

09/29/2016

**Michigan Department of Health & Human Services – Division of Child Welfare Licensing
Short Term Assessment 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 :

<ol style="list-style-type: none"> 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 Reporting complete and up to date _____ RFCSTAC 2.10.d.4.f Restraint and Seclusion Reporting 	<ol style="list-style-type: none"> 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? _____ <p>Current Contract Templates are located at : :http://www.michigan.gov/dhs/0,4562,7-124-5455_7199---,00.html</p>
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Part 1. General Provisions

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

<p>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.</p>	
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<p>R 400.4108 Financing and audit. RI.108 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>R 400.4109 Program statement. RI.109 Rule 109. (1) An institution shall have and follow a current written program statement which specifically addresses all of the following: (a) The types of children to be admitted for care.</p>	
<p>DHS Policy FOM 912-2 – (Referral and Acceptance) procedures and timeframes for accepting or rejecting a referral.</p>	
<p>RFCST 1.K.4.b.5.d – Page 11 – A Residential Foster Care Short Term Assessment Program may only serve children between the ages of six and seventeen years old.</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>(2) The program statement shall be made available to residents, parents, and referral sources.</p>	
<p>R 400.4111 Job description. RI.111 Rule 111. An institution shall provide a job description for each staff position that identifies rules, required qualifications, and lines of authority.</p>	
<p>R 400.4115 First aid; CPR. RI.115 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>R 400.4116 Chief administrator; responsibilities. RI.116 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>R 400.4117 Chief administrator; qualifications. RI.117 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>R 400.4122 Resident and parent visitation. RI.122 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>DHS Policy 722.6, pg. 16-20 – (Family Visitation) Provide an identifiable area for family visits which offer privacy and comfort. Parenting time must occur in a child and family friendly setting conducive to normal interaction between the child and parent. Facility must support visitation. Exceptions to this must be approved by first-line supervision.</p>	
<p>RFCST 1.k.6.b – Page 15– Did the facility provide routine transportation and flexible hours 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 child 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.</p>	
<p>R 400.4124 Communication. RI.124 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>R 400.4125 Personal possessions; money; clothing; storage space. RI.125 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>	

DHS Policy FOM 912-1, p. 1 – Basic Residential Care - provisions of essentials - i.e. allowance & personal incidentals			
R 400.4126 Sufficiency of staff. RI.126 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.			
R 400.4127 Staff-to-resident ratio. RI.127 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.			
Current Contract Language RE: Staffing In a Residential Foster Care Short Term Assessment Program			
1. Residential Foster Care – Short Term Assessment	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 six children	RFCST 1.K.4.b.5.d – Page 11
(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.			
Staff Training			
R 400.4115 First aid; CPR RI.115 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.			
R 400.4128 Initial staff orientation and ongoing staff training. RI.128 (5) An employee shall not participate in restraining a resident or placing a resident in seclusion prior to receiving training on those topics. *** The training model shall be approved, in writing, by the department.			
R 400.4129 Institutions serving developmentally disabled youth; written procedures. RI.129 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.			
R 400.4130 Privacy and confidentiality. RI.130 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> <ul style="list-style-type: none"> (a) The parent has consented. (b) The resident has consented if the resident is capable of consent. 	
<p>R 400.4131 Compliance with child protection law; development of plan required. RI.131 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.</p>	
<p>R 400.4132 Grievance procedures. RI.132 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>	
<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.</p>	
<p>(4) An agency shall provide a grievant with a written copy of the grievance resolution</p>	
<p>R 400.4134 Religious/spiritual policy and practices. RI.134 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>	

(b) A resident shall not be compelled to attend religious services or religious education nor be disciplined for failing to attend.	
(2) The institution shall provide the policy to parents and referral sources prior to or at admission.	
R 400.4135 Resident work experience. RI.135 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:	
(a) How and when residents are or are not compensated for working.	
(b) Means of protection from exploitation.	
(c) The types of work experience that residents will engage in.	
(2) Work experiences for a resident shall be appropriate to the age, health, and abilities of the resident.	
(3) Residents shall not be permitted to work for staff members' personal gain and shall be protected from personal exploitation.	
R 400.4136 Recreational activities, equipment, and supplies; swimming restriction. RI.136 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.	
(2) Residents shall be provided a variety of indoor and outdoor recreational activities designed to meet the residents' needs.	
(3) An institution shall provide appropriate recreation supplies and equipment.	
(4) Swimming shall be permitted only where and when a qualified lifeguard is on duty and who is not counted in the staffing ratio.	
(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: (a) Activity leader training and certification and experience qualifications appropriate to the activity. (b) Specific staff-to-resident ratio appropriate to the activity. (c) Classifications and limitations for resident participation. (d) Arrangement, maintenance, and inspection of the activity area. (e) Equipment and the biannual inspection and maintenance of the equipment and the program by a nationally recognized inspection process. (f) Safety precautions. (g) High adventure activities shall be conducted by an adult who has training or experience in conducting the activity.	

(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.	
R 400.4137 - Sleeping rooms. RI.137	
Rule 137. (1) Residents may be required to remain in their assigned rooms for up to 30 minutes to accommodate staff shift changes.	
(2) Residents of the opposite sex, if either is over 5 years of age, shall not sleep in the same sleeping room.	
(3) In new and converted institutions, single occupant sleeping rooms shall not be less than 70 square feet, exclusive of closet space.	
(4) In new and converted institutions, multi-occupant sleeping rooms shall not be less than 45 square feet per occupant, exclusive of closet space.	
(5) In new or converted secure institutions, locked resident sleeping rooms shall be equipped with a 2-way monitoring device.	
(6) In programs that accept children less than 2 years of age, the following safe sleep conditions shall be followed:	
(a) Infants, birth to 12 months of age, shall rest alone in a crib that meets all of the following conditions:	
(i) Has a firm, tight-fitting mattress with a waterproof, washable covering.	
(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 facedown, 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.	
R 400.4138 Bedding and linen.- RI.138	
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.	
R 400.4139 Driver's license. RI.139	
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.	
R 400.4140 Transportation. RI.140	
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.	
R 400.4141 Safety belts. RI.141	
Rule 141. The driver and all passengers shall be properly restrained with safety belts while the vehicle is being operated.	

