



STATE OF MICHIGAN
DEPARTMENT OF HUMAN SERVICES
LANSING

RICK SNYDER
GOVERNOR

MAURA D. CORRIGAN
DIRECTOR

March 1, 2011

The Honorable Bruce Caswell, Chair
Senate Appropriations Subcommittee on DHS
Michigan State Senate
Lansing, Michigan 48933

The Honorable David Agema, Chair
House Appropriations Subcommittee on DHS
Michigan House of Representatives
Lansing, Michigan 48933

Dear Senator Caswell and Representative Agema:

Section 310 of Public Act 190 (Enrolled House Bill No. 5882) requires the Department of Human Services (DHS) to provide a summary of any evaluation reports and subsequent approvals or disapprovals of juvenile residential facilities operated by the department. We are enclosing copies of the first two reports listed below for evaluations conducted in FY 2010.

<u>Type of Report</u>	<u>Facility</u>	<u>License #</u>
Renewal	Bay Pines	CS210200969
Renewal	Shawono Center	CS200201404
No licensing actions due during year (not included in this report)	Woodland Center	CS470245817

These reports were completed in compliance with the requirements of P.A. 116 of 1973 as amended, and the Administrative Rules for Child Caring Institutions. The reports may also be viewed on our website under "Online Lookups, Child Welfare Licensed Facilities" at the following address: <http://www.michigan.gov/dhslicensing>.

If you have any questions regarding this information, please feel free to contact Janice Tribble at 517-373-8383.

Sincerely,

Susan Kangas,
Chief Financial Officer

cc: Senate and House Appropriations Subcommittees on DHS
Senate and House Fiscal Agencies
Senate and House Policy Offices
State Budget Office

Enclosures



STATE OF MICHIGAN
DEPARTMENT OF HUMAN SERVICES
BUREAU OF CHILDREN AND ADULT LICENSING



JENNIFER M. GRANHOLM
GOVERNOR

ISMAEL AHMED
DIRECTOR

September 2, 2010

Dane Ross
Bay Pines Center
2425 N. 30th Street
Escanaba, MI 49829

RE: License #: CS210200969
Bay Pines Center
2425 N. 30th Street
Escanaba, MI 49829

Dear Mr. Ross:

Attached is the Licensing Study Report for the above referenced facility. You have submitted an acceptable written corrective action plan covering the violations cited in the report. The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, your certificate of approval is renewed

Please review the enclosed documentation for accuracy and feel free to contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please feel free to contact Deborah L. Clark, Area Manager, at (906) 228-2852.

Sincerely,

Don Collier, Licensing Consultant
Bureau of Children and Adult Licensing
Suite 11
701 S. Elmwood
Traverse City, MI 49684
(231) 922-5305

enclosure

**MICHIGAN DEPARTMENT OF HUMAN SERVICES
BUREAU OF CHILDREN AND ADULT LICENSING
RENEWAL INSPECTION REPORT**

I. IDENTIFYING INFORMATION

License #: CS210200969

Licensee Name: Michigan Department of Human Services

Licensee Address: 235 S. Grand Avenue
Lansing, MI 48909

Licensee Telephone #: (517) 373-3768

Administrator/Licensee Designee: Ismael Ahmed, Designee

Name of Facility: Bay Pines Center

Facility Address: 2425 N. 30th Street
Escanaba, MI 49829

Facility Telephone #: (906) 789-1232

Original Issuance Date: 10/01/1994

CMH Funded Facility No

<u>Program</u>				<u>From</u>	<u>Thru</u>	<u>Behavior</u>	
<u>Type</u>	<u>Setting</u>	<u>Gender</u>	<u>Capacity</u>	<u>Age</u>	<u>Age</u>	<u>Mgt.</u>	<u>Location</u>
Short Term	Secure	BOTH	8	11	17	YES	DETENTION
Treatment	Secure	BOTH	37	11	17	YES	TREATMENT

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 08/13/2010, 08/16/2010

Date of Fire Inspection: 09/01/2010

Date of Environmental/Health Inspection: 08/11/2010

	No. of Records Reviewed	
No. of current residents	37	3
No. who have left the program since the last evaluation	62	8

	No. of Records Reviewed	
No. of current employees who have worked at the facility for:		
More than a year	42	40
Less than a year	2	2

Persons Interviewed:	Direct Care Staff	3
	Supervisory Staff	2
	Administrators	3
	Residents	13

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

	In Compliance	
Number of Restraints and Seclusions (CMH Only)	NA	
Number of Restraint and Seclusion Incidents Reviewed	NA	
Program Statement	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Program Policies	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Staff Training Records	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Income/Expenditure for current year, including most recent financial audit	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Staff TB Screening Records	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Staff to Resident Ratio	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Posted Notice: Criminal History Check for employees and volunteers	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Criminal History and Child Protection Registry Checks for employees and volunteers	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Volunteer Supervision Policy	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Behavior Management Room Log	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Meal Menus	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

III. DESCRIPTION OF FINDINGS

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

R 400.4128 Initial staff orientation and ongoing staff training.

(3) The licensee shall document that each direct care worker participated in a minimum of 50 clock hours of planned training within the first year of employment and a minimum of 25 clock hours of training annually thereafter.

Three of 35 direct care workers' files reviewed did not have the required number of training hours.

R 400.4336 Initial service plan.

(1) An initial service plan shall be completed by the social service worker for each resident within 30 days of admission.

One of 11 resident files reviewed had a initial service plan completed 2 days after the required 30 day time frame of this rule.

