private child placing agencies **may not release** to the FCRB medical records or medical information of children/parents involved in children’s protective services or foster care cases without a properly executed client release.

- **Mental Health:** DHHS and/or private child placing agencies **may not release** to the FCRB mental health records or information transcribed from mental health records of children/parents involved in children's protective services or foster care cases without a properly executed client release.
- **Substance Abuse:** DHHS and/or private child placing agencies **may not release** to the FCRB substance abuse treatment records or information transcribed from substance abuse treatment records of children/parents involved in children's protective services or foster care cases without a properly executed client release.
- **Educational:** DHHS and/or private child placing agencies **may not release** to the FCRB educational records of children/parents involved in children's protective services or foster care cases without parental consent.
- **Law Enforcement:** DHHS and/or private child placing agencies **may release** police reports contained in a case file involving a closed law enforcement investigation. DHHS and/or private child placing agencies **may not release** a law enforcement report related to an ongoing investigation of suspected child abuse or neglect and cannot release information obtained from LEIN.
- **Reporting Person:** DHHS and/or private child placing agencies **may not release** the identity of the reporting person to the FCRB.
- **Social Security Number:** DHHS and/or private child placing agencies **may not release** social security numbers of children/parents to the FCRB.

**Note:** Self-disclosed and observed information regarding medical, mental health and substance abuse may be released without client consent, a valid court issues subpoena, or court order.

## **RECORD RELEASE TO THE STATE CHILD DEATH REVIEW TEAM**

The following provides a summary of DHHS release of specific documents to the State Child Death Review Team (CDR).

- **Medical:** DHHS and/or Private Child Placing agencies **may not release** to the CDR medical records or medical information of children/parents involved in children’s protective services, foster care, and adult service cases without a properly executed client release.
- **Mental Health:** DHHS and/or private child placing agencies **may not release** to the CDR mental health records of children/parents involved in children’s protective services, foster care, and adult service cases without a properly executed client release.
- **Substance Abuse:** DHHS and/or private child placing agencies **may not release** to the CDR substance abuse treatment records or information transcribed from substance abuse treatment records without a properly executed client release.

**Note:** Self-disclosed and observed information regarding medical, mental health and substance abuse may be released without client release, a valid court issued subpoena, or court order.

## **PUBLIC RELEASE OF SPECIFIED CPS INFORMATION**

1998 PA 428 amended the Michigan Child Protection Law (MCL 722.621 et seq.) which governs the DHHS director's decisions to release specified information from children’s protective services records. For the definition of specified information, see MCL 722.622(y).

### **Response to a Request for Specified Information**

Upon receipt of a written request for specified information directed to DHHS, the request must be immediately forwarded to the Office of Family Advocate (OFA). OFA has one business day to determine if the:

- **Requesting individual is incarcerated:** When the request is from an incarcerated individual, OFA must notify the requestor that the request is denied pursuant to the Child Protection Law, Section 7e(2)(e).
- **Request contains insufficient information to identify the case for which information is being requested, as well as the specific information being requested:** When

information is not sufficient to identify the case, OFA must return the request to the requester indicating that more information is needed.

- **Child victim is currently age 18 or older:** When the child victim is age 18 or older, OFA must return the request to the requester indicating that the information is not subject to public release, pursuant to the CPL, Section 7e(2)(f).

OFA must notify the local office when a request is returned to the requestor. When a valid request is received, OFA must assign a control number and send forms DHS-161, Local Office Review Form, and DHS-162, Prosecutor Review Form, to the local DHHS office. (These forms are controlled by OFA and are not available as Word templates.)

### **Local Office Review of Request**

The local office has **five calendar days** from receipt to do all of the following:

- Review the DHS-161, Section I, to determine if the information can be released. If information cannot be released based on a prohibition listed in Section I, check the box indicating the reason. Attach the appropriate documentation and return to OFA.
- Fax the DHS-162 to the local prosecutor. The prosecutor has 72 hours to return the form to the local office director.
  - If the prosecutor determines that release would interfere with a criminal investigation, ensure that is indicated on the DHS-162 and return both the DHS-161 and the DHS-162 to OFA.
  - If the prosecutor determines that release is not prohibited, proceed to Section II of the DHS-161 and provide a brief narrative description of the case. Attach an **unredacted** copy of the case record within **six** business days and an outline of issues, supported by available documentation related to the child's best interests.
- Proceed to Section III of the DHS-161, and complete either section A or B.