<p>R 400.4142 - Health services; policies and procedures RI.142</p> <p>Rule 142. (1) An institution shall establish and follow written health service policies and procedures addressing all of the following:</p> <p>(a) Routine and emergency medical, dental, and behavioral health care.</p>	
<p>(b) Health screening procedures.</p>	
<p>(c) Documentation of medical care and maintenance of health records.</p>	
<p>(d) Storage of medications.</p>	
<p>(e) Dispensing medication.</p>	
<p>(f) Definition and training of personnel authorized to dispense medications.</p>	
<p>(g) Methods for dispensing medication when the resident will be off site.</p>	
<p>(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.</p>	
<p>CI 16-019 – 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?</p>	
<p>R 400.4143 - Medical treatment; supervision. RI.143</p> <p>Rule 143. Medical treatment shall be under the supervision of a licensed physician or other licensed health professional as permitted by law.</p>	
<p>R 400.4151 - Emergency; continuity of operation procedures. RI.151</p> <p>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:</p> <p>(a) Fire.</p>	
<p>(b) Severe weather.</p>	
<p>(c) Medical emergencies.</p>	
<p>(d) Missing persons.</p>	
<p>(e) Disasters.</p>	
<p>(f) Utility failures.</p>	

(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.	
DHS Policy FOM 722- 3a, p. 1, AWOLP: Foster parent/relative caregivers, parents and residential facility staff must immediately (within one hour) notify law enforcement agencies state police, local police or the sheriff's department) and the supervising agency when a ward under their care fails to return at the expected time.	
R 400.4157 Behavior management. RI.157	
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.	
R 400.4158 Discipline. RI.158	
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.	
R 400.4159 Resident restraint. RI.159	
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.	
MSA.XI. A. I. Page 46 – Psychotropic medications shall not be used for discipline or not be used in place of psychological or behavioral interventions	
(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.	
(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	
R 400.4160 Seclusion rooms; department approval required RI.160 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.	
R 400.4161 Seclusion rooms; policies and procedures. RI.161	
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.	
R 400.4162 Seclusion rooms; administrative oversight.	
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.	
Seclusion – Detention Facilities R 400.4163 Secure facilities serving juvenile justice youth; seclusion room. RI.163	
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.	
R 400.4164 Secure facilities serving juvenile justice youth; reintegration. RI.164	
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) 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.	

<p>R 400.4165 Secure facilities serving juvenile justice youth; lockdowns. 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.</p>	
<p>(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:</p>	
<p>(a) Who may order a lockdown.</p>	
<p>(b) Who is to implement the lockdown when it has been ordered.</p>	
<p>(c) How the problem is to be contained.</p>	
<p>(d) Procedures to be followed after the incident is resolved.</p>	
<p>(e) Notification of the licensing authority within 24 hours after the occurrence of a lockdown.</p>	
<p>RFCST Program Performance Objectives - Consultants are to ask the licensee how they intend to gather data do demonstrate that they are meeting these performance objectives, but not yet enforce the performance objective. RFCST 1.K.22.a – page 21 - a. Ninety nine point six eight percent of all children supervised by the Contractor will not be victims of substantiated maltreatment by facility staff.</p>	
<p>RFCST 1.K.22.b – page 22 - b. Seventy five percent of the children, based upon the CANS and other assessment tools, will be transitioned into an appropriate placement within 60 days of placement.</p>	
<p>RFCST 1.K.22.c – page 22 - c. One hundred percent of the children, based upon the CANS and other assessment tools, will be transitioned into an appropriate placement within 90 days of placement.</p>	
<p>RFCST 1.K.22.d – page 22 - d. No more than five percent of children discharged from the Contractor’s program, will be discharged due to AWOLP status.</p>	
<p>RFCST 1.K.22.e – page 22 - e. One hundred percent of the children will have a family visit within seven calendar days of placement and weekly thereafter unless any of the following exceptions are documented:</p> <ul style="list-style-type: none"> i. The court orders less frequent visits. ii. The parents are not attending the visits despite the worker taking adequate steps to ensure the parent’s ability to visit. iii. One or both parents cannot attend the visits due to compelling circumstances such as hospitalization or incarceration. iv. The child 	
<p>RFCST 1.K.22.f – page 22 - f. Ninety percent of the children discharged from the program will have participated in a graduated visitation schedule as outline in his/her transition plan</p>	

<p>RFCST 1.K.22.g – page 22 - g. Ninety percent of families will be actively involved in the planning for the child unless any of the following exceptions are documented:</p> <ul style="list-style-type: none"> i. The court orders no contact with the child. ii. The parents are not cooperating despite the worker taking adequate steps to engage the parents in the process. iii. One or both parents cannot participate due to compelling circumstances such as hospitalization or incarceration 																																																																			
<p>RFCST 1.K.22.h – page 22 - h. Eighty percent of the children with a planned discharged shall remain in the initial placement for at least 90 days following placement</p>																																																																			
<p>RFCST 1.K.22.i – page 22 - i. Seventy percent of the children with a planned discharge shall remain in the initial placement for at least 180 days following placement</p>																																																																			
<p>Sample Sizes</p> <table border="0"> <tr> <td><u># of records per function</u></td> <td><u>Active Sample Size</u></td> <td><u>Closed Sample Size</u></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>1-3</td> <td>All</td> <td>2</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>4-30</td> <td>3</td> <td>2</td> <td rowspan="4" style="vertical-align: middle;">Number of Current Residents _____</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>31-60</td> <td>6</td> <td>4</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>61-90</td> <td>8</td> <td>8</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> <p style="text-align: right;">Residents:</p>			<u># of records per function</u>	<u>Active Sample Size</u>	<u>Closed Sample Size</u>								1-3	All	2								4-30	3	2	Number of Current Residents _____							31-60	6	4							61-90	8	8																1.	2.	3.	4.	5.	6.	7.	8.
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<p>R 400.4123 Education. RI.123 Rule 123. (1) An institution shall not admit a child for care unless an appropriate educational program can be provided.</p>																																																																			
<p>(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.</p>																																																																			
<p>DHS Policy FOM 912-1 – page 2 - Was homework assistance and tutoring provided as the youth demonstrated a need?</p>																																																																			
<p>RFCST 1.K.16.e – page 17 - The Facility shall notify the school administration where the youth is enrolled, in writing, of the name of the person who is supervising the child’s Juvenile Justice case and who is responsible for attending IEPT meetings. Documentation of the notification is to be contained in the Education section of the youth’s delinquency case record.</p>																																																																			

RFCST 1.K.16.g – page 17 – The facility shall maintain at least monthly contact with the school to monitor the youth’s progress.							
RFCST 1.K.16.a – page 17 – During the first seven days of placement, the caseworker shall document in the case file diligence in seeking prior educational assessments							
RFCST 1.K.16.a – page 16 – If an educational disability is suspected, the child shall be referred for an Individual Education Program Team Evaluation within seven days of admission.							
R 400.4125 Personal possessions; money; clothing; storage space. RI.125 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. DHS Policy FOM 903-9 , DHS Policy FOM 912-1 page 1 - Contracts – “A written clothing inventory [DHS-3377] shall be completed for each youth in care and an appropriate wardrobe provided at entry, during placement and at discharge..”							
R 400.4136 Recreational activities, equipment, and supplies; swimming restriction. RI.136 Rule 136. (2) Residents shall be provided a variety of indoor and outdoor recreational activities designed to meet the residents' needs.							
R 400.4142 - Health services; policies and procedures Rule 142. (1) An institution shall establish and follow written health service policies and procedures addressing all of the following: (e) Dispensing medication.							
MSA VIII.B.5 (pg. 31) ; DHS Policy FOM 802-1 . Were administered psychotropic medications paired with a signed consent form?							
R 400.4144 - Admission health screening; physical examinations. RI.144 Rule 144. (1) An initial health screening shall be completed for each resident within 24 hours of admission to a facility.							