A corrective action plan was requested and approved on 08/31/2010. It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan. A follow-up evaluation may be made to verify compliance. Should the corrections not be implemented in the specified time, it may be necessary to reevaluate the status of your certificate of approval.

IV. EVALUATION OF RENEWAL PERIOD

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

The facility has submitted 1 acceptable corrective action plans not related to maltreatment during this licensing period.

Special Investigation 2010C0102004, written 04/07/2010, found rule noncompliance for an insufficient number of staff supervising residents in which two residents had brief sexual contact. Additional staffing was employed and no further issue regarding staffing and supervision has come up.

V. RECOMMENDATION

I recommend a regular two year approval for this Child Caring Institution, DHS.



09/02/2010

Don Collier
Licensing Consultant

Date



JENNIFER M. GRANHOLM
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF HUMAN SERVICES
BUREAU OF CHILDREN AND ADULT LICENSING



ISMAEL AHMED
DIRECTOR

June 21, 2010

Debora Jones
Shawono Center
10 N Howes Lake Rd
Grayling, MI 49738

RE: License #: CS200201404
Shawono Center
10 N Howes Lake Rd
Grayling, MI 49738

Dear Ms. Jones:

Your Child Care Institution certificate of approval is renewed. It is valid only at your present address and is nontransferable. If you move, please notify us at least 30 days in advance.

You will be receiving the certificate of approval in the mail. Please review it for accuracy.

Please review the enclosed documentation for accuracy and feel free to contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please feel free to contact Deborah Clark, Area Manager, at 906.228.2852.

Sincerely,

Bill White, Licensing Consultant
Bureau of Children and Adult Licensing
Suite 11
701 S. Elmwood
Traverse City, MI 49684
(231) 922-5254

enclosure

**MICHIGAN DEPARTMENT OF HUMAN SERVICES
BUREAU OF CHILDREN AND ADULT LICENSING
RENEWAL INSPECTION REPORT**

I. IDENTIFYING INFORMATION

License #: CS200201404

Licensee Name: Michigan Department of Human Services

Licensee Address: 235 S. Grand Avenue
Lansing, MI 48909

Licensee Telephone #: (517) 373-3768

Administrator/Licensee Designee: Ismael Ahmed, Designee

Name of Facility: Shawono Center

Facility Address: 10 N Howes Lake Rd
Grayling, MI 49738

Facility Telephone #: (989) 348-5443

Original Issuance Date: 03/01/1992

CMH Funded Facility No

<u>Program</u>				<u>From</u>	<u>Thru</u>	<u>Behavior</u>	
<u>Type</u>	<u>Setting</u>	<u>Gender</u>	<u>Capacity</u>	<u>Age</u>	<u>Age</u>	<u>Room</u>	<u>Location</u>
Treatment	Secure	MALE	36	12	17	YES	
Short Term	Secure	MALE	4	12	17	YES	

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 05/28/2010
 Date of Fire Inspection: 04/06/2010
 Date of Environmental/Health Inspection: 04/27/2010

	No. of Records Reviewed
No. of current residents	31 6
No. who have left the program since the last evaluation	42 6

	No. of Records Reviewed
No. of current employees who have worked at the facility for:	
More than a year	32 16
Less than a year	18 18

Persons Interviewed:	Direct Care Staff	x
	Supervisory Staff	x
	Administrators	x
	Residents	x

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

	In Compliance
Number of Restraints and Seclusions (CMH Only)	na
Number of Restraint and Seclusion Incidents Reviewed	6
Program Statement	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Program Policies	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Staff Training Records	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Income/Expenditure for current year, including most recent financial audit	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Staff TB Screening Records	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Staff to Resident Ratio	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Posted Notice: Criminal History Check for employees and volunteers	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Criminal History and Child Protection Registry Checks for employees and volunteers	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Volunteer Supervision Policy	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Behavior Management Room Log	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Meal Menus	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

III. DESCRIPTION OF FINDINGS

The facility is in compliance with all applicable rules and statutes

IV. EVALUATION OF RENEWAL PERIOD

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

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

2009C0102012 – 3-24-09. Staff 1 was wrestling with resident A (male, age 18). Staff 1 did not perform her assigned duties with an adolescent male in an appropriate matter. Staff 1 showed a lack of ability to perform her assigned duties. Violation Established.

Upon the submission of an acceptable corrective action plan, it was recommended that Shawono Center maintain its regular approval status.

CAP approved 4-9-09. Staff received role/responsibilities in writing and a 1 day suspension.

2009C0634015 – 12-9-09. ●Administrator reported that 2 youth had sexual contact on 8/20/09. From interviews with residents and staff it could not be substantiated that Resident 1 and Resident 2 had sexual contact. Violation Not Established.

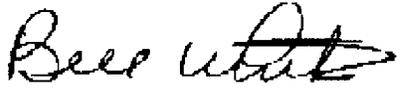
●Administrator reported that several youth were sexually involved over a period of several months. Interviews with residents and staff substantiate residents did have inappropriate sexual contact on numerous occasions during July 2009 and September 2009. Violation Established.

Upon completion of an acceptable corrective action plan I recommend no change in the status of this child caring institution – public.

CAP approved 1-4-10. Staff issued verbal and written instructions pertaining to “line of sight” supervision of residents. Residents involved were placed in separate groups. Video cameras installed. All treatment staff received sex offender training and will receive a refresher yearly.

V. RECOMMENDATION

I recommend approval of this child caring institution, DHS.



Bill White
Licensing Consultant

June 21, 2010

Date