- Upon completion of the DHS-161 and the DHS-162, send the original DHS-161, the DHS-162 and appropriate documentation to the OFA. Send a copy to Children's Services Administration Directors Office, as appropriate.

#### Director of Children's Services **Review of Request**

Within **48** hours of receipt from the local office, the Director of Children's Services must:

- Review the DHS-161 and the DHS-162.
- Make a recommendation using the DHS-160, Child Welfare Field Operations recommendation.
- Send the original DHS-160 to OFA.

#### **OFA Recommendation**

Within **four** days of receipt from the Children's Services Administration Directors Office, OFA must:

- Review the recommendation and supporting documentation.
- Request additional information, as needed.
- Provide a preliminary decision to the DHHS director for review.

The DHHS director or designee must make every effort, within two days, to inform OFA of the official preliminary decision. The MDHS director may request up to an additional 14 days to make the preliminary decision, provided the requesting party is notified.

#### **Preliminary Decision to Deny the Release of Information**

When the preliminary decision is to deny the release of information, OFA must provide written notice to the requestor with a copy to Child Welfare Field Operations and the local office.

OFA must send the preliminary notice to the requestor by registered or certified mail, return receipt requested or by personal service.

OFA must include the following information in the notice of preliminary decision to deny release:

- The basis for the denial,
- A statement that the decision becomes final unless information that could be the basis for a different decision is submitted to the DHHS director in writing within 14 days of the notice,
- A statement that the requestor has a right to appeal a final decision to circuit court, and
- Information on where to file the appeal, along with appellate procedures.

#### **Preliminary Decision to Release Information**

When the preliminary decision is to release the information, OFA must provide notice to:

- The perpetrator, unless he or she has been convicted in criminal court on the matter being requested and no appeal is pending,
- The parent(s) or legal guardian(s) of the child(ren) involved,
- The attorneys for the perpetrator, the child(ren), the parent(s) or legal guardian(s),
- The child(ren)'s guardian-ad litem,
- The local office and Field Operations Administration, and
- The requestor.

#### **Final Decision Regarding Release of Information**

When the DHHS director does not receive information that could be the basis for a different decision within **14** days of the requestor's receipt of the preliminary notice, the DHS director's decision becomes final.

When the DHHS director receives information in writing within **14** days after the preliminary notice is sent, the DHS director must make a final decision within **seven** days.

OFA must send written notice of the final decision and notification of the right to appeal the final decision to those identified in the Preliminary Decision to Release Information.

### **Appeal of Final Decision**

When the DHHS director receives notice of an appeal to circuit court before the information is released, the specified information cannot be released unless the circuit court upholds the decision.

## **EPSDT RECORDS AND TITLE XIX FUNDED PERSONAL CARE SERVICES RECORDS**

Information in these records is protected by federal regulations (42 CFR 431, Subpart F). The use or disclosure of information concerning these applicants or recipients is restricted to purposes directly connected with the Medical Assistance program. Purposes include establishing eligibility, determining the amount of assistance, and providing related services to applicants and recipients; see BAM 310.

## **RFCJJ Contract 2.10.f.4 Restraint & Seclusion Reporting**

### Critical Incidents

- a) The Contractor shall document any incidents required by Mich Admin Code R 400.4150 in the MiSACWIS, including, but not limited to:
  - i. Death.
  - ii. Suicide.
  - iii. Attempted Suicide.
  - iv. Serious injury or illness requiring inpatient hospitalization.
  - v. Behavior resulting in contact with law enforcement.
  - vi. Corporal Punishment.

vii. Physical Restraint.

viii. Seclusion.

ix. AWOL.

b) The Contractor shall notify all appropriate parties as required by Mich Admin Code R 400.4150 that are not notified electronically through the MiSACWIS:

i. Non-MDHHS state or local governmental agency.

ii. Parent(s)/Legal Guardian(s).

iii. Law Enforcement.