<p>(2) An institution shall have the following documentation of an admission physical examination for each resident, unless an earlier examination is medically indicated:</p> <p>(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.</p> <p>(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.</p>							
<p>(3) Sufficient health history information shall be documented for each resident to assure proper medical care.</p>							
<p>(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.</p>							
<p>R 400.4145 Periodic physical examinations.</p> <p>Rule 145. (1) An institution shall provide and document periodic physical examination for each resident as follows, unless greater frequency is medically indicated:</p> <p>(a) At least once every 3 months for residents under 1 year of age.</p> <p>(b) At least once every 14 months for residents 1 year of age or older.</p>							
<p>(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.</p>							
<p>RFCST 1.K.20.b.6 – Page 20 - Within 30 calendar days of the child's placement, a psychiatrist must assess the child and coordinate with the licensed clinical personnel completing the psychosocial assessment. The psychiatrist shall review the child's medication history, current needs and prescriptions. This includes adjustment of medications and dosage as necessary.</p>							
<p>R 400.4146 Immunizations. RI.146</p> <p>Rule 146. (1) A resident shall have current immunizations as required by the department of community health.</p>							

(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.							
R 400.4147 - Dental care. RI.147 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.							
RFCST 1.K.20 – page 18 - The facility is required to provide rehabilitative, physical or dental procedures							
R 400.4148 - Personal hygiene. RI.148 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.							
R 400.4149 Resident nutrition. RI.149 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: (www.healthierus.gov/dietaryguidelines)							
(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.							

<p>R 400.4150 - Incident reporting. 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.</p>								
<p>(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.</p>								
<p>(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.</p>								
<p>(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.</p>								
<p>R 400.4152 Initial documentation RI.152 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.</p>								
<p>(b) A photograph taken within the previous 12 months.</p>								
<p>RFCST 1K6 – Page 12 – The facility shall submit a photo of the child, taken at the time of admission and annually thereafter, to the DHS Caseworker or PAFC Caseworker. A copy of the photo shall also be placed in the child's file.</p>								
<p>(c) A brief description of the resident's preparation for placement and general physical and emotional state at the time of admission.</p>								
<p>(d) Name, address, and marital status of parents and name and address of legal guardian, if known.</p>								
<p>(e) Date of admission and legal status.</p>								
<p>(f) Documentation of legal right to provide care.</p>								
<p>(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.</p>								
<p>(h) A brief description of the circumstances leading to the need for care.</p>								
<p>(i) Documentation that the grievance policy was provided as required in R 400.4132.</p>								

Shelter Care & Detention Facilities

<p>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.</p>							
<p>(b) An assessment of the resident's immediate and specific needs.</p>							
<p>(c) The specific services to be provided by the institution.</p>							
<p>(d) Other resources to meet the resident's needs.</p>							
<p>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?</p>							
<p>RFCST 1.K.4.b.4.c.1 - page 8 – The Preliminary Service Plan shall include a) A comprehensive assessment of the child's physical/mental health needs b) An assessment of the child's immediate and specific needs. c) The specific services to be provided by the contractor and other resources to meet the identified needs d) Goals, outcomes, and timeframes for achievement e) Reasons for continued care f) Placement recommendation g) Barriers to achievement of the recommended placement and plans to eliminate barriers.</p>							
<p>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.-</p>							
<p>(b) Evaluation of service needs.</p>							
<p>(c) Ongoing service needs.</p>							
<p>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?</p>							
<p>(d) How service needs will be met.</p>							

(e) Unmet service needs and the reasons those needs are unmet.							
(2) Copies of the plan shall be maintained at the institution							
RFCST 1.K.8 – page 12 – The facility shall create a transition / discharge plan during an initial FTM that is to be held within the first fourteen days after admission. The child, the parent or guardian, the agency with placement responsibility, the foster parents, the lawyer guardian ad litem, and the relative care giver must be invited to participate. The transition / discharge plan must include: a. A projected date for discharge b. The level of care projected to be needed at discharge c. Transfer of information (e.g. medical records, mental health records, etc.) d. A graduated visitation schedule, to prepare the family/caregiver(s) for a well-supported discharge placement							
RFCST 1.K.9 – Page 13 – After the initial Family Team Meeting that was held during the first fourteen days, a Family Team Meeting shall be held every thirty days thereafter. The date and attendees and summary of the Family Team Meeting must be documented in the Social Work Contacts section of the Initial/Updated Service Plans and on Family Team Meeting Forms.							
RFCST – 1.K.10 – page 14 - The facility is responsible for transporting the child to court hearings, supervising the child while being transported and at court, and for providing testimony, reports, and recommendations.							
RFCST 1.K.12 – Page 14 – Children aged 14 and over shall be provided Independent Living activities that include budgeting and money management; employment seeking skills; communication skills; relationship building; establishing health and hygiene; household maintenance and upkeep; educational assistance; preventive health services; parenting skills and accessing community services. These activities shall be documented in Service Plans							
RFCST 1.K.12 – Page 14 - For children, age fourteen and older with developmental disabilities, the contractor shall teach relevant adult self-care, daily living skills, community engagement and mobility skills within the aforementioned domains.							
RFCST 1.K.13 – Page 15 – The facility shall provide therapy services to the child within 24 hours of admission, shall provide a minimum of one hour a week of group or individual therapy, and shall provide at least weekly family therapy.							

<p>RFCST – 1.K.14 – page 15 – Families, including incarcerated parents and placement caregivers shall be involved as possible, from admission to after care, in the development of the service plan. The family’s involvement shall be documented in the service plan and permanency goal.</p>							
<p>RFCST 1K14.h – page 14 – If the resident is available for adoption with no family identified, the facility shall make active efforts to insure that the child is present for identified adoption recruitment activities.</p>							
<p>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.</p>							
<p>RFCST 1.K.4.b.4.c.2 – Page 8 – Within 30 days of placement, an assessment based Initial Service Plan shall be completed. It must include a current <u>bio-psychosocial evaluation</u> or one done within the last year. The evaluation must be done by a master’s level counselor, a master’s level social worker, a licensed psychiatrist, or a psychologist.. The bio-psychosocial evaluation must include: a) A psychiatric history, as necessary b) Social history c) A mental status examination d) A trauma assessment e) Intelligence and projective tests, if necessary f) A behavioral appraisal g) Family, environmental, cultural, and religious or spiritual preferences h) Educational and vocational goals and needs i) Strengths, skills, and special interests j) Behaviors that necessitated a more restrictive placement setting for the child k) <u>Reviewing previous psychotherapeutic and psychiatric assessments and treatment</u></p>							
<p>(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.</p>							
<p>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?</p>							
<p>(3) The initial treatment plan shall include all of the following: (a) An assessment of the resident’s and family’s strengths and needs.</p>							
<p>(b) Plans for parent and child visitation.</p>							

(c) Treatment goals to remedy the problems of the resident and family, and time frames for achieving the goals.							
(d) Indicators of goal achievement.							
(e) The person responsible for coordinating and implementing the resident and family treatment goals.							
(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.							
(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.							
RFCST 1.K.3.b page 6– Did the facility administer the Child Assessment of Needs and Strengths (CANS) and either the Ansell Casey Life Skills Assessment [age <14] or the Daniel Memorial Assessment [age >14] within 30 days of admission and quarterly thereafter until discharge?							
(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.							
R 400.4156 Institutions not detention institutions or shelter care institutions; updated treatment plan. RI.156 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) 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.							
R 400.4167 Case record maintenance. RI.167 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.							

Policy 912-2 (excerpts)

The Contractor shall accept and act on referrals from the Agency upon receipt of the Agency's referral packet. Any contractor forms or narrative information required on a referral must be completed by Contractor staff from information in the department's referral packet or other sources. (department staff shall not be required to complete application or other Contractor forms for inclusion in the agency case record or department files or for any other purpose.)

The DHS local office shall be notified, within 5 working days of the

receipt of appropriate referral materials, of the decision to set up the initial interview, reject or accept the child, and, if accepted, the admission date or status on a waiting list. If an initial interview is held, the DHS local office shall be notified within 3 working days of rejection or acceptance of the referral, and if accepted the date of admission or the status on waiting list.

If a child is rejected, the reasons for non-acceptance shall be given to DHS in writing within 5 working days. The Contractor shall not refuse to consider providing services to a youth solely based upon a handicap, which is defined as emotionally impaired, hearing impaired, mentally impaired, physically or otherwise health-impaired, learning disabled, speech or language impaired, or visually impaired.

The Contractor, in accepting the youth, has indicated an ability to meet the service needs of the youth as described in the written referral material. This includes the provision of sufficient structure and supervision to continue service to youth who exhibit dangerous and self-destructive behavior identified before or at the time of acceptance.

MSA XI.B. - page 47 –Reporting of Corporal Punishment

MSA XI.B. - page 47	Reporting of Corporal Punishment
	<p>B. <i>Corporal Punishment and Seclusion/Isolation:</i></p> <ol style="list-style-type: none"> 1. DHS shall prohibit the use of Positive Peer Culture, peer-on-peer restraint, and any other forms of corporal punishment in all foster care placements. All uses of corporal punishment in any placement, and all uses of seclusion/isolation in child caring institutions shall be reported to the Quality Assurance (QA) unit. Such reports shall be made available to the state’s licensing agency for appropriate action.

*** CCI Letter 2012-1 specifies JJOLT Reporting / MISACWIS Reporting will replace it

DHS Policy 722 – 6 /// page 16 through 20 (excerpts) – Parenting Time / Visitation

DHS Policy 722 – 6 page 16 -20 (excerpts)	Parenting Time / Visitation
	<p>PARENTING TIME Parenting time for parent(s) and child(ren) must occur frequently prior to initial disposition and at least weekly thereafter; Parents should continually be involved in activities and planning for their child(ren), such as attendance at school conferences and involvement in medical and dental appointments, unless documented as harmful to the child.</p> <p>Documentation The frequency, location and duration of parenting time for parents and children and the visitation requirements described above must be identified in the parent-agency treatment plan and service agreement</p> <p>Parenting Time Requirements Supervising agencies must use parenting time to maintain and be strengthen the relationship between parent and child. By facilitating weekly parent/child parenting time, agency staff can positively influence the length of time children stay in the foster care system and the time required to achieve permanence. Foster care workers must engage the family in establishing/scheduling parenting time. Parenting time must be provided for every parent with a legal right to the child, regardless of prior custody. If the non-removal parent had established visitation, these visits should continue</p>

accordingly unless there are new factors that would negatively impact the child or there is a court order changing the visitation plan.

Juvenile Code

The Juvenile Code requires parenting time between parent and child no less than every seven calendar days after the dispositional hearing, unless clearly documented as harmful to the child. The frequency of parenting time prior to the dispositional hearing is an important indicator of how quickly children can be reunited with their families, when this is the plan. Therefore, the more frequent the parenting time, the more likely the child will return home. At the initial dispositional and subsequent review hearings, the court will review the parenting time plan and may order a revised parenting time schedule for the family.

Responsible Agency

Weekly parenting time between the parent and child in out-of-home placement is encouraged and facilitated as necessary by the supervising agency. **Out-of-home placements include relative placements, unrelated caregivers, foster family homes, foster family group homes, and child caring institutions.** If a child is placed in an institutional/residential setting or with a placement agency foster care provider, the placement provider is to arrange for parenting time. The DHS worker must monitor this to ensure that parenting time is taking place.

Scheduling Parenting Time

Issues pertaining to a schedule of parenting time must be discussed with the parent(s) and an agreement reached as to a parenting time schedule. Scheduling of parenting time must be done with primary consideration for the **parents' time commitments which may include employment and mandated service requirements.** The supervising agency must institute a flexible schedule to provide a number of hours outside of the traditional workday to **accommodate the schedules** of the individuals involved. Barriers to parenting time are to be identified and where possible, resolved.

Location

	<p>Parenting time must occur in a child and family friendly setting conducive to normal interaction between the child and parent. Exceptions to this must be approved by first-line supervision.</p> <p>Identifying Factors that Might Affect Parenting Time The factors, such as the situations of parents, the agency, the foster home, relative caregivers, the safety of the child, that might affect parenting time must be identified, documented and evaluated. The location, length and frequency of parenting time, as well as the action steps for achieving the parenting time standard, must be documented as part of the parent-agency treatment plan and service agreement;</p> <p>Law Enforcement Information Network (LEIN) Checks LEIN checks must be conducted on all household members when a child(ren) will be having parenting time within a parent's home. See FOM 722-6,(Non-Parent Adults, for additional requirements and information on living together partners (LTP) and other non-parent adults within the household; see FOM 722-6A,)</p>

DHS Policy FOM 912-1 p. 1 - Allowance Required

DHS Policy FOM 912-1 p. 1	SERVICES TO BE PROVIDED
	<p>Basic Residential Care The following maintenance elements are considered essential to the physical and emotional well-being of children in out of home care and must be provided by the Contractor. If, in the opinion of the department, these are not provided by the Contractor, the department may consider immediate termination of the contract: Food,</p>

	<p>shelter, ongoing clothing needs, personal incidentals such as <u>personal allowances</u> and school supplies, routine health, medical and dental care, routine transportation (defined as any travel, including family visitation, required by the child and family for treatment which may not reasonably be provided by the parents or other funding source), supervision of the child, emotional nurturing, and discipline which must not be punitive but must be relevant to the growth and development of the child. Each of these maintenance items must be provided in a degree to which the child and family can experience an environment that is inviting, clean, well-maintained, and meets each child's physical, sustenance, and emotional needs.</p>

DHS Policy FOM 722-3a - page 1 (AWOL Procedures)

DHS Policy FOM 722-3a - page 1	AWOL Procedures
	<p>NOTIFICATION Foster parents, relative/unrelated caregivers, parents, and/or resi-dential facility staff must immediately notify law enforcement agencies (state police, local police, or the sheriff's department) and the supervising agency when a ward under their care fails to return at the expected time or leaves a home without permission.</p> <p>Note: The supervising agency must establish procedures to implement this policy during non-working hours. The assigned caseworker must be notified the next business day.</p> <p>Immediately, the supervising agency must file a missing person report with the local law enforcement agency.</p> <p>PAFC providers must immediately notify the DHS monitoring worker and document the notification in social work contacts.</p> <p>Within 24 hours of the child's absence, the supervising agency must notify:</p> <ul style="list-style-type: none"> • The court of jurisdiction.

- The parents, if appropriate.
- Lawyer-guardian ad litem (LGAL).

Assigned Caseworker Responsibilities

The assigned caseworker must take the following action within one business day of the child's absence:

- Update MiSACWIS.
- Document action taken to locate the child in MiSACWIS.
- Complete the DHS-3198A, Unauthorized Leave Report, to the Court/Law Enforcement.
 - Send a copy of the DHS-3198A, Unauthorized Leave Report, to the court.
 - Send/take a copy of the DHS-3198A, Unauthorized Leave Report, to the local law enforcement agency to ensure that the child is entered on the Law Enforcement Information Network (LEIN) as MISSING and ENDANGERED.
 - Retain a copy in the case file.

Complete the DHS-710, Clearance to Publish Children AWOLP on DHS Web, obtain required signatures, and forward to the Child Locator Centralized Unit; see Child Locator Centralized Unit in this item.

DHS Caseworkers Only

Confirm that the child has been entered on LEIN and document in iSACWIS.

Note: If local law enforcement refuses to place child on LEIN, the caseworker must document in MiSACWIS and forward information to the Child Locator Centralized Unit.

PAFC Caseworkers Only

- Notify the DHS monitoring worker of any additional information.
- Forward a copy of the DHS-3198A, Unauthorized Leave Report, and the child's current photo to the DHS monitoring worker.

DHS Monitoring Worker Responsibilities

- Within one business day of receipt of the DHS-3198A, the DHS monitoring worker must:
- Update information in MiSACWIS.

- Confirm that child has been entered in LEIN and document in MiSACWIS.

Note: If local law enforcement refuses to place child on LEIN, the DHS monitoring worker must document in MiSACWIS and forward information to the Child Locator Centralized Unit.

DILIGENT SEARCH

Assigned Caseworker Responsibilities

- As soon as possible, but within two business days of the child’s absence, the assigned caseworker must commence a diligent search for the child. Actions required are:
- Review all available information in the case file/MiSACWIS records to identify information on the potential location of child; for example, family members, unrelated caregivers, friends, known associates, churches, and/or a neighborhood center.
- Contact the school that the child last attended. Verify that the child is not in attendance and determine if there are friends/teachers of the child who may have information.
- Contact the local school district office(s) to determine if child has enrolled in a new school.
- Review Medical Passport and medical records in case file and determine if there are:
 - Outstanding medical needs and contact physician.
 - Medication needs and contact pharmacy.
- Document results of all contacts in MiSACWIS.
- Forward any new results of contacts to the court and law enforcement.

DHS Caseworkers Only

Complete automated systems checks to search for child or known family members (Bridges, Secretary of State, LEIN).

DHS Monitoring Worker Responsibilities

As soon as possible, but within two business days of notification, the DHS monitoring worker or designee must commence a diligent search for the

	<p>child by the following actions:</p> <ul style="list-style-type: none"> • Complete automated systems checks to search for child or known family members (BRIDGES, Secretary of State and LEIN). • Review any additional DHS case files/MiSACWIS records to identify information on the potential location of child/youth; for example, family members, unrelated caregivers, friends, known associates, churches, and/or a neighborhood center. Forward any new information to the court, law enforcement and the supervising agency. <p>Ongoing AWOLP Diligent Search At a minimum, the assigned caseworker and (if applicable) the DHS monitoring worker must repeat a diligent search every calendar month until the child is located. The assigned caseworker must document all efforts to locate a child and any child-initiated contacts in the case file using the DHS-991, Diligent Search Checklist. This information must also be documented in the case service plan and court reports. The caseworker must continue to notify law enforcement of any new information to aid in their efforts to locate the youth.</p>

DHS Policy FOM 912-1 page 1 (Clothing)

DHS Policy FOM 912-1 page 1	Clothing
	<p>SERVICES TO BE PROVIDED Basic Residential Care The following maintenance elements are considered essential to the physical</p>

	<p>and emotional well-being of children in out of home care and must be provided by the Contractor. If, in the opinion of the department, these are not provided by the Contractor, the department may consider immediate termination of the contract: Food, shelter, ongoing clothing needs, personal incidentals such as personal allowances and school supplies, routine health, medical and dental care, routine transportation (defined as any travel, including family visitation, required by the child and family for treatment which may not reasonably be provided by the parents or other funding source), supervision of the child, emotional nurturing, and discipline which must not be punitive but must be relevant to the growth and development of the child. Each of these maintenance items must be provided in a degree to which the child and family can experience an environment that is inviting, clean, well-maintained, and meets each child's physical, sustenance, and emotional needs</p>

Modified Settlement Agreement - VIII.B.5 (pg. 31)

<p>MSA VIII.B.5 Page 31</p>	<p>Psychotropic Medications</p>
	<p>5. <i>Psychotropic Medications:</i></p> <ul style="list-style-type: none"> b. When possible, parents shall consent to the use of medically necessary psychotropic medication. In the event that a parent is not available to provide consent for psychotropic medication, DHS shall comply with applicable sections of state law. c. DHS shall maintain processes to ensure documentation of psychotropic medication approvals, documentation of all uses of psychotropic medication, and review of such documentation by appropriate DHS staff, including the Medical Consultant. The Medical Consultant and the Health Unit Manager shall take immediate action to remedy any identified use of psychotropic

	medications inconsistent with the policies and procedures approved by the Monitors.

DHS Policy FOM 802-1 page 3 (Psychotropic Medications)

DHS Policy FOM 802-1 page 3	Psychotropic Medications
	<p>AUTHORITY TO CONSENT</p> <p>For temporary court wards, a parent must consent to the prescription and use of all psychotropic medications, including those prescribed for continued use upon discharge from a hospital or as a result of outpatient treatment. The supervising agency has the authority to consent to an MCI ward's psychotropic medications and the court must provide written consent for a permanent court ward's psychotropic medications. The DHS-1643 must be used to authorize consent for all psychotropic medications. Foster parents and all other caregivers may not sign consent for psychotropic medications. When a parent is unavailable or unwilling to provide consent and a child's physician or psychiatrist have determined there is a medical necessity for the medication, the supervising agency must file a motion with the court requesting consent for the prescription and use of necessary psychotropic medication. Courts are provided authority for this action pursuant to MCL 712.A12 and MCL 712.A13a(7)(c) prior to adjudication and MCL 712A.18(1)(f) and MCL712A.19(1) at initial or supplemental disposition.</p> <p>The worker must continue to communicate with the child's parent regarding treatment options when medication is not deemed a medical necessity but there is a DSM-IV TR psychiatric diagnosis supported by documented evidence/observations that medication would improve a child's well-being or ability to function.</p>

DHS Policy FOM 912-1 page 2

DHS Policy FOM 912-1 page 2	Individual education assistance to youth
	<p>School Support Services Individual education assistance to youth, as a supplement to their ongoing educational programs, to assist their participation in either basic or educational programs (e.g. tutorial services, educational assessments).</p>

DHS Policy FOM 903-9 - Clothing

DHS Policy FOM 903-9	Clothing
	<p>Initial Clothing Payment Authorization A DHS-3377, Clothing Inventory Checklist, must be completed within 30 calendar days of the youth’s entry into DHS foster care. The foster care worker must make every effort to obtain available clothing from the child’s own home or previous placement. If the clothing inventory reflects that the child is in need of clothing items, an initial clothing allowance may be authorized within the first six months of the child’s first out-of-home placement. The amount of the clothing allowance request must not exceed the maximum found in FOM 905-3 and listed below. Enter the service code 0800 and SWSS FAJ will compute age and generate the correct service code based on the age of the youth. The maximum clothing allowance will be issued unless a lesser amount is authorized. Initial clothing payments are to be a supplement only. It is not an automatic allowance for every youth entering care. The DHS-3377, Clothing</p> <p>Age of Child Initial Clothing Allowance Maximum Service Code 800 00 - 05 years \$210 0801</p>

06 - 12 years \$310	0802
Ages 13 + \$500	0803
Ward child \$210	0804

Inventory Checklist, must be completed and filed in the youth's case record to document need.

The portion of the placement's daily rate intended for clothing is for incidental clothing needs through the year; see FOM 905-3 for amounts.

This amount is provided to the placement to maintain the standards listed on the DHS-3377, Clothing Inventory Checklist.

The Semiannual Clothing Payment

The semiannual clothing payment is made automatically each March and September to provide for seasonal clothing needs for children in family foster care. Both rates have been established on the premise that a child has a basic wardrobe established.

- Semiannual clothing payments are not made to children in an independent living arrangement or in residential care. Their basic daily rate includes the full clothing allowance.
- Semiannual clothing payments are sent with the regularly scheduled foster care payments. The statement of payments lists the name and amount of the clothing allowance for each child whose clothing needs are included on the warrant. Each child in foster family care whose board and care payment is authorized for February 28 and August 31, respectively, will receive this clothing allowance in the first payroll following these dates.

Note: No DHS-634 is needed for this automatic authorization.

Special Clothing Authorizations

Special clothing authorizations are approved only in exceptional situations and for emergencies. Some allowable circumstances are:

- Fire, flood or other natural disaster.
- Excessive weight gain or loss with a documented explanation. This includes due to pregnancy and/or following the birth of a child.

• Re-removal or placement change without sufficient clothing. This requires a new DHS-3377 to be completed within 30 calendar

	<p>days of the new placement begin date.</p> <ul style="list-style-type: none"> • Loss of clothing during an absent without legal permission (AWOLP) episode. • Required school uniforms. <p>Note: Growth spurts and wear and tear on clothing are expected reasons that children will require upkeep of their clothing. These clothing needs are met in the incidental portion of the board and care rate.</p> <p>The DHS-3377, Clothing Inventory Checklist, must be filed in the youth's record and a copy attached to the DHS-634. The signed DHS-634 must contain the reason for the special need.</p> <p>Special clothing authorizations must not exceed the maximum amounts listed in FOM 905-3, and require Federal Compliance Division approval. Enter service code 0820 in SWSS FAJ. SWSS FAJ will compute the youth's age and assign the correct code. Forward the DHS-3377 and DHS-634 to the Federal Compliance Division at 517-335-0122 (fax) for approval and processing.</p> <p>Both child caring institutions (CCI) and placement agency foster care (PAFC) providers shall assure that each child has an adequate wardrobe which includes at least those items as defined by the Clothing Inventory checklist, DHS-3377, while in placement and upon leaving placement. A DHS-3377 must be completed within the first 30 calendar days of every placement. If the DHS-3377 shows a clothing need a request can be submitted to the local DHS office.</p> <p>Note: Appropriate clothing must be considered the property of the youth and a concerted effort must be made to move all clothing with the youth when a change in placement is made.</p>
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MSA - page 46 - Psychotropic medications - prohibited for discipline or in place of psychological or behavioral interventions

MSA - page 46	Psychotropic medications - prohibited for discipline or in place of psychological or behavioral interventions
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	<p>XI. <u>LIMITATIONS ON USE OF PSYCHOTROPIC MEDICATIONS, CORPORAL PUNISHMENT, AND SECLUSION/ISOLATION</u></p> <p>A. <i>Psychotropic Medications:</i></p> <p>1. Psychotropic medication shall not be used as a method of discipline or be used in place of psychosocial or behavioral interventions that the child requires.</p> <p>a. By September 30, 2011, DHS shall provide the Monitors with a draft policy, including a timetable for implementing this Section.</p> <p>b. By October 31, 2011, the Monitors shall respond to DHS's proposed policy and timetable for implementation.</p> <p>c. When the Monitors have approved DHS's proposed policy and timetable for implementation, DHS shall implement the policy according to the timetables set by the Monitors</p>
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DHS Policy FOM 722-1, page 5

DHS Policy FOM 722-1, page 5	Requirement of DHS for current photograph
	A current (taken within the past 12 months) photograph of the child must be scanned/uploaded into SWSS-CPS prior to transfer of that child to foster care

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, 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 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 with 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

RFCST 1.K.3.b page 6 - Required Standardized Assessment Tools

RFCST 1.K.3.b page 6	Required Standardized Assessment Tools
	<p>3. Standardized Assessment Tools The Contractor shall utilize the following assessment tools to assess the child's overall progress in functioning while in the residential program:</p> <ul style="list-style-type: none">a. Child Assessment of Needs and Strengths (CANS)b. Ansell Casey Life Skills Assessment or Daniel Memorial Assessment (For children 14 years of age and older) <p>The Contractor shall administer the assessment tools within 30 calendar days of admission and quarterly thereafter until planned discharge. An unplanned discharge is defined as an immediate (one calendar day or less) move from the Contractor's program as directed by the court or case manager. Children who are Absent Without Legal Permission</p>

(AWOLP) are also considered an unplanned discharge.

RFCST 1.K.4.b.4.c - page 8 - Preliminary Service Plan

RFCST 1.K.4.b.4.c page 8	Preliminary Service Plan
	<p>c. Intake 1) The Contractor shall develop a preliminary service plan within seven calendar days of admission. The plan shall include:</p> <ul style="list-style-type: none"> a) A comprehensive assessment of the child’s physical/mental health needs b) An assessment of the child’s immediate and specific needs. c) The specific services to be provided by the contractor and other resources to meet the identified needs d) Goals, outcomes, and timeframes for achievement e) Reasons for continued care f) Placement recommendation g) Barriers to achievement of the recommended placement and plans to eliminate barriers

RFCST 1.K.4.b.4.c.2 – Page 8 - Assessment Based Treatment Plan Content

RFCST 1.K.4.b.4.c.2 – Page 8	Assessment Based Treatment Plan Content
	<p>2) The Contractor shall develop an assessment-based treatment plan within 30 calendar days of placement. The Contractor shall document the assessment-based treatment plan on the identified Children’s Foster Care Residential Care Case Plans. The Contractor shall ensure that licensed clinical personnel (master’s level social worker, master’s level</p>

	<p>counselor, licensed psychiatrist, and/or psychologist) conduct a bio-psychosocial evaluation, or review a recent bio-psychosocial evaluation (within the past year) that includes:</p> <ul style="list-style-type: none"> a) A psychiatric history, as necessary b) Social history c) A mental status examination d) A trauma assessment e) Intelligence and projective tests, if necessary f) A behavioral appraisal g) Family, environmental, cultural, and religious or spiritual preferences h) Educational and vocational goals and needs i) Strengths, skills, and special interests j) Behaviors that necessitated a more restrictive placement setting for the child k) Reviewing previous psychotherapeutic and psychiatric assessments and treatment
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RFCST 1.K.4.b.5.d – Page 11 – Required Staffing Ratio in a Short Term Assessment Program

RFCST 1.K.4.b.5.d – Page 11	Required Staffing Ratio and Defined Population in a Short Term Assessment Program
	<p>d. Staffing Ratio The Contractor shall:</p> <ul style="list-style-type: none"> 1) Provide a minimum of one on-duty direct child care staff for every six children, aged six to seventeen, during waking hours 2) Maintain a minimum of one on-duty direct child care staff for every six children during sleeping hours. All of these staff shall be awake during this period.

RFCST 1K6 – Page 12 – Reporting - Photograph

RFCST 1K6 – Page 12	Reporting - Photograph
	<p>6. Reporting The Contractor shall submit a photo of the child to the DHS caseworker/PAFC provider responsible for placement taken at the time of placement. A copy of the photo shall be maintained in the child’s file. The Contractor shall submit a new updated photo to the DHS caseworker/PAFC provider responsible for placement at least annually in an electronic format or a format which is suitable for scanning into an electronic file</p>

RFCST 1.K.8 – page 12 - Transition and Discharge Planning

RFCST 1.K.8 – page 12	Transition and Discharge Planning
	<p>8. Transition and Discharge Planning The Contractor shall develop a transition/discharge plan in collaboration with the child, parent or guardian, agency with placement responsibility, foster parents, relative caregiver and Lawyer Guardian ad Litem (LGAL) during the initial family team meeting to be held, within 14 calendar days of admission. Transition and Discharge planning shall begin at the time of admission. The child’s transition/discharge plan shall include:</p> <ul style="list-style-type: none"> a. A projected date for discharge b. The level of care projected to be needed at discharge c. Transfer of information (e.g. medical records, mental health records, etc.) d. A graduated visitation schedule, to prepare the family/caregiver(s) for a well-supported discharge placement

RFCST 1.K.9 – Page 13 - Family Team Meetings

RFCST 1.K.9 – Page 13	Family Team Meetings
	<p>9. Family Team Meetings Upon admission, the Contractor shall coordinate with the DHS caseworker/PAFC provider responsible for placement, the family and the child to identify members of the child’s team. The Contractor shall commence the first team meeting within 14 calendar days from the child’s admission and every 30 days thereafter...</p> <p>The date and attendees and summary of the Family Team Meeting must be documented in the Social Work Contacts section of the Initial/Updated Service Plans and on Family Team Meeting Forms.</p>

RFCST – 1.K.10 – page 14 – Legal and Court Related Obligations

RFCST – 1.K.10 – page 14	Legal and Court Related Obligations
	<p>10. Legal or Court Related The Contractor shall cooperate with the DHS caseworker/PAFC provider responsible for placement of the child in matters relating to any legal or court activities concerning the child. These activities may include, but are not limited to:</p> <ul style="list-style-type: none"> a. Transportation of the child to and from court hearings b. Supervision of the child during transport or while present at the hearing

	c. Court testimony, recommendations, and reports to the court as requested by the court

RFCST 1.K.12 – Page 14 – Independent Living Preparation

RFCST 1.K.12 – Page 14	Independent Living Preparation
	<p>12. Independent Living Preparation The Contractor shall provide Independent Living activities for all children aged 14 and older which shall include, but are not limited to: budgeting and money management; employment seeking skills; communication skills; relationship building; establishing health and hygiene; household maintenance and upkeep; educational assistance; preventive health services; parenting skills and accessing community services</p> <p>The Contractor shall identify Independent Living activities in the child’s DHS- 365 and DHS-366 regularly, following the child’s 14th birthday.</p>

RFCST 1.K.12 – Page 14 - Independent Living Preparation for Children with Developmental Disabilities

RFCST 1.K.12 – Page 14	Independent Living Preparation for Children with Developmental Disabilities
	For children with developmental disabilities, the contractor shall provide relevant adult self-care, daily living skills, community engagement and mobility skills within the aforementioned domains.

RFCST 1.K.13 – Page 15 – Individual or Group Therapy

RFCST 1.K.13 – Page 15 –	Individual or Group Therapy
	<p>13. Individual or Group Therapy The Contractor shall provide direct therapy services for each child individually and/or in group sessions within 24 hours of placement and at least weekly thereafter. Individual and/or group therapy shall be provided in accordance with the child’s treatment needs as identified in the child’s service plan.</p> <p>The Contractor shall provide at least weekly family therapy in accordance with identified needs of the parent and child.</p>

RFCST – 1.K.14 – page 15 – Inclusion of Parents and Other Care Givers

RFCST – 1.K.14 – page 15	Inclusion of Parents and Other Care Givers
	<p>14. Inclusion and Involvement of Parents, Other Family Members or Caregivers: Families (including incarcerated parents) and placement caregiver(s) shall be included as extensively as possible from the beginning of the admission process through discharge, transition and aftercare. Families and caregiver(s) shall be supported and involved in all aspects of the child’s treatment and discharge planning. Family and caregiver(s) involvement shall remain the center of the child’s programming. All services shall be provided in a manner that ensures children, families and placement caregiver(s) receive comprehensive, culturally competent interventions. The Contractor shall, in accordance with each child's individual treatment plan:</p>

	a. Include the family (birth, relative, identified adult support or permanent caregiver) in the development of the DHS-365 and specifically document the family's involvement in the service plan and permanency goal
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RFCST 1.k.6.b – Page 15 - Inclusion and Involvement of Parents, Other Family Members or Caregivers

RFCST 1.k.6.b – Page 15	Inclusion and Involvement of Parents, Other Family Members or Caregivers
	The Contractor shall, in accordance with each child's individual treatment plan: b. 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 child 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 DHS caseworker / PAFC provider responsible for placement to resolve transportation barriers.

RFCST 1K14.h – page 16 – Adoptive Family Recruitment Activities

RFCST 1K14.h – page 16 –	Adoptive Family Recruitment Activities
	The Contractor shall, in accordance with each child's individual treatment plan: h. Make active efforts to ensure the child is present for identified special recruitment activities if the child is available for adoption without an identified adoptive family. If there are safety concerns or other identified treatment concerns, the Contractor shall consult with the assigned DHS caseworker/PAFC provider responsible for

	placement.

RFCST 1.K.16.a – page 16 - Education – IEPT Evaluation

RFCST 1.K.16.a – page 16	Education – IEPT Evaluation
	15. Education The Contractor shall: a. Collaborate with the child’s identified school to screen for possible educational disabilities; and if a disability is suspected, refer the child for an Individual Education Program Team (IEPT) evaluation within the first 7 calendar days of placement to assess, plan and place the child in the most appropriate educational/vocational program.

RFCST 1.K.16.a – page 17 - Education - prior educational assessments

RFCST 1.K.16.a – page 17	Education - prior educational assessments
	16. Education The Contractor shall b. Request prior educational assessments within 7 calendar days of placement to assist in assessing the current educational needs. Documentation of diligence in requesting records must be included in the child’s file

RFCST 1.K.16.e – page 17 – Education – School Notification

RFCST 1.K.16.e – page 17	16. Education – School Notification
	The Contractor shall:

	e. Notify the school administration where the child is enrolled, in writing, of the name of the person who is supervising the child's foster care case and who is responsible for attending IEPT meetings. Documentation of the notification is to be contained in the Education section of the child's foster care case record.

RFCST 1.K.16.g – page 17 – Education – Monthly School Contact

RFCST 1.K.16.g – page 17	Education – Monthly School Contact
	The Contractor shall: g. Take an active role in monitoring and maintaining school progress for children whether or not they attend a structured school program. This includes maintaining <u>at least monthly contact</u> with the school to monitor the child's progress. Interventions may include, but are not limited to, obtaining school assignments, monitoring completion of homework and additional tutoring.

RFCST 1.K.20 – page 18 – Rehabilitative Dental Care

RFCST 1.K.20 – page 18	Rehabilitative Dental Care
	the Contractor shall assure that specific health care is provided, including: a. Rehabilitative, physical or dental procedures by medical personnel as necessary.

RFCST 1.K.20.b.6 – Page 20 - Psychological and Psychiatric Services – 30 day assessment

<p>RFCST 1.K.20.b.6 – Page 20</p>	<p>20. Psychological and Psychiatric Services 6) Within 30 calendar days of the child’s placement, the psychiatrist must assess the child and coordinate with the licensed clinical personnel completing the psychosocial assessment. The psychiatrist shall review the child’s medication history, current needs and prescriptions. This includes adjustment of medications and dosage as necessary.</p>

RFCST 1.K.21.a.4 – Page 20 - Medical Information and Supports at Discharge

<p>RFCST 1.K.21.a.4 – Page 20</p>	<p>Medical Information and Supports at Discharge</p>
	<p>21. Transitional Service Following Discharge The Contractor Shall: 4) Provide medical information, including a medication regime, a complete Prescription Information form (DHS-2840) signed by the Contractor’s medical staff or clinical supervisor, and at least a 14-day supply of medication to the responsible party at the time of discharge.</p>

RFCST 1.K.22.a – page 21 - Expected Performance Outcomes

<p>RFCST 1.K.22.a – page 21</p>	<p>Expected Performance Outcomes</p>
	<p>22. Expected Performance Outcomes During the contract period, the Contractor shall work toward the achievement of the outcome measures listed below. If, based on an</p>

	<p>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> <p>a. Ninety nine point six eight percent of all children supervised by the Contractor will not be victims of substantiated maltreatment by facility staff.</p>

RFCST 1.K.22.b – page 22 - Expected Performance Outcomes

RFCST 1.K.22.b – page 22	Expected Performance Outcomes
	<p>22. Expected Performance Outcomes</p> <p>During the contract period, the Contractor shall work toward the achievement of the outcome measures 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> <p>b. Seventy five percent of the children, based upon the CANS and other assessment tools, will be transitioned into an appropriate placement within 60 days of placement.</p>

RFCST 1.K.22.c – page 22 - Expected Performance Outcomes

RFCST 1.K.22.c – page 22	Expected Performance Outcomes
	<p>22. Expected Performance Outcomes</p> <p>During the contract period, the Contractor shall work toward the</p>

	<p>achievement of the outcome measures 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> <p>c. One hundred percent of the children, based upon the CANS and other assessment tools, will be transitioned into an appropriate placement within 90 days of placement.</p>
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RFCST 1.K.22.d – page 22 - Expected Performance Outcomes

RFCST 1.K.22.d – page 22	Expected Performance Outcomes
	<p>22. Expected Performance Outcomes</p> <p>During the contract period, the Contractor shall work toward the achievement of the outcome measures 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> <p>d. No more than five percent of children discharged from the Contractor’s program, will be discharged due to AWOLP status</p>

RFCST 1.K.22.e – page 22 - Expected Performance Outcomes

RFCST 1.K.22.e – page 22	Expected Performance Outcomes
	<p>22. Expected Performance Outcomes</p> <p>During the contract period, the Contractor shall work toward the achievement of the outcome measures listed below. If, based on an evaluation of submitted data, there is a gap between the performance of</p>

	<p>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> <p>e. One hundred percent of the children will have a family visit within seven calendar days of placement and weekly thereafter unless any of the following exceptions are documented:</p> <ul style="list-style-type: none"> i. The court orders less frequent visits. ii. The parents are not attending the visits despite the worker taking adequate steps to ensure the parent's ability to visit. iii. One or both parents cannot attend the visits due to compelling circumstances such as hospitalization or incarceration. iv. The child is above the age of 16 and refuses such visits take place.

RFCST 1.K.22.f – page 22 - Expected Performance Outcomes

RFCST 1.K.22.f – page 22	Expected Performance Outcomes
	<p>22. Expected Performance Outcomes</p> <p>During the contract period, the Contractor shall work toward the achievement of the outcome measures 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> <p>f. Ninety percent of the children discharged from the program will have participated in a graduated visitation schedule as outline in his/her transition plan</p>

RFCST 1.K.22.g – page 22 - Expected Performance Outcomes

RFCST 1.K.22.g – page 22	Expected Performance Outcomes
	<p>22. Expected Performance Outcomes During the contract period, the Contractor shall work toward the achievement of the outcome measures 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> <ul style="list-style-type: none"> g. Ninety percent of families will be actively involved in the planning for the child unless any of the following exceptions are documented: <ul style="list-style-type: none"> i. The court orders no contact with the child. ii. The parents are not cooperating despite the worker taking adequate steps to engage the parents in the process. iii. One or both parents cannot participate due to compelling circumstances such as hospitalization or incarceration.

RFCST 1.K.22.h – page 22 - Expected Performance Outcomes

RFCST 1.K.22.h – page 22	Expected Performance Outcomes
	<p>22. Expected Performance Outcomes During the contract period, the Contractor shall work toward the achievement of the outcome measures 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>

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RFCST 1.K.22.i – page 22 - Expected Performance Outcomes

RFCST 1.K.22.i – page 22	Expected Performance Outcomes
	<p>22. Expected Performance Outcomes</p> <p>During the contract period, the Contractor shall work toward the achievement of the outcome measures 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>

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. 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
- 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/ and the letter can be found at 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
- 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/ and the letter can be found at 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.

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

RFCSTAC 2.10.d.4.f Restraint and Seclusion Reporting

RFCSTAC 2.10.d.4.f	Restraint and Seclusion Reporting
	The Contractor shall not use Positive Peer Culture, peer-on-peer restraint, chemical restraint, or any form of corporal punishment.

	The Contractor shall report the use of seclusion/isolation and restraint within 24 hours (or the next business day) of the use of seclusion/isolation or restraint. The Contractor will utilize the MDHHS Incident Reporting Form in MiSACWIS to record all incidents of seclusion/isolation and restraint.

